

RE-ENROLMENT 2021



Family Name:			
School:	St Brigid's Coogee St Anthony's Clovelly	OLSH Randwick Other:	St Margaret Mary's North Randwick

Families for whom English is not the primary language and need assistance completing this form, please contact us to arrange assistance.

Please note:

- Days for 2021, including those for siblings are on **REQUEST ONLY** until you receive written confirmation
- An annual enrolment fee of \$30 per child or \$50 per family will be allocated to your account once your enrolment is confirmed.
- Permanent bookings commence on the first full day of the school term and are for term time only (vacation care bookings are submitted separately)
- Your child/ren need to be registered for Child Care Subsidy (CCS) with the Family Assistance Office (FAO) if you intend to claim your rebate. All rebates are paid directly to GOSH and you are billed the remaining different. Please phone Family Assistance Office on 136 150 to register your family and child/ren for Child Care Subsidy & record individual child CRN on this enrolment form.
- GOSH is required to follow the Australian Government Department of Education & Training Priority of Access Guidelines. A copy of these guidelines can be found here: https://docs.education.gov.au/system/files/doc/other/instruction_sheet_10_-_priority_of_access_guidelines_for_child_care_services_0.pdf Please contact your centre directly should you need to discuss your priority of access.

Please follow the steps below to complete your re-enrolment process:

STEP 1. Please confirm Parent/Guardian details

	Parent/Guardian 1 (claiming parent for CCS)		Parent/Guardian 2	
Full Name				
Address				
Mobile				
Email				
Work Status	Full Time Studying	Part-Time/Casual Not currently working	Full Time Studying	Part-Time/Casual Not currently working

STEP 2. Fill in the requested bookings below for existing children who are currently enrolled (Parent's will also have the opportunity to enroll new siblings over the page)

	CHILD 1			CHILD 2			CHILD 3			CHILD 4		
Given Names												
Last Name												
DOB												
Class in 2021	1 4	2 5	3 6	1 4	2 5	3 6	1 4	2 5	3 6	1 4	2 5	3 6
Known allergies, medical, dietary needs												
Bookings	AM	PM		AM	PM		AM	PM		AM	PM	
Permanent	Mon	Mon		Mon	Mon		Mon	Mon		Mon	Mon	
	Tues	Tues		Tues	Tues		Tues	Tues		Tues	Tues	
Or	Wed	Wed		Wed	Wed		Wed	Wed		Wed	Wed	
	Thurs	Thurs		Thurs	Thurs		Thurs	Thurs		Thurs	Thurs	
Casual	Fri	Fri		Fri	Fri		Fri	Fri		Fri	Fri	
	Casual Bookings Only (Including Vacation Care)			Casual Bookings Only (Including Vacation Care)			Casual Bookings Only (Including Vacation Care)			Casual Bookings Only (Including Vacation Care)		

STEP 3. New siblings can be added over on Page 3. Once we receive these details we will enter them into our system and then return their printed enrolment form for your approval and signature.

As part of your enrolment at our service and in line with the mandatory changes to the Child Care Subsidy Scheme, we require you to confirm acceptance of the following items in order to be able to receive Government funding (Child Care Subsidy) on your behalf:

I confirm:

- That my details provided in my enrolment form and that of my child/ren are correct
- I agree to the days of care within the service and understand the start and end times of these sessions of care
- That I am liable to pay fees for the care of my child/ren for permanent bookings as indicated above as well as any additional casual bookings requested
- I understand that once confirmed, any request to amend my permanent bookings between Wednesday 23 December and the commencement of Term 1, 2021 starting will incur the first two weeks fees of Term 1 being charged.

Parent/Guardian Signature:

Date:

RE-ENROLMENT 2021- T&C'S

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Full Name				
Preferred Name				

Permissions & Conditions of Enrolment	Click to agree
I understand that permanent bookings are ongoing regular bookings and apply during term time only. All permanent bookings are subject to charges on public holidays & staff development days with CCS rebates applicable. In the event of a staff development day, charges for permanent bookings are able to be transferred towards the staff development day if your child/ren attend the full day's care offered on that day.	
I understand that all permanent bookings will cease on the last day of operation of before & after school care at the end of each calendar year. Permanent booking fees do not apply during school holidays & Christmas closures	
I understand that fees are payable via direct debit and are charged fortnightly, two weeks in advance. I understand that fees are still payable when my child/ren is absent due to illness, holidays etc. I agree to maintain my direct debit details up to date and understand that I may be required to enter and confirm information via my.gov.au in order for any subsidy to be applied. I understand that failure to keep fees up to date may result in my child's place at the service being suspended or terminated. I agree that I am liable for any debt recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by GOSH as a result of my failure to pay the fees and charges for the service provided	
I agree to keep my child/ren at home if he/she is unwell as per the Service policy & recommendations of exclusion periods from 'Staying Healthy in Childcare' 5 th Edition	
I agree to notify the service if my child is absent on a day that they are booked in. I acknowledge that failure to notify of an absence will result in staff contacting parents/guardians to confirm the absence and that a 'Failure to notify of absence' administration fee will be charged	
I understand that casual bookings cannot be cancelled within 24 hours prior to the casual booking and an absence may be recorded	
I understand that permanent bookings can be cancelled or changed at any stage throughout the year with 2 weeks notice given	
I understand my responsibility to sign the children in & out of the service. I give permission for a GOSH Supervisor/Educator to sign my child/ren in and or out of the service in the absence of a parent or nominated caregiver and understand that I will be prompted to countersign this at my next visit via the digital sign in/out	
I understand that staff at the Service will take every precaution to ensure the safety of my child/ren. In the event of an accident/incident occurring to my child/ren, I give permission for the Service Staff to administer first aid	
In the case of accident or other emergency resulting in the need for immediate medical attention, if required, I understand that every attempt will be made to contact me but I hereby give permission for staff to take my child to a doctor or accompany them via ambulance transportation to hospital to seek any urgent medical, dental, hospital, treatment required. I agree that any costs incurred by receiving treatment will be at my own expense	
I agree to abide by the medication policy and provide any required prescription medication in the original container/packaging labelled with the child's name, current date, dosage & administration times. I agree to complete a medication form for my child & will ensure that I hand the medication to a staff member prior to my child commencing. I agree to replace medications before their expiry date	
I agree to inform the Service of any changes to my child/re's medical condition/s, allergies & required medication	
I give permission to have sunscreen applied at the Service or whilst out on excursions. In the event that my child has sunscreen allergy or sensitivity I agree to notify the Service & provide my own sunscreen	
I give permission for my child/ren to participate in emergency evacuation drills held from time to time which may include all children and Educators leaving the premises for the duration of the drill	
I understand if my child/ren participates in any after school extra-curricular activities and I require a drop of or pick up I will complete the required form and ensure written confirmation has been provided prior to the activity taking place. I understand that a new form must be completed & submitted each term	
I understand & support the Service Behaviour Management policy & procedures	
I agree to reading & abiding by the Code of Behaviour for Parents, Carers & Visitors	
I understand that my child/ren should not bring any personal belongings to the Service as we cannot take any responsibility for any belongings that get lost, broken or go missing	
<p>Photo Permissions: Photographs & videos are taken daily as a way of recording observations of planned & spontaneous activities, as evidence for evaluations against our school aged care framework, My Time Our Place, as a way of attempting to build and document a learning journey for each child who attends the service, communicating with parents to show what your child/ren have been doing & participating in during their time at GOSH, meeting children's requests for photographs. Staff always respect the rights of children and will ask before a photo is taken to ensure that the child is comfortable with this. Please indicate your level of photographic consent:</p> <p>Full Consent for child/ren to be photographed/videoed for a range of purposes including observations, evaluations, noticeboards, newsletters, social media and promotion. I understand that additional permission will be sought individually to use any photographs for any print media</p> <p>Inhouse Consent for child/ren being photographed/videoed for inhouse purposes only whilst at the service or on an excursion (i.e. observations, evaluations, noticeboards, newsletters etc)</p> <p>No Consent with no permission for any photographs or videos to be taken at GOSH (if you select this option we ask that you please have a conversation with your child/ren about this so they are aware that photographs are not permitted. This is primarily to avoid disappointment when they request for a photograph to be taken)</p>	<p>Full Consent</p> <p>Inhouse only</p> <p>No Consent</p>
I have read & understand the Service's Philosophy & understand that I am welcome to contribute and have input into all aspects of the program, including reflecting on the philosophy and policies at any time	
I agree to abide by the Service policies & procedures as outlined in the Family Handbook. Copies & can be found onsite at the service & online via the secure parent portal	
I give permission for ACECQA (Australian Children's Education & Care Quality Authority) and other authorized persons to have access to my child/ren's records as needed	
I understand that the Service closes at 6pm & I will be onsite prior to 6pm to collect my child/ren. I understand failure to do so will result in late fees being charged & repeated lateness may compromise my child/ren's enrolment	

Parent/Guardian Signature (Type your name to sign):

Date:

SIBLING ENROLMENT



All information is mandatory. Any form that does not have this information completed will be returned to the applicant.
Please complete one sibling enrolment form per child.

Requested Information	Sibling Details	Additional Info
Given Names		
Surname		
Preferred Name (if different from above)		
Date of Birth		
Gender		Male Female Unspecified
Country of Birth		
Cultural Background		
Does your child identify as Aboriginal or Torres Strait Islander		Yes or No
Primary language spoken at home		
Secondary languages spoken at home		
Class in 2021		
Medicare Number:	Child Ref:	
CRN (Centrelink Customer Reference Number)		Registered for CCS
Does your child have any special considerations we need to take into account for their enrolment?	Yes or No	Details:
Does your child have any non life-threatening allergies, Intolerances or Reactions to Food?	Yes or No	Details: (May require Green Action Plan)
Does your child take any regular prescribed medications?	Yes or No	Details:
Do you have any lifestyle or dietary choices you would like supported? (e.g. Vegetarian)	Yes or No	Details:
Does your child have a diagnosed Anaphylactic Allergy?	Yes or No	If 'Yes' Red Action Plan Required
Does your child have diagnosed Asthma?	Yes or No	If 'Yes' an Action Plan Required
Does your child have any relevant fears or phobias for us to be aware of?	Yes or No	Details:
Does your child have any other current medical conditions?	Yes or No	Details:
Does your child have a history of any other illness' or injuries?	Yes or No	Details:
Are there any religious or cultural considerations we can support?	Yes or No	Details:
Is your child's immunisation up to date?		Yes or No (If no, in the event of an outbreak of certain conditions your child/ren may not be able to attend GOSH for a nominated exclusion period)
Has your child had any other professional services involved in supporting their development or inclusion needs? (e.g. Occupational Therapy, Inclusion Support)	Yes or No	Details:
What are your child's current interests & hobbies?		
Bookings requested	Permanent AM	Permanent PM
	Monday Tuesday Wednesday Thursday Friday	Monday Tuesday Wednesday Thursday Friday
	Casual Bookings Only	

STEP 4. Return your completed forms to your centre for processing

STEP 5. Await written confirmation of your enrolment & bookings and printed enrolment forms for any new siblings to sign