APPENDIX 1

ENROLMENT FORM

Family Id No: [ ] Office Use Only

Child Details (one form to be filled in for each child enrolled)

Family Name: ____________________________  First Name: ______________  Sex:  F  ☐  M  ☐
Child CRN: _______ - _______ - _______  Date of Birth: ______________  Place of Birth: ______________
Current School: __________________________ Languages: __________________________

Parent/Guardian 1 home details

Family name: ____________________________
Given name: ____________________________
Date of Birth: __________________________
Address: ________________________________  Suburb: ______________  Postcode: ______________
Home phone: ____________________________
Mobile: ________________________________
Language: ______________________________
Child lives with this parent/guardian: Yes [ ] No [ ]
Home email: ____________________________

Parent/Guardian 1 work details

Work phone: ____________________________
Address: ________________________________  Suburb: ______________  Postcode: ______________
Occupation: ____________________________
Company: ______________________________
Work email: ____________________________

Family CCB details

Primary Parent Name: ____________________________  Family CRN: _______ - _______ - _______
Number of children in care at this OSHC: ______________  Total Number of Children in Childcare: ______________
Claiming CCB Weekly [ ]  Lump Sum at end of Year [ ]
Receive Newsletter/Invoice:  Email [ ]  Hardcopy [ ]

Alternative Contact in case of Emergency (other persons authorised to collect and care for your child/ren in case of emergency eg. illness, trauma, injury or accident where parents cannot be contacted)

Name: ____________________________
Address: ____________________________
Home phone: ____________________________
Mobile: ____________________________
Work phone: ____________________________
Relation: ____________________________  Can Collect: [ ]

Collection Contacts (other persons authorised to your collect child/ren on your behalf)

Name: ____________________________
Address: ____________________________
Home phone: ____________________________
Mobile: ____________________________
Work phone: ____________________________
Relation: ____________________________  Can Collect: [ ]

Revision Date: 20th Oct 2011
Child Health Details

Does your child have any special needs?  Yes □ No □
If yes, provide detail of any special need and any management procedure to be followed with respect to that special need.

Does your child have any medical condition that we need to be aware of?  Yes □ No □
(e.g. asthma, epilepsy, diabetes, etc.) If yes, provide detail of any medical condition and any management procedure to be followed with respect to the medical condition.

Does your child have any dietary restrictions? If yes, provide detail of any dietary restriction. Yes □ No □

Does your child have any allergies or sensitivity?  Yes □ No □
If yes, provide detail of any allergy or sensitivity and any management procedure to be followed with respect to the allergy.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes/No
Does your child have an auto injection device (e.g. EpiPen®)? □ Yes □ No
Has the anaphylaxis management plan been provided to the centre? □ Yes □ No
Has a risk management plan been completed by the service in consultation with you? □ Yes □ No

In the case of anaphylaxis you will be provided with the services anaphylaxis management policy. You are required to provide the centre with an individual medical management plan for your child signed by the medical practitioner who is treating your child.

Is there any other information you would like to provide regarding your child?  Yes □ No □
(eg. Excessive fears, favourite activities, likes, dislikes, etc). Provide details below.

Immunisation Record

Has your child been immunised?  Yes □ No □
If yes, please attach a copy of the immunisation record or fill in the immunisation table below.

<table>
<thead>
<tr>
<th>Immunisation</th>
<th>Birth</th>
<th>2mths</th>
<th>4mths</th>
<th>6mths</th>
<th>12mths</th>
<th>18mths</th>
<th>4yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Diphtheria Tetanus Pertussis (DTPa)</td>
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<tr>
<td>Haemophilus Influenzae (Type b)</td>
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<tr>
<td>Inactivated Poliomyelitis (IPV)</td>
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<tr>
<td>Pneumococcal conjugate (7vPCV)</td>
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<tr>
<td>Rotavirus</td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
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<td>Meningococcal c</td>
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<tr>
<td>Varicella (VZC)</td>
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</tr>
</tbody>
</table>

Additional immunisations for Aboriginal and Torres Strait Islander children

Hepatitis A
Pneumococcal polysaccharide (23vPPV)

Other Child Details

Is your child of Aboriginal/Torres Strait Islander origin?  Yes □ No □

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  No

Doctor/Health fund details

Doctor's name: __________________________  Doctor's Phone: __________________________
Doctor's address: __________________________

Health Fund Number: __________________________  Private Health Fund: __________________________
Medicare Number: __________________________  Ambulance Subscriber: __________________________
Accounts and Payments
Accounts will be emailed/issued fortnightly and are due by Friday of the week of issue. Credit Card payment is the preferred payment option. I, ________________________________, authorise ZuBees Pty Ltd (t/a St Simons OSHC to debit funds from my Credit Card as shown under and according to the details specified below:

Card Details:  □ Visa  □ Mastercard
Name on Card: ________________________________
Cardholder Signature: ________________________________
Debit amount owing or maximum of $________.____

Direct Debit Service Agreement

1. Charging your Card
1.1 By signing, you have authorised us to arrange for funds to be debited from your credit card.

2. Changes by us
We may vary any details of this agreement or the direct debit request at any time. We will give you notice in writing of any such change at least fourteen (14) days before the change takes effect.

3. Changes by you
You may request to stop or defer a debit payment or alter, suspend or cancel the direct debit request at any time. When we receive such a request, we will inform you of our notification requirements for such a request.

4. Your Obligations
4.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the request.
4.2 If there are insufficient clear funds in your account to meet a debit payment, we will:
   a) charge you a fee and/or interest by your financial institution,
   b) may also incur fees or charges imposed or incurred by us, and
   c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
4.3 You should check your account statement to verify that the amounts debited from your account are correct.
4.4 If we are liable to pay goods and services tax ("GST") on a supply made by us in connection with this agreement, then you agree to pay us on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5. Dispute
5.1 If you believe that there has been an error in debiting your account, you should notify us immediately and provide us with any documentation we require.
5.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will adjust your account (including interest and charges) accordingly by directly crediting your account or sending you a refund cheque at our discretion. We will also notify you of the adjustment either orally or in writing.
5.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

5.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you.

6. Accounts
You should check:
6.1 that your account details which you have provided to us are correct by checking them against a recent account statement; and
6.2 with your financial institution if you are uncertain about either of the above matters before completing the direct debit request.

7. Confidentiality
7.1 We will keep any information (including your account details) in your direct debit request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
7.2 We will only disclose information that we have about you:
   a) to the extent specifically required by law; or
   b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Definitions
account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.
agreement means this Direct Debit Request Service Agreement between you and us.
business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.
debit day means the day that payment by you to us is due.
debit payment means a particular transaction where a debit is made.
direct debit means the Direct Debit Request between us request and you.
us or we means ZuBees Pty Ltd t/a St Simons OSHC.
you means the person who signs the direct debit request.
your financial institution means the financial institution where you hold the account that you have authorised us to debit.

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Revision Date: 20th Oct 2011
Court Orders
Are there any Court Orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child/ren or access to the child/ren?

☐ Yes (please complete under) ☐ No (go to the next section)

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders:
   a. Change the powers of a parent/guardian to:
      - Authorise the taking of the child/ren outside the service by a staff member of the service
      - Consent to the medical treatment of the child
      - Request or permit the administration of medication to the child
      - Collect the child and/or
   b. Give these powers to someone else,
      Please describe these changes and provide the contact details of any person given these powers:

Declaration and Emergency Medical Treatment Consent

Child name: ___________________________ Date of birth: _____________

I, .......................................................................................................... (Print full name) a person of lawful authority of the child referred to in this enrolment form,

- agree to collect or make arrangements for the collection of the children referred to in this enrolment form if they become unwell at the service. I acknowledge that my child will not attend the program if ill or suffering from an infectious or contagious disease;
- consent to the staff of the children's service seeking, or where appropriate, administering, such emergency medical, hospital, dental or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service;
- understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the preschool/childcare premises under the direction and supervision of staff;
- agree that St Simons OSHC and staff are to be free and clear of all responsibilities from an accident or loss of property during my child’s participation in an activity at the Program;
- undertake to inform the staff of any absence of my child;
- will refer to the Service Policy Documentation for further information;
- understand that if my child’s behaviour is deemed unacceptable by the staff and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program;
- consent to St Simons OSHC using photographs of my child/ren taken at OSHC activities, in promotional materials to advertise the program;
- Consents to my child/ren watching PG rated movies/games, under adult carer supervision;
- Consent to my child participating in the sports program offered by St Simons OSHC in conjunction with the Australian Sports Commission, known as the Active After School Sports Program;
- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.

Signature ___________________________ Date _____________

Parents
All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Services Regulations 1998 refer to these powers and responsibilities as "Lawful Authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians
A guardian of a child also has lawful authority. A legal guardian is given legal authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In this case, the guardian is the person the child lives with who has day-to-day care and control of the child.