

# Kids Capers OOSH - Enrolment Form



1. CENTRE Primary:

Date:

Other:

## 2. CHILD'S DETAILS

Surname:

Given Name:

English or other names the child is known by:

Date of Birth:

Gender:

CHILD'S  
PHOTO

Child's photo can be placed/embedded  
here or sent as a separate file.

Address:

School details when starting with Kids Capers

Class:  Year:  Age:

School:

Child's CRN (Centrelink Reference Number):

It's very important that the child's correct CRN is provided.

Country of Birth:  Nationality:

Is this child from a non-English speaking background: ☐ Yes ☐ No

Primary Language:  Religion:  Cultural Background:

Is this child of Aboriginal or Torres Strait Islander background: ☐ Yes ☐ No

Is there anyone who is prohibited from having contact with or collecting the child: ☐ Yes ☐ No

Please detail:

Do you have any Court Orders? ☐ Yes ☐ No

A copy of any Order or Orders from the Family Court which detail(s) contact arrangements will need to be supplied to the service

### ADMINISTRATION ONLY:

Entered into Qikkids:	<input type="checkbox"/>	Copy of immunisation:	<input type="checkbox"/>
Conditions of enrolment complete:	<input type="checkbox"/>	Medical alert check pages 3, 4:	<input type="checkbox"/>

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## 3. PARENT/ GUARDIAN DETAILS

	Parent 1	Parent 2
Given Name:	<input type="text"/>	<input type="text"/>
Family Name:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>	<input type="text"/>
Mobile Phone:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
** Primary Carer for Centrelink:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
** CRN:	<input type="text"/>	<input type="text"/>
Relation to Child:	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Employment Status:	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Student	<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Casual <input type="radio"/> Student
Employer's Name:	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Are you a single supporting parent:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Religion:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Languages spoken at home:	<input type="text"/>	<input type="text"/>
Cultural Background:	<input type="text"/>	<input type="text"/>

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Is there an external agency involved:

☐ Yes ☐ No

Agency Name:

☐ Yes ☐ No

Agency Name:

Indigenous Background:

☐ Aboriginal  
☐ Torres Strait Islander

☐ Aboriginal  
☐ Torres Strait Islander

OK to Receive Statements:

☐ Yes ☐ No

☐ Yes ☐ No

Note: \*\* it's important that you provide correct details around Centrelink, i.e. primary parent, CRN, DOB.

## 4. DETAILS OF CARE – COMPLYING WRITTEN ARRANGEMENT (CWA) for CHILD CARE SUBSIDY (CCS)

Start Date:

Please indicate the **permanent days (routine sessions)** your child will be attending by placing a tick in the box you require.

	MON	TUE	WED	THU	FRI
Before school care Day attending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After school care Day attending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you wish to use Before/After School Care on a casual basis?

☐ Yes ☐ No

Will your child be utilising Vacation Care Program?

☐ Yes ☐ No

Please acknowledge that the above details form the basis of a CWA, between yourself and Julie-Ann Ferguson ABN 73 406 078 554 (provider) for the purposes of you claiming CCS. Session times and regular fees are displayed on our Web site. The routine and casual sessions marked above may change from time to time.

Acknowledged:

☐ Yes ☐ No

## 5. MEDICAL HISTORY

**It is important to keep this information current at all times. Special medical needs or disabilities will not affect your child's acceptance into the centre.**

Medicare Number (emergency use only):

Valid to Date:

Childs Reference Number:

Doctor/Medical Centre Name:

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Address:

Phone:

Family Dentist:

Address:

Phone:

Does your child have an ongoing medical condition? ☐ Yes ☐ No If yes, please provide details:

Do you have a care plan for the treatment of this condition? ☐ Yes ☐ No Please attach:

Does your child need regular medication? ☐ Yes ☐ No If yes, please give details:  
(Have you filled in a medication form)

Has your child ever been hospitalised? ☐ Yes ☐ No If yes, please provide details:

Does your child have any allergies and/or anaphylaxis? ☐ Yes ☐ No If yes, please provide details:  
(Have you filled in Action Plan Form for Allergy/Anaphylaxis)

Has your child been immunised? ☐ Yes ☐ No

If YES your child's immunisation will need to be photocopied, kept on file and updated whenever necessary. If your child is not immunised and an outbreak occurs in the centre, you will be asked to keep your child at home until the outbreak has passed

If NO you will need to have a signed exemption letter from your Doctor

Immunisation records on file: ☐ Yes ☐ No

Sighted by:

Date:

## 6. CHILDREN WITH ADDITIONAL NEEDS

Two (2) weeks' notice is required if you wish to enrol your child with Special Needs. This time will be used to discuss additional support arrangements or the need to apply for funding for an additional worker. The due course of the approval process is approximately two weeks

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## 7. DIET

Does your child have any particular dietary requirements or restrictions? ☐ Yes ☐ No  
(Vegetarian, religious, medical). If yes, please give details:

Is there any activity your child cannot participate in due to? ☐ Yes ☐ No  
(Religious/lifestyle choices). If yes, please give details:

Is your child allergic to any foods? ☐ Yes ☐ No If yes, please provide details:

Is there any food your child particularly likes? ☐ Yes ☐ No If yes, please provide details:

Is there any food your child dislikes? ☐ Yes ☐ No If yes, please provide details:

## 8. GENERAL NEEDS

In endeavouring to provide quality care for your child, please indicate how we can best meet your child's needs.

Does your child suffer from any fears/phobias ☐ Yes ☐ No If yes, please provide details:

Are there any words that we need to know that have special meaning for your child? ☐ Yes ☐ No  
If yes, please give details: (Please translate if appropriate)

Has your child attended child care before? ☐ Yes ☐ No If yes, please provide details:

What do you believe to be your child's strengths?	What are your child's interests/hobbies?
<div></div>	<div></div>

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## 9. EMERGENCY CONTACTS/AUTHORISED NOMINEES

Please provide LOCAL contacts who will be able to collect the child in case of emergency if the centre is unable to contact the parents.

Details	Contact 1	Contact 2
Full Name:		
Relationship to child:		
Address:		
Mobile:		
Home Ph:		
Work Ph:		
Please Tick Appropriate boxes	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised Collector <input type="checkbox"/> Permission for Excursion <input type="checkbox"/> Consent to <b>medical treatment</b> of or to authorise the administration of medication to your child and medical treatment from a medical practitioner, ambulance services, dentist as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by ambulance. <input type="checkbox"/> Contact is aware they have been nominated. <input type="checkbox"/> Authorised to authorise Kids Capers OOSH to take child out of the service.	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorised Collector <input type="checkbox"/> Permission for Excursion <input type="checkbox"/> Consent to <b>medical treatment</b> of or to authorise the administration of medication to your child and medical treatment from a medical practitioner, ambulance services, dentist as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by ambulance. <input type="checkbox"/> Contact is aware they have been nominated. <input type="checkbox"/> Authorised to authorise Kids Capers OOSH to take child out of the service.
Nominee Signature:		
Parent Signature:		

I  give permission for the persons listed under Emergency Contacts to drop off or collect my child listed on this application. I further agree to keep the centre updated in writing of any changes to these contacts. I understand that in keeping with the Child Care Legislation my child will not be released into the care of an unfit and / or person under the age of 18 years, or any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order only) will not be given access to the children.

Please Note: All collectors must be aware that they need to collect the child by close of business (6:00pm). Failure to do so will result in a late pickup fee. Unfamiliar authorised collectors & emergency contacts of the child will be required to present photographic ID such as a Drivers Licence, 18+Card, Seniors Card or Passport before being granted access to the child.



## 10. CONSENT

I give the following consents for my child:

Do you allow your child to be photographed at the centre or on excursions, to be used in displays at the centre?	<input type="radio"/> Yes <input type="radio"/> No
Do you allow your child's photo to be used on the Centre's website?	<input type="radio"/> Yes <input type="radio"/> No
Travel Consent – Walking (Stanmore Public School, St Philip Neri School only) I give consent for my child to travel from school to the OOSH service by walking. I understand that due care will be taken at all times by Kids Capers employees and that the employees cannot be held responsible for any damage or injury occurring during travel.	<input type="radio"/> Yes <input type="radio"/> No
Do you give permission for WWCC cleared students from TAFE or University to do child studies and observations of your child?	<input type="radio"/> Yes <input type="radio"/> No
Is your child immunised? Please bring immunisation record.	<input type="radio"/> Yes <input type="radio"/> No
Do you give the centre permission to apply 30+ sunscreen and/or insect repellent to your child?	<input type="radio"/> Yes <input type="radio"/> No
Do you give permission for your child to watch "G" or "PG" rated movies at the centre?	<input type="radio"/> Yes <input type="radio"/> No
Do you give permission for your child to go on local walking excursions? Additional authorisation will be sought for additional excursions and vacation care.	<input type="radio"/> Yes <input type="radio"/> No
I understand any person collecting my child, including myself is a person authorised to collect, is in a fit condition and over 18 years of age.	<input type="radio"/> Yes <input type="radio"/> No
Do you wish your child to be assisted with homework at the centre?	<input type="radio"/> Yes <input type="radio"/> No
I allow my child to have their face painted during programmed activities.	<input type="radio"/> Yes <input type="radio"/> No
I allow my child to have their hair decorated with coloured hair spray.	<input type="radio"/> Yes <input type="radio"/> No
To participate in regular recreational activity program operated by Kids Capers. These may be soccer, football, ball games, running games, dancing, skipping, climbing, etc. I understand that some of the activities in which they participate will be rough/non-violent play that may be physically and emotionally demanding. My child's participation in any activity is voluntary and not compulsory. Kids Capers educators will deliver daily exercise as part of the duty of care.	<input type="radio"/> Yes <input type="radio"/> No

## 11. CONDITIONS OF ENROLMENT AND SIGNED DECLARATION

### Parent/Guardian Responsibilities.

Please indicate you have understood the conditions of enrolment by ticking the corresponding box.

- ☐ I understand that there will be no refunds or credit given for Vacation bookings if I cancel any of my children's enrolments, unless 2 weeks written notice is given.
- ☐ I understand that in an emergency, my child will travel to the nearest hospital by ambulance accompanied by a Kids Capers Educator. Parent/s will be contacted immediately. If parents are not contactable then nominated
- ☐ Emergency contact will be called. Ambulance and medical cost/s are to be paid by the parent.
- ☐ I consent to medical treatment for my child/ren from a registered medical practitioner, hospital, ambulance service or dentist.
- ☐ I understand that medication will only be administered to my child only if the 'Authority to Administer Medication Form' is completed and signed. It is necessary that the medication is in its original container, labelled by a chemist with the child's name on the medication/s, the medication is correct and the medication has not expired.
- ☐ I have read and abide by the centre's Medication Policy.

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- ☐ I understand that if my child is injured and is treatable at the centre, an educator who holds a 'Senior First Aid' certificate will apply treatment and record it in the 'Incident Record Form'. The educator will also notify the parent by phone or upon pick-up.
- ☐ I acknowledge responsibility to disclose any diagnosed or undiagnosed concerns or condition my child may have.
- ☐ I understand that Kids Capers does not permit electronic devices including ipads to be used within the service and that if a child has a mobile phone in their possession, it will need to be given to the educators for safe-keeping whilst your child is in our care.
- ☐ All personal belongings brought to the centre remain the responsibility of the child. Educators will not take responsibility for items lost, stolen and/or broken.
- ☐ I understand the centre will take all reasonable Care and Control to protect my child under their care. I am aware and acknowledge the centre cannot be held liable for any injury, loss or damage of any nature to my child or their property.
- ☐ I understand what the fees are (current fees are always documented on Kids Capers web site) and I agree to pay the required fee/s each fortnight. I will provide two (2) weeks written notice to terminate my child's placement. I understand that the centre may refuse care to my child upon no payment of fees. I will be responsible for any legal cost/s and commission/s to collection agencies.
- ☐ Parents/Guardian must inform the service if their child is absent by email or phone call. Centre needs to be informed if child has been unwell.
- ☐ I am aware Educators are obliged to inform Department of Community Services or police if a child is repeatedly picked up after 7.00pm.
- ☐ In case of required emergency evacuations / fire drills, I understand the educators of Kids Capers will escort my child off the premises to safety.
- ☐ I agree to collect my child from the centre by the advertised closing time. I understand that I will be charged, \$2.00 per minute per child for collection after the closing time. If parent/emergency contact cannot be reached by 7:00pm, the police will be contacted or child/ren maybe taken to the nearest Police Station and children will be left in their care.
- ☐ I acknowledge that this Enrolment Form also constitutes a Complying Written Arrangement (CWA) for the purposes of the government's Child Care Subsidy (CCS).

## Parent/Guardian 1

**Full Name:**

**Sign:**

**Date:**

## Parent/Guardian 2

**Full Name:**

**Sign:**

**Date:**

If this form is completed electronically, signatures can be taken at the centre.

Please email enrolment documents to: 'centre email name'@kidscapersoosh.com.au

Centre email names: dulwich, enfield, paddington, picnicpoint, revesby, stanmore, ultimo, wentworthpoint.