



**BYRON SHIRE COUNCIL**  
**OUTSIDE SCHOOL HOURS CARE (OSHC)**  
Email: [vacationcare@byron.nsw.gov.au](mailto:vacationcare@byron.nsw.gov.au) Ph: 02 6685 8118



## ENROLMENT FORM

DATE	
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**BYRON BAY**

**BRUNSWICK HEADS**

**MULLUMBIMBY**

DO YOU INTEND ON USING <b>AFTER SCHOOL CARE?</b>		DO YOU INTEND ON USING <b>VACATION CARE?</b>	
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### ATTENDANCE

<b>AFTER SCHOOL CARE</b>	
What Days would you like your child to attend? (please tick)	
<input type="checkbox"/> Monday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Friday
<input type="checkbox"/> Wednesday	
Frequency (please tick)	
<input type="checkbox"/> Weekly	
<input type="checkbox"/> Fortnightly	
<input type="checkbox"/> Casual (you will notify us by email 1 week before you require a one-off booking)	
What date will your child begin care?	
Have you confirmed availability with your OSHC Coordinator?	

<b>VACATION CARE</b>
Please specify the dates that you would like your child to attend. <i>Please refer to the Council Website prior to booking to view any additional excursions and fees which may apply.</i>

### CHILD DETAILS

First Name	Middle Name	Surname
Gender	Date of Birth	Centrelink CRN (Child)
Does the child have an immunisation exemption under Section 87(1), (2) and (3) of the Public Health Act 2010?		
Is there a Medical Alert for the child?		



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**PRIMARY CARER DETAILS**

*These details need to be those of the parent/carer whose name the child is registered under with the Family Assistance Office and/or Centrelink.*

Relationship to child	First Name	Surname
Centrelink CRN (Parent)		
Date of Birth	Country of Birth	Primary Language
Mobile Phone	Work Phone	Place of Work
Email Address		
Home Address		

**PARENT/CARER 2 DETAILS**

Relationship to child	First Name	Surname
Date of Birth	Country of Birth	Primary Language
Mobile Phone	Work Phone	Place of work
Email Address		
Home Address		

**CULTURAL INFORMATION**

What is your child's Country of Birth	
What is your child's Cultural Background	
Does your child speak a language other than English at home? (if yes please specify)	
Is your child of Aboriginal or Torres Strait Islander Origin?	
Are there any special requirements related to your child's religion / culture that need to be observed?	



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### LIVING ARRANGEMENTS

Who does your child live with? (please tick)
<input type="checkbox"/> With both parents <input type="checkbox"/> Permanently with mother <input type="checkbox"/> Permanently with father <input type="checkbox"/> Equal time spent between parents <input type="checkbox"/> Other (please specify):
Where your child's contact with either parent is subject to a court order, parenting order or parenting plan, please provide details on the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child; and any details relating to the child's residence or the child's contact with a parent or other person. (please tick)
<input type="checkbox"/> Attached <input type="checkbox"/> Not Applicable

### SIBLINGS

Names of other children in the family	Age

### DIET

Does your child have any special dietary restrictions (allergies)? (please tick)
<input type="checkbox"/> No <input type="checkbox"/> Yes – Alternate diets must be authorised by a Doctor or Dietician in writing. Please attach a copy of authorisation

### MEDICAL DETAILS

Family Health Practitioner / Doctor	
Practice Name	
Practice Phone Number	
Medicare No	
Does your child have any allergies? An Allergy Management Plan may be required.	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Does your child have anaphylaxis? An Anaphylaxis Action Plan will be required.	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):



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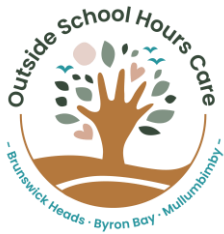
Has your child ever suffered from epilepsy? If yes is there any ongoing treatment required?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Has your child ever suffered from asthma? If yes an Asthma Management Plan will be required.	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Has your child been diagnosed with diabetes? If yes is there any ongoing treatment required?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
Does your child require any on-going treatment or medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify):
As it may impact on their care, we require you to advise us of any other medical conditions your child may have had since birth.	Please specify:

**DAILY NEEDS**

What do you most want your child to gain from attending Outside School Hours Care?	
Do you have any worries or concerns about your child being cared for at Outside School Hours Care?	
Do you have any concerns regarding your child's developmental progress?	
Do you have any concerns regarding your child's behavioral patterns?	

**CHILD CARE SUBSIDY**

Do you intend on claiming Child Care Subsidy (CCS) to reduce your fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you intend on claiming Child Care Subsidy to reduce your fees, you will need to ensure that you have submitted a <a href="#">Centrelink Claim</a> and <a href="#">Activity Test</a> in MyGov. Once you have done so, please advise us. We will then activate the CCS and let you know when you need to confirm this in MyGov.</p> <p>From here you will enter into a CWA (Complying Written Agreement) with us for your use of our service.</p>	



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### ABSENCES

After School Care	Cancellations must be made in writing (Preferably by email AND text) to the OSHC Coordinator by 9am on the day of the booking. If notice is not given, your child will be marked as Absent and normal fees will be charged.
Vacation Care	Cancellations must be made in writing and 3 Working Days notice is to be given for any cancellation. Absences will incur a full fee if sufficient notice is not given. Emails are checked regularly. The time your email was sent to cancel a booking is the time we take into account when determining if it meets our 72 hours cancellation time frame.
<b>Allowable Absences</b> Please make yourself familiar with information provided by Centrelink regarding child care subsidy as it relates to allowable absences.	

### FEES

After School Care	\$35.00 per child / per afternoon, before any CCS fee relief is applied
Vacation Care	\$65 per child / per day <b>PLUS</b> any extra costs for activities / excursions / incursions. Fees vary daily, please check the current program for further information. This amount is before CCS fee relief is applied.
Invoices will be emailed to the address given on this enrolment form. Payment is via direct debit.	

### FEE RESPONSIBILITY

<b>ENROLMENT CARRIES AN OBLIGATION TO PAY ALL REQUIRED FEES</b>		
<i>In signing below you are confirming that you take full responsibility for payment of fees and charges as required under Outside School Hours Care Fees Policy.</i>		
<ul style="list-style-type: none"><li>I understand my child's continued enrolment is dependent on my fees being paid in line with the Outside School Hours Care Fee Policy.</li><li>I agree to pay a once only Enrolment Fee of \$35.00 per family</li><li>I am aware there is a late fee of \$10.00 for every 5 minutes or part thereof if I collect my child after 6.00pm.</li></ul>		
Signature	Print Name	Date



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**AUTHORISATIONS**

**DEFINITIONS**

**Collection:**

To ensure children's safety, our Outside School Hours Care Services will only release a child to the parent(s) or legal guardian(s) who have signed this form and to those listed below as an authorised nominee by the parent/guardian.

Outside School Hours Care will not release your child to any other person unless the centre is notified in advance, following the guidelines listed below:

- If the person picking up your child is listed on this form, you must notify the service verbally.
- If the person picking up your child is **NOT** listed on the form, you must notify the service in writing.

If educators are unfamiliar with the person picking up your child, photo identification will be requested.

**Emergency:**

Authorised person(s) to be contacted for an emergency involving the child if the parent (s) or legal guardian (s) cannot be immediately contacted.

**Medical:**

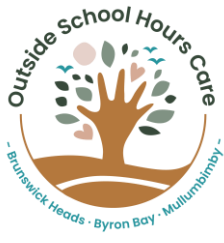
Person (s) who are authorised to consent to medical treatment of, or to authorise administration of medication to the child.

**Authorisor:**

Person (s) who are authorised to authorise an educator to take the child outside the education and care service premises.

Full Name	Relationship	Phone/s	Address
Authorised for (please tick all that apply)			
<input type="checkbox"/> Collection	<input type="checkbox"/> Emergency	<input type="checkbox"/> Medical	<input type="checkbox"/> Authoriser

Full Name	Relationship	Phone/s	Address
Authorised for (please tick all that apply)			
<input type="checkbox"/> Collection	<input type="checkbox"/> Emergency	<input type="checkbox"/> Medical	<input type="checkbox"/> Authoriser



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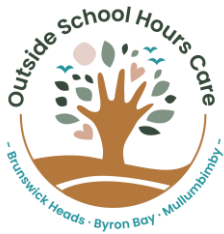


Full Name	Relationship	Phone/s	Address
Authorised for (please tick all that apply)			
<input type="checkbox"/> Collection	<input type="checkbox"/> Emergency	<input type="checkbox"/> Medical	<input type="checkbox"/> Authoriser

Full Name	Relationship	Phone/s	Address
Authorised for (please tick all that apply)			
<input type="checkbox"/> Collection	<input type="checkbox"/> Emergency	<input type="checkbox"/> Medical	<input type="checkbox"/> Authoriser

**PERMISSIONS**

<p><b>Medical Treatment</b></p> <p>I authorise the Nominated Supervisor or the Responsible Person to seek medical treatment for my child from a registered medical practitioner, hospital, or ambulance service.</p> <p>I agree to my child being transported by an ambulance should it be required.</p>	<p>Signature:</p>  <p>Print Name:</p>
<p><b>Illness &amp; Infectious Diseases</b></p> <p>I understand I will be required to collect my child if they experience 2 bouts of diarrhea or 1 episode of vomiting while in care. All children are excluded for 24 hours after their last bout of vomiting or diarrhea and 24 hours after commencing a course of antibiotics. If a child has vomited, had diarrhea, or started a course of antibiotics after 8.00am the day before, they should not attend Outside School Hours Care the next day. Infectious diseases must be notified.</p>	<p>Signature:</p>  <p>Print Name:</p>
<p><b>Use of Photographs &amp; Video Footage</b></p> <p>Please indicate below if you give permission for photos and video footage of your child to be used for: Documentation purposes; Professional Development Presentations by TAFE and University students completing practicums at the Centre; Council's Social Media Platforms; Local Newspaper Publications.</p>	<p>Signature:</p>  <p>Print Name:</p>



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<p><b>Use of Sunscreen &amp; Insect Repellent</b></p> <p>I understand that I am responsible for applying sunscreen each morning prior to my child arriving at the service for Vacation Care. I give permission for staff to apply / distribute sunscreen (daily) and insect repellent (when required) to my child. I will provide a suitable alternative should the supplied sunscreen / insect repellent not suit my child.</p>	<p>Signature:</p>  <p>Print Name:</p>
<p><b>Excursion Permission</b></p> <p>I agree to sign an excursion form for my child to attend any OSHC excursions when they are booked into attend. I acknowledge that if I do not sign the excursion form, my child will not be able to participate in the excursion.</p> <p>I understand I may be asked to sign a once off excursion form for any regular excursions my child will be attending as part of the After School Care program.</p>	<p>Signature:</p>  <p>Print Name:</p>

**PARENT RESPONSIBILITIES**

<p><b>Service Policies</b></p> <p>I agree to abide by the guidelines and policies of the service. A copy of the full Policy Document is available from your coordinator – please take the time to go through it.</p> <p><b>Change of Details</b></p> <p>I am aware I need to notify the service as soon as any details on my child’s enrolment form changes; including type of care for Complying Written Agreement (for Child Care Subsidy) address; phone numbers; emergency contacts; medical information and updates to Immunisation details.</p> <p><b>Daily Sign In/Out</b></p> <p>I am aware my child must be signed in and out of the centre each day. <i>This is necessary for emergency purposes and is also a requirement of our funding agreement to verify child care subsidy claims. Children not signed in will be recorded as being absent.</i></p>	<p>Signature:</p>  <p>Print Name:</p>
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EVALUATION OF ORIENTATION & ENROLMENT PROCESS

Outside School Hours Care's orientation process is seen as the commencement of an ongoing process that aims to develop a stable and informed working relationship between the service and families. Please fill out the questionnaire below based on your experience of our orientation and enrolment procedures.

How would you describe your first contact with our OSHC Services?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
If you did an interview, did the process meet all of your needs and expectations?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
Do you feel you have been provided with sufficient information about the Centre's policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
Have you been fully advised of the fee structure and payment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
Did you find the staff welcoming and friendly?	<input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)	
Please provide any other comments you feel are important, and which have not been covered above.		