



Office only:

- CRN & DOB correct
- Email Correct & information sent
- School allocation
- CWA
- Parent portal sent
- Action plans provided



We will be attending Victory OOSH
(More than one can be selected)

- Charlestown East**
- Charlestown South**
- Dudley**
- Kahibah**
- Jesmond**

Every answer in this form is mandatory and part of regulation OOSH must follow.

Please use PRINT writing when completing this form.

Read each section carefully before completing and signing.

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Handing in documents means you have read and agree with our policies as well as our terms and conditions.

Guardian One

(The person claiming CCS for Child/ren and who is responsible for fees)

Full Name: _____

Relationship to the child: _____

Gender: Male / Female

Date of Birth: ____ / ____ / ____

CRN: _____

Place of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address/es: _____

Occupation: _____

Place of Work: _____

Preferred Method of Contact: _____

Are you of Aboriginal or Torres Straight Islander

Descent? : _____

Guardian Two:

Full Name: _____

Relationship to the child: _____

Gender: Male / Female

Date of Birth: ____ / ____ / ____

CRN: _____

Place of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Email Address/es: _____

Occupation: _____

Place of Work: _____

Preferred Method of Contact: _____

Are you of Aboriginal or Torres Straight Islander

Descent? : _____

Parent/Guardian Signature: _____ Date: _____



Custody Arrangements (if any)

If you are separated or divorced, who has legal custody of the child/ren?

Custody: Parent One Parent Two Shared Other

Other relevant information regarding custody arrangements (e.g. AVO, other court documents etc.): _____

*Note: The service **cannot** enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Director/Coordinator before enrolment.*

I have attached the following:

- Copy of any custody arrangement documentation
- Copy of any AVO documentation
- Copy of any Parent Plan documentation
- Copy of any other relevant custody documentation

Family Background

Cultural Background: Aboriginal Torres Strait Islander Other: _____

Languages your family speaks at home: _____

Are there any aspects of your cultural, ethnic, and/or religious background that you would like us to be aware of?
Are there any religious activities or traditions the staff should be aware of? **Please provide details:**

Are there any other details about your family that will help us to provide quality care? _____

Does your child have siblings in care at another centre?:

- YES NO

Names and ages: _____

Please indicate the following areas that apply to your family

- Aboriginal
- Torres Strait Islander.
- Family which include a person with a disability/illness
- Lower income threshold family
- Non English speaking family
- Socially isolated family
- Children of single parents.
- None of the above apply to our family

Parent/Guardian Signature: _____ Date: _____



Child One Details

Given Names: _____ Gender: Male Female

Child's Preferred Name: _____

Surname: _____ Date of Birth: ___/___/____

Child's Individual CRN *Please contact Centrelink if unknown, 9 digits and a letter:* _____

Primary Home Address: _____

Place of Birth: _____ School: _____

Language/s spoken by child: _____ Aboriginal or Torres Straight Islander Descent?: _____

Care Arrangements Required – please indicate below the care arrangements required.

Before School Care	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday
After School Care	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday
Casual Only	<input type="radio"/> Casual	<p>If you are seeking care on a casual basis we cannot guarantee a position. You will be charged for bookings even if your child is absent. To cancel or change permanent days 2 full weeks' written notice is required. Vacation Care Bookings are separate to term session. Booking must be made new each holidays. When cancelling Vacation Care Bookings, you must give five (5) full working days' notice when cancelling or you will be charged for the day. *Bookings will be confirmed via email depending on availability.</p>			
Vacation Care (Charlestown East Site only)	<input type="radio"/> VC				

Authorisations for Child One

(For acceptance of enrolment questions with * must be signed/circled YES)

*I authorise Victory OOSH Educators to obtain medical treatment from a registered medical practitioner, hospital or ambulance service, and allow the transport of my child by the ambulance service in an emergency situation.

Parent/Guardian Signature: _____ Date: _____

I authorise the staff of Victory OOSH to-

*Apply First Aid to my child/ren after any minor incidents where a trained medical practitioner is not necessary.

Yes No

Allow my child/ren watch PG movies at staff's discretion.

Yes No

To take photographs or videos of my child/ren to be used in the centre to document our shared experiences.

Yes No

To take photographs or videos of my child/ren to use for publicity (Separate permission will always be requested before using photos/videos).

Yes No

Apply sunscreen or insect repellent to my child/ren.

Yes No

Transport child/ren in buses to and from school or excursions if required.

Yes No

Parent/Guardian Signature: _____ Date: _____



Medical Details for Child One

Immunisation record:

- Yes, please attach a copy of your child's Medicare Immunisation History Statement to this form
 No, please provide us with more details

Diagnosis and Medication

Has your child been diagnosed with any allergies or intolerances? (Including Asthma and Anaphylaxis)

- Asthma Anaphylaxis Allergy Intolerance Other

Please provide more details about what special provisions will your child need. I.e. what risk minimisation steps will need to be taken? A Medical Risk Minimisation plan will need to be completed and signed.

Does your child take any regular medication? Yes No (this includes inhalers or insulin)

Name of Medication: _____ Diagnosed Condition: _____

Prescribing Doctor: _____ Doctor Contact No: _____

If your child requires any medication during their time care, please ask for a medication authority form.

Medication will only be given to your child when it is given to staff in its original packaging with all labelling

Is your child able to self-administer their medication?: Yes No (if YES please give your consent below)

I give permission for my child to self-administer their medication _____

My child understands that they need to let the staff members know when they have self-administered.

Signature: _____

Does your child have any other conditions that we should be aware of, to provide quality care? (i.e. a disability, sight or hearing impairments, sensory or behavioural challenges, previous operations or illnesses):

Medical/Doctor Details for Child One

Medicare No: _____

Medical Centre: _____

Doctor: _____

Phone Number: _____

Address: _____

Dentist: _____

Phone Number: _____

Address: _____

Ambulance cover

Victory OOSH has ambulance cover for children. If a child requires an ambulance while they are under OOSH care they will be taken to the nearest hospital. Parents/Guardians will need personal cover for further transportation.

Parent/Guardian Signature: _____ Date: _____



Emergency and Authorised Contacts for Child One

Please provide at least two contacts details- **other** than primary caregivers already provided

Contact One

Contact Two

Full Name: _____

Full Name: _____

Relationship to the child: _____

Relationship to the child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Authorisation to:

Authorisation to:

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

Contact Three

Contact Four

Full Name: _____

Full Name: _____

Relationship to the child: _____

Relationship to the child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Authorisation to:

Authorisation to:

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

Parent/Guardian Signature: _____ Date: _____



Child Two Details

Given Names: _____ Gender: Male Female

Child's Preferred Name: _____

Surname: _____ Date of Birth: ___/___/____

Child's Individual CRN *Please contact Centrelink if unknown, 9 digits and a letter:* _____

Primary Home Address: _____

Place of Birth: _____ School: _____

Language/s spoken by child: _____ Aboriginal or Torres Straight Islander Descent?: _____

Care Arrangements Required – please indicate below the care arrangements required.

Before School Care	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday
After School Care	<input type="radio"/> Monday	<input type="radio"/> Tuesday	<input type="radio"/> Wednesday	<input type="radio"/> Thursday	<input type="radio"/> Friday
Casual Only	<input type="radio"/> Casual	<p style="color: red; font-size: small;">If you are seeking care on a casual basis we cannot guarantee a position. You will be charged for bookings even if your child is absent. To cancel or change permanent days 2 full weeks' written notice is required. Vacation Care Bookings are separate to term session. Booking must be made new each holidays. When cancelling Vacation Care Bookings, you must give five (5) full working days' notice when cancelling or you will be charged for the day.</p>			
Vacation Care (Charlestown East Site only)	<input type="radio"/> VC				

Authorisations for Child Two

(For acceptance of enrolment questions with * must be signed/circled YES)

*I authorise Victory OOSH Educators to obtain medical treatment from a registered medical practitioner, hospital or ambulance service, and allow the transport of my child by the ambulance service in an emergency situation.

Parent/Guardian Signature: _____ Date: _____

I authorise the staff of Victory OOSH to-

*Apply First Aid to my child/ren after any minor incidents where a trained medical practitioner is not necessary.

Yes No

Allow my child/ren watch PG movies at staff's discretion.

Yes No

To take photographs or videos of my child/ren to be used in the centre to document our shared experiences.

Yes No

To take photographs or videos of my child/ren to use for publicity (Separate permission will always be requested before using photos/videos).

Yes No

Apply sunscreen or insect repellent to my child/ren.

Yes No

Transport child/ren in buses to and from school or excursions if required.

Yes No

Parent/Guardian Signature: _____ Date: _____



Medical Details for Child Two

Immunisation record:

- Yes, please attach a copy of your child's Medicare immunisation History Statement to this form
 No, please provide us with more details

Diagnosis and Medication

Has your child been diagnosed with any allergies or intolerances? (Including Asthma and Anaphylaxis)

- Asthma Anaphylaxis Allergy Intolerance Other

Please provide more details about what special provisions will your child need. I.e. what risk minimisation steps will need to be taken? A Medical Risk Minimisation plan will need to be completed and signed.

Does your child take any regular medication? Yes No (this includes inhalers or insulin)

Name of Medication: _____ Diagnosed Condition: _____

Prescribing Doctor: _____ Doctor Contact No: _____

If your child requires any medication during their time care, please ask a for a medication authority form.

Medication will only be given to your child when it is given to staff in its original packaging with all labelling

Is your child able to self-administer their medication?: Yes No (if YES please give your consent below)

I give permission for my child to self-administer their medication _____

My child understands that they need to let the staff members know when they have self-administered.

Signature: _____

Does your child have any other conditions that we should be aware of, to provide quality care? (i.e. a disability, sight or hearing impairments, sensory or behavioural challenges, previous operations or illnesses):

Medical/Doctor Details for Child Two

Medicare No: _____

Medical Centre: _____

Doctor: _____

Phone Number: _____

Address: _____

Dentist: _____

Phone Number: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Ambulance cover

Victory OOSH has ambulance cover for children. If a child requires an ambulance while they are under OOSH care they will be taken to the nearest hospital. Parents/Guardians will need personal cover for further transportation.



Emergency and Authorised Contacts for Child Two

Please provide at least two contacts details- **other** than primary caregivers already provided

Contact One

Contact Two

Full Name: _____

Full Name: _____

Relationship to the child: _____

Relationship to the child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Authorisation to:

Authorisation to:

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

Contact Three

Contact Four

Full Name: _____

Full Name: _____

Relationship to the child: _____

Relationship to the child: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Authorisation to:

Authorisation to:

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

- Collect/Deliver to & from the service
- Give permission for excursions from the service
- Consent to medical treatment
- Permit transportation by ambulance
- Request/Permit medication to be provided
- If parent cannot be contacted, this person should be notified or any accident, injury, trauma or illness

Parent/Guardian Signature: _____ Date: _____



Code of Conduct

For Parents/Caregivers and Visitors

POLICY STATEMENT:

Please download or read our Code of Conduct for Parents/Caregivers and Visitors Policy found on our website or via this link:

PARENT/CAREGIVER/VISITOR CONTRACT:

I/We hereby support my/our children/s enrolment at Victory OOSH

I have carefully read this code of conduct, and accept responsibility for complying with it in all respects. I also agree that sanctions may be imposed should I/We breach any aspect of the Code of Conduct. These may include:

- Warnings, either verbal or in writing
- Permanent exclusion from the Centre
- Exclusion from the Centre for a period of time as set down by the Management Board. Your child will still be able to attend the Centre, however, you must make arrangement for an authorised person to drop them off or collect them during the exclusion period. A meeting will be held with management to determine an appropriate course of action in order to move forward.

I/We agree that while attending Victory OOSH I/We will conduct myself/ourselves in a manner, which allows me/us to act as a positive role model to children, families and staff.

- 1 I/We will act respectfully and responsibly toward all staff, management, children and families. Abusive, insulting and offensive language or actions are unacceptable.
- 2 I will respect the facilities and equipment at Victory OOSH.
- 3 I understand that verbal abuse and violent behaviour towards any staff, management, children and families at all times is unacceptable and would make me liable to serious consequences (as is any sexual, racial and other form of harassment).

In order to provide a safe environment for staff, children, families and visitors at the Centre, management reserves the right to take appropriate action if this Code of Conduct is breached in any way.

I/We _____ in supporting my children/s enrolment at Victory OOSH, acknowledge that I have read and agree to comply with the above Parent/Caregiver Code of Conduct. I accept that breaches of the Code of Conduct will carry consequences as listed above.

Name/s: _____

Signed: _____

Date: _____

Parent/Guardian Signature: _____ Date: _____



The following is for your reference. Please keep these last 2 pages.

Fees Summary

Absences from the child care centre: If your child is absent from OOSH we require that you contact **before 2.50pm** to let us know they are not attending; additional charges may apply if you do not. Normal rates will be charged to your account. Victory OOSH does not charge on public holidays.

Please note: If you do not attend a session and you have over 42 absences within a financial year you will not receive any child care benefits/rebate for this session.

Notice of discontinuation of attendance: When you wish to discontinue or terminate your child care position at the service, you are required to give two (2) weeks **written** notice for before and after school care. Vacation care requires five (5) full working days' **written** notice to cancel the booking.

Payment of fees: As stated in the family handbook, Victory OOSH accepts cash, cheques and credit cards at the centre or payments online. You can access PayPal through our website www.victoryoosh.org.au, set up payments to our bank account or use the parent portal to pay through Hubworks.

Account details:

Account name: C3 Church Victory Inc. OOSH
BSB: 082514
Account Number: 546845064

Please include the **child's name** and **Centre** that the payment is being made to in the description field.

For IPay through our online software please contact the office.

This account is used for all Victory OOSH services. If you would like credit moved to another of our Victory Services, please contact the office. admin.oosh@c3victory.org.au

We ask that all accounts are paid in advance.

We require a **\$100** payment before the start of the child/rens first day of care. This is **not** a bond. This will start your account in credit.

Before and After School Care cancellation of permanent bookings families must give **two (2) weeks'** notice.

Cancellations for Vacation Care must be given with **5 full working days'** notice or you will be charged, including any excursion fees, unless we are able to fill your position.

Continuing lack of fee paying will result in your child/ren position being cancelled.

If you are having difficulties paying your fees, please talk to the director so a fee payment plan can be developed.

Late fee: If a child is left after 6:00pm during the school term or 5:30pm during vacation care a charge of \$20 per 15 minutes for each child applies.

Parent/Guardian Signature: _____ Date: _____



If you need more child detail forms please ask staff to provide them, or download from our website

www.victoryoosh.org.au

If you have any questions regarding filling out this enrolment form, or anything else in the parent handbook, please ask.

0400 722 582 or 4922 6816.

If you would like further details about our policies and procedures, they can be found on our website or accessed at the service.

Please download the Parent Handbook.

I certify that the information supplied on these forms is correct at the time of completion. I agree to advise the centre in writing or in person of any changes to these details within 14 days of occurrence. I agree that I have read the forms and the family handbook and will follow the centres policies and procedures.

I have signed each page of the enrolment form and checked that all details are correct to the best of my knowledge. Below is a check list for you to complete.

- Copy of the child/rens' birth certificate.
- Copy of the child/rens' immunisation records.
- Copy of other medical document required.
- I have received a medical conditions and medical administration policy, if my child has health care needs
- Copy of any custody information required.
- Completed a self-administration permission note for my child
- Other _____

For Asthma, Anaphylaxis or Severe Allergies a medical management plan **must** be provided. Plans can be found at:

ASTHMA: https://assets.nationalasthma.org.au/resources/341-nac_asthma_action_plan_writable_a4.pdf

ANAPHYLAXIS: https://www.allergy.org.au/images/stories/anaphylaxis/2018/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Red_2018.pdf

ALLERGY: https://www.allergy.org.au/images/stories/anaphylaxis/2018/ASCIA_Action_Plan_Allergic_Reactions_Green_2018.pdf

Parent/Guardian Signature: _____ Date: _____