FORREST OUT OF SCHOOL HOURS CARE

Enrolment Form 2027

Ph 6295 8985 Email info@fooshc.org.au

Imms	_____
Basic QK	_____
CCMS	_____
Mailing List	_____
Debit Success	_____
Booking	_____
E.O	_____
Complete	_____

Please indicate with a tick which services you will use:

☐ **Before School Care** ☐ **After School Care** ☐ **Holiday Program**

CHILD INFORMATION

	Child 1	Child 2	Child 3
Child's family name			
Child's given name			
Address			
Gender			
Date of birth			
School grade in 2026			
Child's CRN (customer reference number for CCS)			
Please tick the appropriate box	☐ Aboriginal not Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal and Torres Straight Islander ☐ Not Aboriginal or Torres Strait Islander	☐ Aboriginal not Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal and Torres Straight Islander ☐ Not Aboriginal or Torres Strait Islander	☐ Aboriginal not Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal and Torres Straight Islander ☐ Not Aboriginal or Torres Strait Islander
Non-English speaking background	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Primary language spoken at home			

OTHER CHILDREN IN CARE/MULTIPLE CHILD CCS PERCENTAGE

If you have other children who are registered for CCS at another service, please complete the following information to ensure that you have the Multiple Child CCS Percentage applied to your account. As this information may change, you are required to give us updates periodically throughout the year to ensure the correct CCS percentage is applied.

Full name	Date of birth

PARENT/GUARDIAN 1 INFORMATION **the person registered for Child Care Subsidy**

This person is authorised to collect the child, authorise medical treatment and authorise the administration of medication to the child/ren, authorise permissions for excursions.

Name	Relationship to child	
Customer Reference Number For CCS	Date of Birth	Gender
Street	Suburb	Postcode
Home phone	Mobile no.	Work phone
Name of workplace		
We will sign you up to our email mailing list which is hosted by FOOSHC Email address		

PARENT/GUARDIAN 2 INFORMATION

This person is authorised to collect the child, authorise medical treatment and authorise the administration of medication to the child/ren, authorise permissions for excursions.

Name	Relationship to child	
Account/billing detail access? ☐ Yes ☐ No	Date of Birth	Gender
Street	Suburb	Postcode
Home phone	Mobile no.	Work phone
Name of workplace		
We will sign you up to our email mailing list which is hosted by FOOSHC Email address		

BOOKINGS – please complete the chart below for permanent before and after school care bookings. Please leave blank for Holiday Program and Casual bookings.

	Monday		Tuesday		Wednesday		Thursday		Friday	
Child's name	**BSC**	**ASC**	**BSC**	**ASC**	**BSC**	**ASC**	**BSC**	**ASC**	**BSC**	**ASC**
1.										
2.										
3.										

STARTING DATE: _____ FINISHING DATE: _____

Would you like to book an Enrolment Orientation to visit our service: ☐ Yes ☐ No

To cancel permanent bookings a full two weeks notice in writing is required otherwise a charge will apply. Please see the Payment of Fees policy.

EMERGENCY CONTACT

(Other than the parent/guardian. On all occasions attempts will be made to contact the parent/guardian first)
Authority to be contacted in case of an emergency, to collect child/ren, to provide medical information, and authorise administration of medication.

Name	Relationship to child	
Street	Suburb	Postcode
Home phone	Mobile no.	Work phone
Name of workplace		

PEOPLE AUTHORISED TO COLLECT CHILD/REN

(Other than parent/guardian)

Name	**Relationship to child**	**Home phone**	**Work phone**	**Mobile phone**
1.				
2.				
3.				
4.				

Are there any care or protection orders, or parenting agreements in place regarding your child/ren?
Please provide details of any court orders with this form. Please attach a copy.

Childs' name	**Yes/No**	**Details (if applicable)**
1.		
2.		
3.		

MEDICAL HISTORY Is your child/ren's immunisation up to date?

Childs' name	Yes/No
1.	☐ Yes ☐ No
2.	☐ Yes ☐ No
3.	☐ Yes ☐ No

* **Please provide copies of immunisation records**

If your child is not fully immunised they will automatically be excluded from FOOSHC for a period of time as specified on the displayed Exclusion Periods for NHMRC guidelines if an outbreak occurs.

Medicare Number

Medical Conditions:
Does your child suffer from a medical condition that FOOSHC staff should be aware of, eg: epilepsy, asthma, diabetes etc? Please attach an Action Plan for Asthma, Diabetes and Epilepsy. If your child has an anaphylactic condition an Anaphylaxis Action Plan is also required. **Please note enrolments cannot be accepted without this information and discussed with Director on enrolment**.

Child's name	Medical Condition (specify none or give details)
1.	
2.	
3.	

Does your child suffer from any allergies?

Child's name	Allergies (specify none or give details of allergies)
1.	
2.	
3.	

Additional requirements/or additional needs: Does your child/ren have any additional requirements or needs that we should be aware of while they attend FOOSHC? eg. cultural or religious requirements, additional needs or disability? Please give us as much information as possible so we can cater for your family's needs.

Child's name	Additional requirements/or additional needs (specify none or give details)
1.	
2.	
3.	

Food: As we provide breakfast at Before School Care, Afternoon snack at After School Care and Holiday Program and also do cooking activities please advise of any foods that your child can not have in their diet – this may be for a dietary, allergy or cultural reason.

Child's name	Foods to exclude from my child's diet (specify none or give details)
1.	
2.	
3.	

To better support your wellbeing and experience at FOOSHC please complete our family survey attached.

CONSENT

I authorise FOOSHC and Forrest Primary School to exchange any information that they reasonably consider to be related to the safety, health, wellbeing, or development of my child. This may include details of attendance, medical plans, behaviour support plans and incidents which may pose a risk of harm to my child or others.

Signed: _____ Date: _____

If my child/ren requires urgent medical attention, I give permission for the doctor/hospital/staff to administer such treatments as are considered appropriate, subject to my specific restrictions listed below.

Signed: _____ Date: _____

I give permission for first aid to be administered to my child/ren by FOOSHC staff in the event of an accident or injury.

I give permission for my child/ren to be transported to hospital by ambulance at my expense and accompanied by a staff member.

Signed: _____ Date: _____

I authorise for my children to watch G or PG rated programs. Signed: _____ Date: _____

As part of our daily operations, educators will take photos and record videos of child/ren during their time at FOOSHC.

It is an essential part of the National Quality Standard (NQS) that "*Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection*" (Element 1.3.1; National Quality Standard and Assessment and Rating; Guide to the National Quality Standard). These photographs and videos are used to inform our program, practice and service delivery. Photographs and videos can be taken of an individual child or of groups of children during their time at FOOSHC.

I give permission for FOOSHC to photograph and video me/my child/ren for use at FOOSHC on my/my child/ren individual file or for display within the centre

Signed: Parent/Guardian _____ Child *(in consultation with guardian)*: _____ Date: _____

I give permission for FOOSHC to photograph and video me/my child/ren for use in publicity of FOOSHC. I understand this may include school newsletters, emails to families, posters around the service, presentations or articles about FOOSHC to the Education and Care sector or on our website and face book page.

Signed: Parent/Guardian _____ Child *(in consultation with guardian)*: _____ Date: _____

ADMINISTRATION

I have read the Family information booklet and agree and understand the policies and philosophy of FOOSHC, where play is the primary focus through which children are encouraged to take risks and explore their play spaces. Whilst at FOOSHC your children will be given opportunities to create and build with various Loose Parts, use tools, climb and explore heights, discover and experiment with the elements. Through our knowledge and expertise of children and play we know that children learn through play so therefore we plan for the possibilities of play. I am aware that a full policy document is available at the FOOSHC office or more information is available on the website **www.forrestpandc.com** if I require further information on FOOSHC operational policies.

Signed: _____ Date: _____

Infectious Diseases / Clearance Certificates I understand that our child will be excluded from the Centre if they contract a contagious disease or condition. I understand that our child will not be accepted back into the centre until a 'clearance certificate' is issued from a Medical Practitioner. I further understand that fees will still be charged at this time and are payable.

Signed: _____ Date: _____

FAMILY CHILD CARE SUBSIDY See Family Information sheet or the Director for more details. If you have not provided Parent's name and Date of Birth and a date of birth and Customer Reference Number for each Child who is enrolled you will not be able to claim any benefits or rebates. More information is available from education.gov.au/childcare

FEE PAYMENT, BANK DETAILS, AVAILABLE FUNDS

- All fees are to be paid using debit success, fortnightly, on the Friday of public service pay week.
- I have read and understand the fee structure, pay system and undertake to pay fees and abide by conditions set out in the family information booklet and enrolment form.
- I understand that I am responsible for ensuring that my bank account and/or card details are up to date and accurate at all times.
- I am responsible for ensuring there are available funds to cover my fees when due.
- I am aware that outstanding accounts that do not have a payment arrangement in place will result in enrolment of children being suspended
- I have read and understand the late fee payment policy.

Signed: Date:_____

CHANGE OF CARE DATES

I understand two weeks (14 days) written notice is required if permanent bookings are to be reduced or cancelled. Failure to do so will result in fees being charged as per your regular booking.

Signed: _____Date:_____

CESSATION OF CARE

I understand that should my child finish care, any outstanding debt must be paid in full by the last day of attendance. I understand that should I still have a debt on the last day of care, the Debit Success agreement and payments will still continue to be debited from my nominated account until the debt is paid in full. Further to the Government legislation around ceasing care on absent days, I understand that if my child is absent on their last day/s of care, I will have to pay full fee for these days and no CCS entitlements will be paid to me.

Signed: _____Date:_____

DEBT COLLECTION

I understand failure to pay my accounts will result in the engagement of a debt collection service by Champ Enterprises and all charges and fees relating to the collection of the debt will be paid by me.

Late Fees for collection of Child / Children I understand that late fees will be charged if your child is not collected by 6pm sharp, and that no Child Care Subsidy can be claimed for this fee. **Late fees charged are as follows: $25 per 15 minutes should your child not be collected after closing time (minimum late fee: $25.00). I understand if I fail to notify FOOSHC of my child's absence by 2pm of day of attendance I will be charged $15 non notification fee per day in which no Child Care Subsidy can be claimed.**

Signed: _____Date:_____

FOOSHC EXCURSION PERMISSION FORM

Please complete **one form per child**. CHILD NAME:_____

FOOSHC conducts regular excursions throughout the year to complement our educational program to:	Adjacent grounds/areas to FOOSHC

Date	11/01/2027 - 17/12/2027	Time	During operating hours (Before school care, After school care and School holiday program)
Location	Hobart Avenue, National Circuit Forrest ACT 2603		
Reason for excursion	A to explore the nearby grounds eg; if gathering sticks for art /play, excursion maintaining of garden beds, restocking of community libraries etc		
Transportation	Walking		
Anticipated Number of Children	Number of children attending will vary depending on the day. A maximum of 32 children to attend the excursion.		
Ratio of child to leader	1 adult to 8 children		
Activities your child will partake in	Nature pedagogy, exploring school grounds, maintaining and planting garden beds, restocking community libraries, collecting nature items for use in our program.		
In case of emergency	FOOSHC first aid, accident/injury procedure will apply. FOOSHC emergency procedures will apply.		
Risk Assessment	A risk assessment has been prepared for this excursion. If you would like a copy, please let us know at info@fooshc.org.au This can be emailed to you or printed for you to collect from us.		

I give permission for my child_____

to attend the trip to Hobart Avenue and National Circuit between 11/01/2027 and 17/12/2027

during Operating Hours (Before school care, After school care, School holiday program) 7:30am – 6:00pm

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name_____Phone_____

Parent/Guardian Signature_____Date_____

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