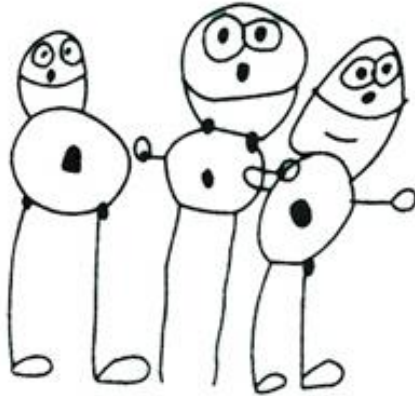


Rutherford



Playtime



OOSH Enrolment Form

Please hand to director upon first day of arrival

- Original copies of your child's birth certificate.
- Current Immunisation record

75 Regiment Road

Rutherford NSW 2320

Phone: (02) 49326332

Email: info@rutherfordplaytimepreschool.com.au

Website: www.rutherfordplaytimepreschool.com.au

Rutherford Playtime OOSH

Providing quality education, learning experiences and development opportunities
for children aged 5 to 12 years.

**THIS FORM MUST BE COMPLETED AND HANDED TO DIRECTOR
BEFORE YOUR CHILD COMMENCES CARE.**

Child's Full Name: _____

Child's Date of Birth: ____/____/____

Country of Birth: _____

Child's Gender: _____

Child's CRN: _ _ _ _ _

(CRN = Centrelink customer reference number.)

Child Care Subsidy Holder

1. Parent/ Guardian Full Name: _____

Parent/ Guardian's Date of Birth: ____/____/____

Parent/ Guardian's CRN: _ _ _ _ _

Have you contacted Centrelink on 136 150 and linked your child to our service and
received a CCS% (to help reduce you fees)

Our CRN is 407 259 872H

☐ Yes, I have contacted Centrelink and I am approved

For ____ hours of care at ____% (CCS)

☐ Yes, I have my child's Birth Certificate to be copied and sighted by staff.

☐ Yes, I have my child's record of immunisation to be copied and sighted by staff.

If you require assistance please contact our office on 4932 6332

**THIS FORM MUST BE COMPLETED AND HANDED TO DIRECTOR BEFORE YOUR CHILD
COMMENCES CARE**

Days Attending. Please Circle:

Don't circle for vacation care

<u>Morning</u>	<u>Afternoon</u>
Monday	Monday
Tuesday	Tuesday
Wednesday	Wednesday
Thursday	Thursday
Friday	Friday

CHILD'S DETAILS

Child's Full Name: _____

Other Name/s Child is known as: _____

Ethnic and cultural identity of child: _____

Address: _____

Postcode: _____

Phone: _____ Date of child's First attendance: _____

Is your child Aboriginal / Torres Strait Islander? ☐ Yes ☐ No

What tribe are you from? _____ Totem? _____

Birth certificate sighted and copied by Staff: _____ Date: _____

Immunisation sighted and copied by Staff: _____ Date: _____

FAMILY DETAILS

Family Nationality/cultural background: _____ Religion: _____

Language spoken at home: _____

Your child lives with (please include names and ages): _____

<u>Parent / Guardian</u> Name: _____ E-mail: _____ CRN: _____ Other name/s by which parent/ guardian is known as: _____ D.O.B: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ If applicable occupation: _____ Employer: _____ Address: _____	<u>Parent/ Guardian</u> Name: _____ E-mail: _____ CRN: _____ Other name/s by which parent/ guardian is known as: _____ D.O.B: _____ Address: _____ Post Code: _____ Home Phone: _____ Mobile: _____ Work Phone: _____ If applicable occupation: _____ Employer: _____ Address: _____
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EMERGENCY CONTACT DETAILS & AUTHORISATION TO COLLECT

(Other than parents/guardians)

Please ensure that Emergency Contacts / Authorised Nominees are available to collect your child during the day if you are not available. A contact phone number is essential. All Emergency Contacts / Authorised Nominees must be over the age of 16 years of age. Personal identification is required from the people listed below to collect your child on your behalf. Parents please do not list parents/ guardians in this section.

FIRST EMERGENCY CONTACT – AUTHORISED NOMINEE

First Name	Surname
Relationship to the Child	Date of Birth
Work Phone	Home Phone
Mobile Phone	Email
Home Address	Work Address

I (parent name) give permission for the above-mentioned authorised emergency contact / authorised nominee to authorise the management and educators at Rutherford Playtime Preschool to authorise my child (child name).....

Authorised to:

Be an Emergency Contact / Authorised Nominee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the medical treatment of the child, for the Approved Provider, a Nominated Supervisor, or an Educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the medical treatment of the child, for the Approved Provider, a Nominated Supervisor, or an Educator to seek transportation of the child by an ambulance service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to Administration of Medication to the child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to authorise an Educator to take the child outside the education and care service premises	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to Deliver / Collect Child from the Service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the education and care service to take the child on regular outings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the education and care service transport the child or arrange transportation of the child <i>If the service does not offer or arrange transportation of children as part of the Education and Care Service – mark N/A</i>	<input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO
Parent / Guardian 1 Full Name	Parent / Guardian 1 Signature	Date
Parent / Guardian 2 Full Name	Parent / Guardian 2 Signature	Date

SECOND EMERGENCY CONTACT - AUTHORISED NOMINEE

First Name	Surname
Relationship to the Child	Date of Birth
Work Phone	Home Phone
Mobile Phone	Email
Home Address	Work Address

I (parent name) give permission for the above-mentioned authorised emergency contact / authorised nominee to authorise the management and educators at Rutherford Playtime Preschool to authorise my child (child name).....

Authorised to:

Be an Emergency Contact / Authorised Nominee	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the medical treatment of the child, for the Approved Provider, a Nominated Supervisor, or an Educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the medical treatment of the child, for the Approved Provider, a Nominated Supervisor, or an Educator to seek transportation of the child by an ambulance service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to Administration of Medication to the child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to authorise an Educator to take the child outside the education and care service premises	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to Deliver / Collect Child from the Service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the education and care service to take the child on regular outings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Consent to the education and care service transport the child or arrange transportation of the child <i>If the service does not offer or arrange transportation of children as part of the Education and Care Service - mark N/A</i>	<input type="checkbox"/> YES <input type="checkbox"/> N/A	<input type="checkbox"/> NO
Parent / Guardian 1 Full Name	Parent / Guardian 1 Signature	Date
Parent / Guardian 2 Full Name	Parent / Guardian 2 Signature	Date

Are there any court orders involving your child: ☐ Yes ☐ No

If yes, please submit a copy of the legal documents to the Centre Director.

Court orders cannot be enforced in the centre without this copy -

COPY SUPPLIED TO THE CENTRE ☐ Yes ☐ No

AUTHORISED SIGNATORY DECLARATION

Under the federal Government/ Department of Education Employment Workplace Relations Guidelines, it is mandatory for all parents to sign ALL Children in and out daily as you enter and leave the service.

However, for fire safety and roll call reasons we are asking parental permission for either Nominated or Responsible person to initial and time to verify that your child is in attendance at the service on their enrolled day should you forget to sign on the Xap attendance in the morning. This will then appear on the Xap, in order to sign in you will need to confirm your child's absence or missed sign in/out on the system.

Parent/Guardian Signature: Date:

Health Details

Medicare Number-.....Expire date:.....

Child's Name, as on card:.....

Private Health Fund:.....Health Fund Number:.....

Do you have Hospital insurance?.....

Do you have Ambulance Cover?.....

Family Doctor:..... Family Dentist.....

Doctors Address:..... Doctors Address.....

.....

Phone:..... Phone:.....

I.....authorise the staff of Rutherford Playtime Preschool to seek transport for my child by an ambulance service. For medical, hospital or dental treatment for my child.....should this be considered necessary. I understand that I will be liable for any costs involved. I understand staff will contact me as soon as possible.

Signature:..... Date:.....

LONG TERM MEDICATION

Is your child on any long term medication? i.e. Asthma, epilepsy? Yes/ No

Please list medications:_____

Reason for Medications:_____

If Yes, please complete the attached **Medication Authority Form as well as the Risk Minimisation plan & Communication plan**

Does your child have a current medical condition?:_____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES? Yes / No

Please specify:_____

PLEASE NOTE* for all children who do suffer from asthma, anaphylaxis or any other medical condition we will need an asthma action plan or any applicable action plan from your medical practitioner.**

I give permission for staff to place a photo of my child and their medical diagnosis on the kitchen wall to make all staff aware **Yes / no**

Does your child have any dietary restriction? Yes/no _____

PARACETAMOL

If you would like the primary contact staff member at Rutherford Playtime Preschool to administer paracetamol to your child, in the event of an emergency, please complete the attached-

AUTHORITY FOR ADMINISTERING PARACETAMOL IN AN EMERGENCY FORM.

Without completion of this form, we are unable to administer paracetamol to your child in an emergency.

I _____, (Parent/ Guardian Name) authorise Rutherford Playtime Preschool to provide one dose of paracetamol to my child _____ (Child's Name)

I understand that this is a guideline for administration of a specific dose. I understand that every effort will be made, for my verbal permission, for each specific emergency.

I understand that if I cannot be contacted, the authorised supervisor will make the judgment as to whether to administer the paracetamol to my child.

In the event of an emergency, I agree to collect my child as soon as possible.

I understand the potential risks and side effects of this medication for my child.

Parent/ Guardian Name: _____ (Please Print)

Signature: _____ Date: ____ / ____ / ____

PERMISSIONS:

I give the staff at Rutherford Playtime Preschool Permission to administer:

Insect Repellent Yes No Parent Signature:_____

Sting Goes: Yes No Parent Signature:_____

Sunscreen Lotion Yes No Parent Signature:_____

Dettol Yes No Parent Signature:_____

I _____ give permission for staff of Rutherford Playtime Preschool to take photos of my child within their learning environment for:

- Use in the development of their personal portfolio Yes/No
- Observations Yes/No
- Xap Posts Yes/No
- Displays on our Facebook page, Instagram, webpage and advertisement purposes. Yes/No

Parents/Guardian Signature:_____ Date:_____

Authorisation for Transport (Regulation 102D)

Reason for Authorisation	Regular Transportation
Reason for child to be transported	To be transported to or from school by the service. To and from the local bus stop. To be transported for excursion (Vacation care) To be transported by taxi to service (arranged by parent and school)
If regular transportation, description of when the child is to be transported	Before school between 815am – 9am &/or After school between 2pm – 4pm (School terms Monday -Friday) Or Excursions during vacation care booked days.
Description of the proposed pick-up location and destination.	Telarah Public School Bus stop (George st, Telarah) St Pauls Primary School Bus stop (young st, Telarah) Rutherford Public School Bus stop (Weblands st, Rutherford) Rutherford Playtime Preschool (Regiment rd, Rutherford)
Means of Transport	Private Bus (Business Owned) / Walking Taxi (organised by guardian and DOF)
Period of time during which the child is to be transported	5-30 minutes (traffic variations)
Anticipated number of children likely to be transported	1-10
Anticipated number of staff members and any other adults who will accompany and supervise the children during transportation	1-2
Any requirements for seatbelts or safety restraints under NSW law	Children aged under 7 years must use an approved suitable child restraint when travelling in a vehicle. Children aged between 4 and 7 years must use a forward-facing child car seat with an inbuilt harness or an approved booster seat. To be approved, child restraints must meet Australian/New Zealand Standard AS/NZS 1754. Drivers must wear a seatbelt while driving. Drivers also need to ensure passengers under 16 years old are using seatbelts or are in approved child car seats.
A risk assessment has been prepared and is available at the education and care service	Yes
Written policies and procedures for transporting children are available at the education and care service	Yes (Specify)
Other information	
*This Authorisation for regular transportation will be valid for 12 months, unless there are changes to the transportation that would require a new authorisation.	

I have read and understood the above information about transportation provided/arranged **Rutherford Playtime Preschool** ('the service').

I give authorisation for my child _____
(child's full name)

To be transported by the service/on transportation arranged by the service in accordance with the details outlined above. Or delivered and collected from local bus stop or private taxi.

Child's School: _____

Parent/carer name: _____

Parent/carer signature: _____ Date: ____/____/____

Direct Debit form

Request and authority to direct the account named below and to pay the amount debited to Rutherford Playtime Preschool PTY LTD

Authority to Debit	<p>Given Names: _____ Surname: _____</p> <p>Drivers licence Number _____</p> <p>Street address: _____</p> <p>City/Town: _____ State: _____ Postcode _____</p> <p>DOB: _____ Phone number: _____</p> <p>Email: _____</p> <p><small>Request and hereby authorise Quickpay Pty LTD CAN 108 135 146 User ID 390388, to direct debit any amount it may lawfully charge through Bulk electronic clearing system to the account held at the financial institution identified below to the terms and conditions of the Direct Debit request service agreement in accordance with the information and instructions contained in schedules A,B,C, below.</small></p>
Schedule A Term Authority	<p>Commencing on __/__/____ Weekly.</p> <p>Day of the Week: Monday Tuesday Wednesday Thursday Friday (please circle)</p>
Schedule B Bank Account to be debited	<p>Financial Institution name: _____</p> <p>Name of account holder/s: _____</p> <p>BSB Number: ____ - ____</p> <p>Account Number: _____</p> <p>Account Holder/s _____</p> <p>Signature: _____</p>
Schedule C Credit card to be debited	<p>Card Type: _____</p> <p>Card No. ____ - ____ - ____ - ____</p> <p>Card Expiry Date: ____/____</p> <p>CVV ____</p> <p>Card Holders Name: _____</p> <p>Card Holders _____</p> <p>Signature: _____</p>
Signature	<p>Signed: _____ Date __/__/____</p> <p>Staff Sign: _____ Date __/__/____</p>