



2025

Enrolment Form

Family Name: _____

Child/ren's name: _____

SCHOOL: _____

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff of KOOSH and Belong Blue Mountains.

Information regarding enrolling at KOOSH

Before commencing care:

- Your childcare subsidy claim must be approved by centrelink.
- We need a copy of your child's up to date immunisation register statement and birth certificate
- A bond of \$100 per family will be added to your first invoice.

OFFICE USE ONLY

BOND PAID

DATE _____

SIGN _____

Section 1- Complying Written Agreement

Complying Written Arrangement

Service Details:

SERVICE ID 190010482V

Katoomba Out of School Hours KOOSH

Provider name: **Belong Blue Mountains Inc.**

Provider email: **kharrison@belongbm.org.au**

Phone number: **47821117**

Regular educators: **Cate Harrison, Jennifer Herman**

Child/Children receiving care

CHILD 1

Child's Full Name: _____

Child's CRN: _____

Date of birth: ____/____/____

CHILD 2

Child's Full Name: _____

Child's CRN: _____

Date of birth: ____/____/____

CHILD 3

Child's Full Name: _____

Child's CRN: _____

Date of birth: ____/____/____

CWA Claimant details-PLEASE FILL IN YOUR DETAILS HERE

Name: _____

Address: _____

Phone: _____

CRN: _____

DOB: ____/____/____

-NB: This usually the same as the Child Care Subsidy claimant but can be someone else (for example, where dad is the Child Care Subsidy claimant, but mum enters into the arrangement with the service to provide care).

Responsible persons for fee payment

This is the person/s who is accepting liability for fee payments to Katoomba Out of School Hours Care. This may be the claimant, or a third party such as an employer, Family and Community Services or, in the case of additional childcare subsidy, Centrelink.

_____ is the person/party held liable for payment of all fees to KOOSH.

Care Details

Expected pattern of care: _____ Routine (with casual permitted)
(Please Circle) _____ Casual enrolment
_____ Vacation care

Date of care arrangement commencement: ____/____/____

Date of arrangement to cease (if known at this time) ____/____/____

Routine and/or Casual session details

Routine/Vacation care

Please Circle:

| | | |
|---------------------------------|---------------------------------|---|
| <i>Before school care</i> | <i>After school care</i> | <i>Vacation Care (some activities add extra cost)</i> |
| \$25/session (flat rate) | \$36/session (flat rate) | \$60/session (flat rate) |
| 7am -9am | 3pm-6pm | 7am-6pm |

Day/s of routine/vac sessions: Mon Tue Wed Thu Fri

Casual Sessions

Please Circle:

- ASC** Flat rate \$36.00 Session length of 3 hours
- BSC** Flat rate \$25.00 Session length of 2 hours
- VAC** Flat rate \$60.00 Session length of 11 hours

OFFICE USE ONLY

ALL DETAILS CORRECTLY ENTERED

CHECKED BY _____

SIGN _____

Declaration

This **Complying Written Arrangement** (CWA) is an ongoing **agreement** between KOOSH and

_____ (claimant), to provide care in return for payment of fees.

Arrangement date: ____/____/____

Parent name: _____

Parent Signature: _____

Section 2- Child/ren's Details

CHILD 1

Child's Full Name: _____ Male Female

Child's CRN: _____

Date of birth: ____/____/____

Address: _____

Country of birth: _____

Child's nationality: _____

Is your child Aboriginal/Torres Strait Islander? Y/ N _____

Language/s spoken by child: _____

Religion/cultural background: _____

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

CHILD 2

Child's Full Name: _____ Male Female

Child's CRN: _____

Date of birth: ____/____/____

Address: _____

Country of birth: _____

Child's nationality: _____

Is your child Aboriginal/Torres Strait Islander? Y/ N _____

Language/s spoken by child: _____

Religion/cultural background: _____

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

CHILD 3

Child's Full Name: _____ Male Female

Child's CRN: _____

Date of birth: ____/____/____

Address: _____

Country of birth: _____

Child's nationality: _____

Is your child Aboriginal/Torres Strait Islander? Y/ N _____

Language/s spoken by child: _____

Religion/cultural background: _____

Is there anything else our staff needs to know about your child? (E.g. cultural or religious requests, interests, dislikes, fears etc.)

Section 3- Parent/Care Giver's Details.

PARENT/CAREGIVER 1

please write clearly

Parent / Guardian 1 Name: _____

Relationship to Child: _____

Date of Birth: ____/____/____

Address: _____

Home phone number: _____ Mobile No. _____

Email Address: _____

PARENT CRN: _____

Country of birth: _____

Language/s spoken at home: _____

Occupation: _____

Place of employment: _____

Work telephone number: _____

PARENT/CAREGIVER 2

please write clearly

Parent / Guardian 1 Name: _____

Relationship to Child: _____

Date of Birth: ____/____/____

Address: _____

Home phone number: _____ Mobile No. _____

Email Address: _____

PARENT CRN: _____

Country of birth: _____

Language/s spoken at home: _____

Occupation: _____

Place of employment: _____

Work telephone number: _____

Section 4- Child Care Subsidy

CHILD CARE SUBSIDY

Will you be claiming Child Care Subsidy? YES NO If yes please provide details below.

Name of person claiming: _____

Date of Birth: ____/____/____

Are you also claiming CCS at another service? YES NO

Section 5- Custody information

Are there any court orders, parenting orders or parenting plans in relation to your child/children, or access to your child/children?

YES NO If **YES** please provide details:

Please provide a copy of these orders to the centre Co-ordinator which will be signed by both the Co-Ordinator and parent.

Please also provide a photograph of the person the subject of the order where the order prohibits or restricts access by that person.

Section 6- Emergency Contacts (At least 2)

Contact Person 1

Name: _____

Relationship to Child: _____

Address: _____

Home phone number: _____ Mobile No. _____

Work telephone number: _____

Please Tick:

- I hereby authorize this person, to authorize an Educator to make decisions regarding the care and wellbeing of my child/children. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child/children's parents/guardians* YES NO

- I hereby authorize the staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to medical treatment of my child/children or to authorize administration of medication to my child/children or to be notified in regards to of any incident/injury/trauma YES NO

- I hereby authorize the service staff to allow this person to collect my child. **NOTE:** *It is important that you inform the above that they will be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service* YES NO

SIGNATURE _____

Contact Person 2

Name: _____

Relationship to Child: _____

Address: _____

Home phone number: _____ Mobile No. _____

Work telephone number: _____

Please Tick:

- I hereby authorize this person, to authorize an Educator to make decisions regarding the care and wellbeing of my child/children. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child/children's parents/guardians* YES NO

- I hereby authorize the staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to medical treatment of my child/children or to authorize administration of medication to my child/children or to be notified in regards to of any incident/injury/trauma YES NO

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SIGNATURE _____

Contact Person 3

Name: _____

Relationship to Child: _____

Address: _____

Home phone number: _____ Mobile No. _____

Work telephone number: _____

Please Tick:

- I hereby authorize this person, to authorize an Educator to make decisions regarding the care and wellbeing of my child/children. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child/children's parents/guardians* YES NO

- I hereby authorize the staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to medical treatment of my child/children or to authorize administration of medication to my child/children or to be notified in regards to of any incident/injury/trauma YES NO

- I hereby authorize the service staff to allow this person to collect my child. **NOTE:** *It is important that you inform the above that they will be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service* YES NO

SIGNATURE _____

Contact Person 4

Name: _____

Relationship to Child: _____

Address: _____

Home phone number: _____ Mobile No. _____

Work telephone number: _____

Please Tick:

- I hereby authorize this person, to authorize an Educator to make decisions regarding the care and wellbeing of my child/children. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child/children's parents/guardians* YES NO

- I hereby authorize the staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to medical treatment of my child/children or to authorize administration of medication to my child/children or to be notified in regards to of any incident/injury/trauma YES NO

- I hereby authorize the service staff to allow this person to collect my child. **NOTE:** *It is important that you inform the above that they will be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service* YES NO

SIGNATURE _____

Contact Person 5

Name: _____

Relationship to Child: _____

Address: _____

Home phone number: _____ Mobile No. _____

Work telephone number: _____

Please Tick:

- I hereby authorize this person, to authorize an Educator to make decisions regarding the care and wellbeing of my child/children. EG. Permission to attend a venue for an excursion that has had a last-minute change. *Please supply at least 2 names, other than the child/children's parents/guardians* YES NO

- I hereby authorize the staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to medical treatment of my child/children or to authorize administration of medication to my child/children or to be notified in regards to of any incident/injury/trauma YES NO

- I hereby authorize the service staff to allow this person to collect my child. **NOTE:** *It is important that you inform the above that they will be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service* YES NO

SIGNATURE _____

Section 8- Authorizations and approvals (Permissions)

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child/children to a doctor or hospital to seek the following urgent treatments:

Medical

Dental

Hospital

- I give permission for my child to be transported by Ambulance, accompanied by an Educator.

• Child 1 YES NO

• Child 2 YES NO

• Child 3 YES NO SIGNATURE _____

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

3. PERMISSION FOR STAFF TO GIVE MEDICINE IN CASE OF EMERGENCY.

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

5. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to have my child/children signed in and out on the appropriate documentation on arrival and departure each day they attend the service.

YES NO SIGNATURE _____

6. CHILD ABSENCE

I agree to notify the service if my child/children is absent on a day that they are booked in.

YES NO SIGNATURE _____

7. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the service or on an excursion.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

NOTE: *There are a number of reasons the service takes photographs/videos of the children, including:*

- *Providing visual documentation for families to see what their child does throughout the day*
- *To assist with evaluations of the program*
- *To use as part of promotion and publicity for the service*

8. PERMISSION FOR BUS TRAVEL

I hereby consent to my child to be transported to their school from KOOSH, and from their school to KOOSH, by Blue Mountains Bus Company school buses.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

9. PERMISSION FOR TAXI USE

I hereby consent to my child to be transported from their school to KOOSH by taxi if my child misses or is unable to be collected by the school bus. I acknowledge that I am liable to reimburse KOOSH for the cost of the taxi fare.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

10. PERMISSION FOR PG/G FILMS AND GAMES

I give permission for my child to watch staff-selected G and PG rated films and electronic games at KOOSH.

Child 1 YES NO

Child 2 YES NO

Child 3 YES NO SIGNATURE _____

Section 9- Payment of fees

1. BOND

Upon being offered a place at the service, parent(s) or guardian are required to pay \$100 bond per family. The bond is applied to your first invoice.

The bond secures your child's placement at the service and is refundable at the termination of your child's place, provided that two weeks' notice in writing is given (see staff for 'Cancellation of Permanent Booking' form). The bond may be used to cover and/or settle your final account.

Bond payments are payable to the service by EFTPOS, cheque or cash.

2. NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the service you are required to provide two (2) weeks written notice to the Coordinator/Nominated Supervisor or you are liable to pay the equivalent of two weeks child care fees to the service. Any absences up to the last booked day of care are regarded as cessation of care absences and are charged at FULL FEE.

3. ABSENCES FROM THE CHILD CARE CENTRE/SERVICE CLOSURE

All absences regardless of reason are charged the gap fee for before and after school. If the service is closed due to a catastrophic weather event absences are still charged however you can choose to attend on an alternative day within the same CCS fortnight instead. No fee is charged while the service is closed over the Christmas period. All absences from care must be notified to the service or a \$10 non contact levy will be applied.

5. LATE FEE

Should children be present after the 6.00pm closing time, a late fee of \$20.00 per 5 minutes will apply.

6. PAYMENT OF FEES

As per the services Parent Handbook, fees are to be paid in advance on the first day of the child's weekly attendance. Weekly fees are

| | | |
|---|--|---|
| <i>Before school care</i> \$25.00/session | <i>After school care</i> \$36.00/session | <i>Vacation Care (some activities add extra cost)</i> \$60.00/session |
|---|--|---|

payable to the service by EFTPOS, cheque or cash. I understand that fees must be paid once invoiced within the stated due date, that **my child's place at the service may be terminated if fees are not up to date**, and that I may be liable for any additional costs incurred in recovery of outstanding fees.

******* PLEASE COMPLETE BELOW *******

7. COSTS OF DEBT RECOVERY

I _____, expressly agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by (KOOSH and Belong Blue Mountains) as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment (alternatively the number of days) specified this agreement. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Section 10- Social Media Authorizations

I hereby authorize Katoomba Out of School Hours to use my child's image **including face**, on the following social media platforms: (please tick)

Facebook

Website

Instagram

If you would not like face showing but are ok with back of child please tick

Signature _____

Section 11- Disclaimer/informed consent

I _____, hereby acknowledge that:

- I have read and understand the services procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice0 from time to time by the service at its sole discretion) (Policies & Procedures).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service (Information).
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorize to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorized person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

Signature _____

Date _____

Section 12- Membership

The service is an auspice of Belong Blue Mountains and as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child's enrolment. I understand that as a member of the Incorporated Association, one representative of my child's family is entitled to voting rights at any Board Meeting held by the service and that I may be nominated (with consent) for a position on the Board at the Annual General Meeting.

The person nominated for member representation is: _____

Section 13- Declaration

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and/or Guardian's Full Name (please print):

Signature: _____ Date: _____