

# FIVE DOCK PUBLIC SCHOOL P&C OOSH ENROLMENT FORM (2024)

ABN: 14557448465

Located (in Five Dock Public School) West Street, Five Dock, NSW 2046

P: (02) 9712 3260 E: [fdpssoosh@tpg.com.au](mailto:fdpssoosh@tpg.com.au)

*All information provided in this enrolment form is treated as strictly confidential. Individual forms must be completed for each child you are enrolling.*

## CHILD DETAILS

Surname:		Given Names:	
Address:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Family Religion:	
Date of Birth:		Class Year:	
Child's Nationality:		Country of Birth:	
Languages other than English spoken by the child?			
Is the child of Aboriginal or Torres Islander descent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the child a refugee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you attached a <b>copy</b> of the child's Birth Certificate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PARENT DETAILS

### Parent/Guardian 1

Surname:		Given Name:	
Relationship to child:		Date of Birth:	
Address:			
Email address:			
Home Phone:		Mobile:	
Australian Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth:	
Languages Spoken:		Occupation:	
Employer:		Work Phone:	
Employment Status:	<input type="checkbox"/> Full time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed		

### Parent/Guardian 2

Surname:		Given Name:	
Relationship to child:		Date of Birth:	
Address:			
Email address:			
Home Phone:		Mobile:	
Australian Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth:	
Languages Spoken:		Occupation:	
Employer:		Work Phone:	
Employment Status:	<input type="checkbox"/> Full time <input type="checkbox"/> Casual <input type="checkbox"/> Part-time <input type="checkbox"/> Studying <input type="checkbox"/> Unemployed		

**DAYS REQUIRED**

PLEASE TICK	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care:					
After School Care:					
Vacation Care only		<b>A separate booking form will be provided to you prior to each vacation care period. A completed enrolment form is necessary to attend vacation care.</b>			
Expected start date at service:					

**MEDICAL INFORMATION**

**\*If this section is not completed, the service will employ the services of Five Dock Medical Centre 150 Great North Rd Five Dock 2046 phone: 8753 4700**  
**(First available doctor will be sought in the event of minor medical treatment being required or an Ambulance will be called for a Medical Emergency).**

Medicare Number:		Child Card number:	
Private Health Fund:		Private Health number:	
Doctor's Name:		Phone:	
Does your child have any allergies (including asthma and anaphylaxis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical plan form completed by doctor and attached	<input type="checkbox"/> Asthma <input type="checkbox"/> Allergy <input type="checkbox"/> Anaphylaxis
Specify Details of Allergy:			
Does your child require regular medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication and dosage information:	
Are you child's immunisation up to date?	<input type="checkbox"/> Yes (please provide a copy of immunisation records) <input type="checkbox"/> No (please complete an <i>Immunisation Exemption Conscientious Objection</i> form from Medicare)		
Does your child have a medical condition or require additional assistance?	<input type="checkbox"/> Yes (please give details below) <input type="checkbox"/> No		

**CHILD CARE SUBSIDY**

Will you be claiming Child Care Subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child's Customer Reference Number (CRN):	
Parent Claiming Subsidy:		Parent Customer Reference Number (CRN):	
Do you have other children in care at another service? (if yes, please provide their details)	<input type="checkbox"/> Yes  <input type="checkbox"/> No	Child's name:	
		Date of Birth:	
		Customer Reference Number (CRN):	

## CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

☐ YES ☐ NO If **YES** please provide details:

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**NOTE:** The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment

## EMERGENCY CONTACTS AND AUTHORITY TO COLLECT

- ☐ By listing the people below you hereby authorise for the elected people collect your child/ren from the service (16yrs or over).
- ☐ By listing the emergency contacts below you hereby authorise the service to contact those elected if you are unable to be contacted in the case of an emergency (18 yrs or over).

Name:		Name:	
Address:		Address:	
Phone Mobile:		Phone Mobile:	
Phone Work:		Phone Work:	
Phone Home:		Phone Home:	
Relationship to child:		Relationship to child:	
Contact Purpose:	<input type="checkbox"/> Emergency/Transportation (18yrs+) <input type="checkbox"/> Collection (16yrs +)	Contact Purpose:	<input type="checkbox"/> Emergency/Transportation (18yrs+) <input type="checkbox"/> Collection (16yrs +)

**NOTE:** it is important that you inform the contacts nominated above that you have included them as emergency contacts and that they may be contacted in the case of an emergency and asked to collect your child if you cannot be contacted.

## INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? ☐ Yes ☐ No  
If **YES**, please provide details:

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Is there anything else our staff needs to know about your child? (e.g. cultural or religious requests, interests, dislikes, fears, etc.)

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## AUTHORISATION AND APPROVAL (PERMISSION)

*Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial.*

### 1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY

In the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to coordinate the following emergency professional services for my child:

- a) medical
- b) dental
- c) hospital
- d) ambulance service and transportation of the child by ambulance.

### 2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY

In the case of an accident or other emergency which results in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

### 3. PERMISSION FOR STAFF TO CARRY OUT NATURAL METHODS FOR FEVER REDUCTION

During a fever natural method will be employed to bring the child's temperature down until the parents arrive or help is sought. Such methods include: clothes removed as required, clear fluids given, tepid sponges administered.

### 4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

### 5. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion. There are a number of reasons the service takes photographs/videos of the children, including:

- *Providing visual documentation for families to see what their child does throughout the day*
- *To assist with evaluations of the program*
- *To use for promotion and publicity of the service*

☐ My child's photograph **may be published** within articles on the school's and Five Dock P&C websites on the internet, also the Five Dock OOSH Newsletter and around the centre.

☐ I would prefer that my child's photograph not be published on the internet (including Facebook).

### 6. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to sign in and sign out on arrival and departure each day that my child/ren attend the service.

### 7. CHILD ABSENCES

I agree to notify the service if my child is absent on a day that they are booked in.

***NOTE:** If your child is absent from the service, a medical certificate must be provided to explain absences. The service needs to record the amount of allowable and approved absences your child is entitled under Child Care Benefit legislation.*

### 8. WALKING EXCURSION WITHIN LOCAL AREA OF FIVE DOCK

Whilst at OOSH carers may arrange walking excursions in the local area (eg. parks, shops, sporting facilities). I give permission for my child to participate in such excursions under the supervision of OOSH staff.

### 9. PERMISSION TO USE THE INTERNET AND PUBLISH WORK

#### Usage

As a parent or guardian of a student of Five Dock P&C OOSH, I have read the information in the Parent Handbook about the appropriate use of computers at OOSH. I understand this agreement will be kept on file at the OOSH.

☐ My child **may use the internet** while at OOSH according to the rules outlined.

☐ I would prefer that my child **not use the internet** while at OOSH.

#### Publishing

I understand that from time to time the OOSH may wish to publish examples of student projects and other work on Five Dock Public School Internet website, Five Dock P & C website and Five Dock OOSH Facebook page.

☐ My child's work **may be published** on the internet.

☐ I would prefer that my child's work **not be published** on the Internet.

#### 10. PERMISSION TO VIEW MOVIES

Movies can be used as part of the program of activities after thoughtful consideration relating to the content and message of the movies. Staff will ensure all movies are suitable for the children's ages.

- ☐ I am comfortable with my child viewing 'G' and 'PG' movies at OOSH.
- ☐ I would prefer that my child not view 'PG' movies at OOSH.

#### PAYMENT OF FEES

##### 1. PAYMENT TERMS

As per Parent Handbook, fees are to be paid two weeks in advance. Fees must be paid as invoiced and by the specified due date. If fees are not paid in a timely manner, booked places may be terminated and any additional costs incurred to recover outstanding fees may be payable.

The only payment method for fees is by Direct Debit:

**Required to be completed: (Please use Block Letters and clear numbers)**

**Debitsuccess DDR Form** - FIVE DOCK Public School P&C Association (Must Submit with Enrolment) found on <https://fivedock-p.schools.nsw.gov.au/supporting-our-students/after-school-care.html>

##### PERSON RESPONSIBLE FOR FEE PAYMENTS

I \_\_\_\_\_ will take full responsibility for the payment of the child named in this form.

##### 2. ABSENCES FROM THE CHILD CARE CENTRE

Fees are payable for family holidays and sick periods if those days fall on a day that your child is booked into the service. (No fees charged for National public holidays).

##### 3. LATE PICK –UP FEE

A late fee is payable for pick-ups that occur after 6.00pm during school term and for vacation care. The late fee is \$20.00 for the first 15 minutes and \$2.00 per minute thereafter. The late fee will be invoiced to the parent.

##### 4. NOTICE OF CANCELLATION OF ATTENDANCE

If you wish to cancel care for your child at any time you are required to provide two (2) weeks written notice. If insufficient notice is provided, you will be required to pay up to the equivalent of two weeks of fees in lieu of the minimum notice period.

##### 5. SERVICE CLOSURE

No fees are charged whilst the service is closed over the Christmas period.

##### 6. COSTS OF DEBT RECOVERY

Parents/Guardians will be liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by FDPS P&C OOSH as a result of failure to pay the fees and charges for the service provided within the terms of payment specified. You may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate court at the time.

Our **Parent Handbook** can be accessed at  
<http://www.fivedock-p.schools.nsw.edu.au/our-school/after-school-care>  
or in hardcopy at the OOSH centre.

## DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understood the service procedures, conditions and policies contained in this enrolment record and the policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the service at its sole discretion). Policies & Procedures can be accessed at <http://www.fivedock-p.schools.nsw.edu.au/our-school/after-school-care> or in hardcopy at the OOSH centre. (Policies & Procedures).
- The Policies & Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies & Procedures at all times.
- I understand failure to disclose key (known) information with regard to my child's health and/or disposition may jeopardise my child's on-going attendance at the program.
- I agree to notify the program if my child is diagnosed with a contagious illness, and to exclude them from the program until fully recovered. Once my child has recovered, I will supply a clearance letter from a medical practitioner before my child re-attends I agree not to bring my child to the program if he or she has had diarrhoea, vomiting, conjunctivitis or fever in the 24 hours prior to attendance
- The information provided in this enrolment record is, to the best of my knowledge, correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any other person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded, I/we will guarantee the service, its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or other person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the information and or the acts or omissions of the other persons.
- **Re-enrolment** will be automated, until the service receives 2 weeks' written notification of cancellation of care as per our policies and procedures.
- CCS (Child Care Subsidy) Enrolment Agreement

As part of your Enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these as well as some of the other information in the Enrolment form can be used as a Complying Written Arrangement. Please read these items and confirm via the check box your acceptance of these items:

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
- I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided
- I confirm that care maybe provided on a casual or flexible basis where available at my service/s at my request
- I confirm I understand the usual fees associated with the care of my child which may vary from time to time

☐ Please check here to indicate that you have read and confirmed the CCS Enrolment Agreement with this service.

Parent/Guardian 1 Name:	
Signature:	
Date:	
Parent/Guardian 2 Name:	
Signature:	
Date:	

## FDPS P&C OOSH Enrolment Feedback Form

Name (optional): \_\_\_\_\_

Please help us make our service better by taking a few minutes to tell us about your experience with FDPS OOSH. We appreciate your time. Please tick the appropriate boxes below.

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE OR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE
FDPS OOSH staff demonstrated a good understanding of parent expectations and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDPS OOSH staff are well presented and approachable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDPS OOSH staff are professional in their conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FDPS OOSH staff act in the best interest of families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that FDPS OOSH is a not-for-profit service operated by the P&C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider volunteering for the FDPS OOSH Committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the service from FDPS OOSH staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

**Thank you for giving us the opportunity to serve you better.**

**FDPS P&C OOSH**