

ABN 17 325 383 743

**Children's Services Manager:**

email: oosh@kogarahcommunity.org.au

**Assistant Manager, Children's Services**

Paul Lee

Email: paymyfees@kogarahcommunity.org.au

**Administration Office:**

27 Joffre street South Hurstville 2221

**Ph:** 9546 4811      **Fax:** 9546 1877

**Mailing Address:**

PO BOX 466 South Hurstville 2221

**Centre Location:**

**CARLTON SOUTH PUBLIC SCHOOL**

McKenzie Hall, Jubilee Avenue

Carlton 2218

Ph: 0419 019 032

For all day to day enquiries please speak with Centre Co-ordinator. For other matters please contact the Children's Services Manager.

**FEES CHARGES (PERMANENT BOOKINGS) -**

Before School Care: \$11.50

After School Care: \$15 – non bus    \$15.50 - Bus

A non-refundable registration fee of \$33 per child (or \$66 per family - 2 or more children) is to be paid when your child/ren have been allocated a place in the centre. This fee will assist with administration and bookkeeping costs associated with new enrollments.

A non-refundable equipment levy of \$11 per child or \$22 per family (2 or more children) per term is to be paid at the beginning of each term.

**Child Care Benefit (CCB)**

To receive reduced fees through CCB – parents must provide a copy of their assessment notice for Child Care Benefit provided by the Family Assistance Office and their date of birth, Customer Reference Number (CRN) provided by Family Assistance Office. Their child/ren's Date of Birth & CRN. A Start Date of Care must also be provided.

For all other information regarding KCS Children's Services please refer to the Children's Services family handbook.

**All sections of the enrolment form MUST BE COMPLETED. Any incomplete forms will be returned to parents for completion before your child/ren's enrolment is accepted.**

## Parent / Guardian Details

	Parent / Guardian 1	Parent / Guardian 2
Relationship to child Please specify:	Mother/ Father / Other	Mother/ Father / Other
Name		
Date of Birth		
Home Street Address		
Suburb & Postcode		
Home Phone		
Mobile Number		
Email Address		
Country of birth		
Are you of Aboriginal or Torre strait Island Background?	Yes / No	Yes / No
Place of Work		
Work Phone No.		
Work status (Please circle)	Fulltime employment Part time employment Studying / Seeking employment	Fulltime employment Part time employment Studying / Seeking employment
Parent/Guardian who receives Child Care Benefit	Yes / No	Yes / No
Parent CRN (customer reference number from Family Assistance Office)		
Parent/Guardian responsible for paying fees	Yes / No	Yes / No
Parent/ Guardian child/ren live with?	Yes / No	Yes / No

# Child/ren's Details

## Child 1

CRN- Customer  
Reference  
Number from  
Family Assistance  
Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		
School Attended		Class 2010:

## Child 2

CRN- Customer  
Reference  
Number from  
Family Assistance  
Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		
School Attended		Class 2010:

## Child 3

CRN- Customer  
Reference  
Number from  
Family Assistance  
Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		
School Attended		Class 2010:

# Child/ren's booking details

**Child 1 Name** \_\_\_\_\_ **Start Date of Care** \_\_\_\_\_

Please write type of care for each session:  
**Permanent** – will attend every week  
**Casual** - will only attend as needed

	Before School Care	After School Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Child 2 Name** \_\_\_\_\_ **Start Date of Care** \_\_\_\_\_

Please write type of care for each session:  
**Permanent** – will attend every week  
**Casual** - will only attend as needed

	Before School Care	After School Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Child 3 Name** \_\_\_\_\_ **Start Date of Care** \_\_\_\_\_

Please write type of care for each session:  
**Permanent** – will attend every week  
**Casual** - will only attend as needed

	Before School Care	After School Care
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- Have you registered your child/ren with Family Assistance Office for Child Care Benefit (CCB)?

Yes / No

- Do you have any other children attending Child Care facilities other than Kogarah Community Services Inc.?

Yes / No if yes please indicate how many? \_\_\_\_

# Emergency Contacts & Medical Information

## Emergency Contact 1 (please nominate someone other than parent/Guardian)

Name		
Home street address		
Suburb & Postcode		
Home Phone No.		Mobile No.
Relationship to child/ren		
Is this person authorised to sign your child/ren in & out of care?	Yes / No	

## Emergency Contact 2 (please nominate someone other than parent/Guardian)

Name		
Home street address		
Suburb & Postcode		
Home Phone No.		Mobile No.
Relationship to child/ren		
Is this person authorised to sign your child/ren in & out of care?	Yes / No	

## Doctor's Details

Doctor's Name	
Street address	
Suburb & Postcode	
Phone No.	

## Medicare Details

Medicare no. \_\_\_\_\_ Valid to: \_\_\_\_\_

Reference number on card

Please insert the card reference number of each child:

Child 1 \_\_\_\_\_ Child 2 \_\_\_\_\_ Child 3 \_\_\_\_\_

## Child/ren's medical & Family information

- **Immunisation:** (please provide copy of immunisation status of each child)

Is your child/ren's immunisation up to date: Child 1 Yes / No  
Child 2 Yes / No  
Child 3 Yes / No

- **Disabilities**

Have any of your children being been diagnosed with disabilities or are they undergoing diagnosis?

Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No

Please specify the diagnosis and any management plans in place including medication. (If more room is needed please attach a page to this form)

---

---

---

- **Medical conditions:**

Has your child/ren been diagnosed with a medical condition? E.g. asthma, epilepsy, ADHD

Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No

Please specify the medical condition and any management plans that are in place including medication. (Please attach any other documentation from doctor as needed)

---

---

---

- **Allergies**

Does your child/ren have any allergies or anaphylaxis?

Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No

Please specify allergies and any management plans including medication – (please also attach anaphylaxis plan written by doctor)

---

---

---

Please note: if you answered yes to any of the above other forms also need to be completed, please speak with The Children's Services Manager for copies of the forms.

# Child/ren's medical & Family information

- **Lifestyle choices**

Is there anything that your child/ren can not eat or participate in due to lifestyle choice or religious choices?

Child 1 Yes / No    Child 2 Yes / No    Child 3 Yes / No

Please specify

---

---

---

- **Court Orders/Custody Agreements**

Is your child/ren involved in a court order/custody Agreement?  
(A copy must be attached to this form)

Child 1 Yes / No    Child 2 Yes / No    Child 3 Yes / No

- **Behaviour Management**

Is your child/ren likely to wander or abscond from care?

Child 1 Yes / No    Child 2 Yes / No    Child 3 Yes / No

Is your child/ren aggressive to others?

Child 1 Yes / No    Child 2 Yes / No    Child 3 Yes / No

Are there any particular methods you may use to calm your child/ren down if they are overexcited or having a problem with their behaviour?

---

---

---

- **Fears and phobias**

Does your child/ren suffer from any fears or phobias?

Child 1 Yes / No    Child 2 Yes / No    Child 3 Yes / No

Please specify fear or phobia & any management plans

---

---

---

# Parent/Guardian Authorisations

Please read the following statements and initial next to each and then sign & date at the end.

	I _____ authorise my child/ren:
	To attend Kogarah Community Services Inc. Before and After School Care on all days booked by me. I understand that all due care will be taken by Kogarah Community Services Inc employees and that the service or supervisors will not be held responsible for any injury or loss or damage of property occurring during my child/ren's attendance at Before and After School Care
	I agree to meet the cost of care for which I have enrolled my child/ren. I understand that care for child/ren may be cancelled if I do not pay my fees as required.
	To receive any medical attention if necessary and that any cost will paid for by myself. I understand that relevant information on this form may be passed on to medical staff as required
	To be photographed or videoed by Kogarah Community Services Inc. staff. I understand that the photos and videos taken may be used for promotional purposes. Kogarah Community Services Inc. duty of care ensures that every child's safety and privacy is the highest priority at all times.
	To watch movies evaluated by the Children's Services Manager as appropriate and of a classification of "G" or "PG" under the Australian Censorship board.
	To travel supervised by bus to and from the school attended by my child/ren. I understand that due care will be taken at all times by Kogarah Community Services Inc employees and that an employee can not be held responsible for any damage or injury occurring during travel. I understand that in cases of an emergency a staff car may be used to transport my child/ren and that I will be contacted if this is to occur.
	To participate in the regular recreational activities programmed and provided by Kogarah Community Services Inc. during Before and After School Care as displayed on the program. My child/ren's participation in these activities is voluntary and not compulsory.
	To have their face painted or hair decorated with coloured hair spray during centre programmed activities.
	I acknowledge that the information provided within this form or verbally or via another KCS form is to be used solely for the purpose of providing Before and After School Care for my child/ren and will only be released when legally required to do so.
	I acknowledge that I have read the KCS Family Handbook and agree to be bound by the information and policies outlined by Kogarah Community Services Inc.
	I have attached copies of appropriate forms/documents required. E.g. Custody order, anaphylaxes plan, asthma plan, notification from Family Assistance Office and Immunisation status.

# Parent/Guardian Authorisations cont'd

	<p><b>Code of Behaviour</b></p> <p>I have read the rules of behaviour within the family handbook and have discussed them with my child/ren and agree to follow these rules while attending Kogarah Community Services Inc. Before and After School Care. We understand that there are consequences to choosing unacceptable/inappropriate behaviour and agree with these also.</p> <p>Child's name..... Signature.....</p> <p>Child's name..... Signature.....</p> <p>Child's name..... Signature.....</p>
	<p><b>Disclaimer</b></p> <p>I ..... (Please state name) hereby state that the above information provided is correct and all information that may affect my child/ren's care at Kogarah Community Services Inc. has been included. I understand that enrollment in the program is conditional on the accuracy of the information provided.</p>

## Parent 1

Parent Name		
Parent Signature		Date
Witness Name		
Witness Signature		Date

## Parent 2

Parent Name		
Parent Signature		Date
Witness Name		
Witness Signature		Date

Please note: Parents can witness each other's signatures.

I have attached my payment of \$33 per child to the enrolment form

Yes / No