



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



CHILD ENROLMENT FORM

DATE

BYRON BAY

BRUNSWICK HEADS

MULLUMBIMBY

CHILD DETAILS

First Name

Middle Name

Surname

Gender

Date of Birth (DD/MM/YY)

Centrelink CRN (Child)

Does the child have an immunisation exemption under Section 87(1), (2) and (3) of the Public Health Act 2010?

Does the child have a medical condition/action plan? (see page 3)

Do you already have an OSHC account with Byron Shire Council?

ACCOUNT HOLDER (PARENT/CARER 1) DETAILS

Relationship to child

First Name

Surname

Centrelink CRN (Parent)

Date of Birth (DD/MM/YY)

Country of Birth

Primary Language

Mobile Phone

Work Phone

Place of Work

Email Address

Home Address

PARENT/CARER 2 DETAILS

Will this person also be financially responsible for this account? (Y/N)

Relationship to child

First Name

Surname

Centrelink CRN (Parent)

Date of Birth (DD/MM/YY)

Country of Birth

Primary Language

Mobile Phone

Work Phone

Place of Work

Email Address

Home Address

Authorisations

Collection

Emergency

Medical

Authoriser

SIBLINGS

Names of other children in the family

Age

EMERGENCY CONTACTS (See definitions on page. 7)

Full Name

Relationship

- Collection
 Emergency
 Medical

Phone	<input type="text"/>	<input type="checkbox"/> Authoriser
Full Name	<input type="text"/>	<input type="checkbox"/> Collection
Relationship	<input type="text"/>	<input type="checkbox"/> Emergency
Phone	<input type="text"/>	<input type="checkbox"/> Medical
		<input type="checkbox"/> Authoriser

If you would like to add additional Emergency Contacts please attach separately.

CARE REQUIRED

- After School Care
- Vacation Care (please also complete the **Vacation Care Booking Form**)

ATTENDANCE (AFTER SCHOOL CARE ONLY)

On what basis will your child attend care?

- Weekly
- Fortnightly
- Casually (you will notify us by email 1 week before you require a one-off booking)

Please note; if you select Weekly or Fortnightly bookings, these will be scheduled onto the rolls on a recurring basis and you will need to advise us by 9am on the day of scheduled attendance if your child will **not** be attending, to avoid being charged.

What date will your child begin care?

If weekly or fortnightly, what recurring days would you like your child to attend? (tick)

Week 1.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Week 2. (for fortnightly bookings)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Have you confirmed availability with your OSHC Coordinator? Yes No

CHILD CARE SUBSIDY

Do you intend on claiming Child Care Subsidy (CCS) to reduce your fees?

- Yes
- No

Have you submitted a [Centrelink Claim](#) and [Activity Test](#) in MyGov?

- Yes
- No (Please do so now and advise us once approved)

Name of Parent/Carer who the child falls under with Centrelink:

LIVING ARRANGEMENTS

Who does your child live with? (please tick)

- With both parents
- Permanently with mother
- Permanently with father
- Equal time spent between parents
- 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)

- Attached
- Not Applicable

MEDICAL DETAILS

Family Health Practitioner / Doctor

Practice Name

Practice Phone Number

Medicare Number (including Reference #)

Please indicate if your child is impacted by any of the following:

- Allergies (Please attach an Allergy Management Plan) Details: _____
- Anaphylaxis (Please attach an Anaphylaxis Action Plan) Details: _____
- Epilepsy (detail any ongoing treatment): _____
- Asthma (Please attach an Asthma Management Plan)
- Diabetes (Detail any ongoing treatment): _____
- Medications (Please detail): _____
- Other Medical Conditions your child has had since birth: _____
- Medically approved Dietary Requirements (Please provide written authorisation from your child's dietician or doctor)

- Dietary Preferences: _____

If your child is impacted by any of the above, a separate medical management, risk minimisation and communication plan may need to be completed and discussed with your OSHC coordinator.

MEDICAL AUTHORISATIONS

Medical Treatment

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.

Signature

Name

Illness & Infectious Diseases

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.

Signature

Name

Use of Sunscreen & Insect Repellent

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.

Signature

Name

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?

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?

FEE INFORMATION (2023/24)

Payment of Fees	Fortnightly Statements are issued via email. Payment is required each fortnight by Direct Deposit to Council's bank account as detailed on the statement. The service has the right to cancel the child's enrolment and attendances if fees are not paid. Parents must notify OSHC Administration via email immediately if they suspect their statement is incorrect. Financial queries initiated 2 months or more after the relevant attendances have taken place will not be investigated, and fees will stand as they appear on the statement in question. It is the Parents responsibility to contact the service if they have not received their fortnightly statement.
After School Care	\$37* per child / per afternoon, before any CCS fee relief is applied
Vacation Care	\$68* per child / per day PLUS 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.
Absences / Cancellations	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. Allowable Absences Please make yourself familiar with information provided by Centrelink regarding child care subsidy as it relates to allowable absences.
Late Collection	Where a child is collected after 6:00pm, there is a late fee of \$5.00 for every 5 minutes or part there-of after 6:00pm until the child is collected.
Enrolment Fee	A once only Enrolment Fee of \$35.00 is charged per child on commencement of service. This will appear on your first statement.

* Subject to change through annual reviews of Council fees and charges

FEE AGREEMENT

Enrolment carries an obligation to pay all required fees.

In signing below you are confirming that you take full responsibility for payment of fees and charges as required as above.

- I understand my child's continued enrolment and attendance is dependent on my fees being paid in line with the above policy.

Signature	Print Name	Date

PERMISSIONS

Use of Photographs & Video Footage

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.

Signature

Name

Excursion Permission

I agree to sign an excursion form for my child to attend any OSHC excursions when they are booked in to attend. I acknowledge that if I do not sign the excursion form, my child will not be able to participate in the excursion.

I understand I may be asked to sign a once off excursion form for any regular

Signature

Name

excursions my child will be attending as part of the After School Care program.

PARENT RESPONSIBILITIES

Service Policies

I agree to abide by the guidelines and policies of the service as covered in this enrolment form.

Change of Details

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) email address; phone numbers; emergency contacts; medical information, address and updates to immunisation details.

Daily Sign In/Out

I am aware my child must be signed in and out of the centre each day. *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/out will be recorded as being absent.*

Getting your child to After School Care

It is the parents' responsibility to ensure their child and their child's school is aware of their After School Care arrangements. OSHC staff cannot leave the service to locate children who are booked but have not turned up.

Signature

Print Name

Date

EMERGENCY CONTACTS 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.

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.		