



# 2020/21

## 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 must be paid before commencement. The \$22 annual equipment fee will be charged to your statement upon commencement.

### OFFICE USE ONLY

BOND PAID

DATE \_\_\_\_\_

SIGN \_\_\_\_\_

### OFFICE USE ONLY

EQUIPMENT FEE CHARGED

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 Thompson, Miranda Garofalo and Isaac Shirring-Tito.**

### 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>
<b>\$22/session (flat rate)</b>	<b>\$35.49/session (flat rate)</b>	<b>\$48/session (flat rate)</b>
7am -9am	3pm-6pm	7am-6pm

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

**Casual Sessions**

*Please Circle:*

**ASC**    Flat rate \$35.49    Session length of 3 hours

**BSC**    Flat rate \$22    Session length of 2 hours

**VAC**    Flat rate \$48    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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's CRN: \_\_\_\_\_

Country/Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Child's nationality: \_\_\_\_\_

Language/s spoken by child: \_\_\_\_\_

Indigenous Status: \_\_\_\_\_

Religion/cultural background: \_\_\_\_\_

### CHILD 2

Child's Full Name: \_\_\_\_\_ Male  Female

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's CRN: \_\_\_\_\_

Country/Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

Child's nationality: \_\_\_\_\_

Language/s spoken by child: \_\_\_\_\_

Indigenous Status: \_\_\_\_\_

Religion/cultural background: \_\_\_\_\_

**CHILD 3**Child's Full Name: \_\_\_\_\_ Male  Female 

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's CRN: \_\_\_\_\_

Country/Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Child's nationality: \_\_\_\_\_

Language/s spoken by child: \_\_\_\_\_

Indigenous Status: \_\_\_\_\_

Religion/cultural background: \_\_\_\_\_

## Section 3- 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 4- Parent/Care Giver's Details.

## PARENT/CAREGIVER 1

*please write clearly*

Parent / Guardian 1 Full Name: \_\_\_\_\_ Male  Female

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT CRN: \_\_\_\_\_

Country /Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Start/Finish times: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Cultural background: \_\_\_\_\_

Do you hold a concession card? YES  NO

Do you wish to provide us with Bank details? YES  NO  (Please collect a bank details form from office)

What is your preferred method of contact? \_\_\_\_\_

Indigenous Status: \_\_\_\_\_

## PARENT/CAREGIVER 2

*please write clearly*

Parent / Guardian 1 Full Name: \_\_\_\_\_ Male  Female

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT CRN: \_\_\_\_\_

Country /Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Start/Finish times: \_\_\_\_\_

Language/s spoken at home: \_\_\_\_\_

Cultural background: \_\_\_\_\_

Do you hold a concession card? YES  NO

Do you wish to provide us with Bank details? YES  NO  (Please collect a bank details form from office)

What is your preferred method of contact? \_\_\_\_\_

Indigenous Status: \_\_\_\_\_

Do you have a disability? YES  NO

## Section 5- Family and Custody information

Please describe your family arrangement:

Both parents at home  Sole parent  Shared Custody

Other  Please describe: \_\_\_\_\_

If you are separated or divorced, who has legal custody of the child?

Parent 1  Parent 2  Both



Parent 1 access arrangements

Full  Limited  Other  Please describe: \_\_\_\_\_

\_\_\_\_\_

Parent 1 access arrangements

Full  Limited  Other  Please describe: \_\_\_\_\_

\_\_\_\_\_

Are there any court orders, parenting orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child? YES  NO  If **YES** please provide details:

\_\_\_\_\_

\_\_\_\_\_

Are there any court orders to be provided to the service relating to the child's contact with other persons, for example people not allowed to collect the child from the service? YES  NO  If **YES** please provide details including names:

\_\_\_\_\_

\_\_\_\_\_

**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.**

**NOTE:** *The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Coordinator/Nominated Supervisor before enrolment.*

## 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 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

- 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 staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to transportation to hospital by ambulance.

YES  NO

SIGNATURE \_\_\_\_\_

**Contact Person 2**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number: \_\_\_\_\_

**Please Tick:**

- 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

- 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 staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to transportation to hospital by ambulance.

YES  NO

SIGNATURE \_\_\_\_\_

**Contact Person 3**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number: \_\_\_\_\_

**Please Tick:**

- 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

- 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 staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to transportation to hospital by ambulance. YES  NO

SIGNATURE \_\_\_\_\_

**Contact Person 4**

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work telephone number: \_\_\_\_\_

**Please Tick:**

- 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

- 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 staff of the service to contact this person, if I cannot be contacted, in the case of the need to consent to transportation to hospital by ambulance. YES  NO

SIGNATURE \_\_\_\_\_

# Section 7- Medical Information

Medicare number: \_\_\_\_\_ Child's reference on card: \_\_\_\_\_

Medical Centre name: \_\_\_\_\_

Doctors name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dentist name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Is your family a member of a Private Health Fund? YES  NO

Name of Private Health Fund: \_\_\_\_\_

Private Health Fund number: \_\_\_\_\_

## Medical Conditions

Does your child/children have anaphylaxis or asthma? YES  NO

Does your child/children have any allergies? YES  NO

Does your child/children have any special dietary requirements or restrictions? YES  NO

Does your child/children require regular medication? YES  NO

Does your child/children have problems with hearing, sight, speech? YES  NO

Does your child/children Any medical conditions, operations, illnesses, disabilities? YES  NO

Does your child/children have a physical disability or delay, including intellectual, sensory or physical impairment?

YES  NO

If **YES to ANY ABOVE** please provide details:-

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I Give permission for my child to administer their own medication eg Asthma puffer. YES  NO

**SIGNATURE** \_\_\_\_\_

Please attach **a copy of a medical management plan** prepared by the child's doctor.

You also need to complete and attach the Centre Risk Minimization Plan which can be collected from office.

**NOTE:** Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.

Does your child have any behavioral conditions? e.g. ODD, ADHD.

YES  NO

Details: \_\_\_\_\_

**You will need to fill out a behavioral management plan for staff to assist us in caring for your child. Please collect from the office.**

Does either parent have a disability?

YES  NO

Is the family a single parent family?

YES  NO

### Immunization

Has your child received the necessary immunization for their age?

Child 1

YES  NO

Child 2

YES  NO

Child 3

YES  NO

If **NO**, please complete & attach Medical Exemption from your GP.

### Additional Needs

Do your child/children require additional assistance to meet their needs?

YES  NO

If **YES** please provide details of the condition/needs they require assistance with:

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Does your child have an NDIS plan? YES  NO

If yes, please provide a copy of the plan for KOOSH records, or a copy of the child's health care card (both sides).

## Section 8-Routines

Are there any aspects of Oscar cultural, ethnic, and/or religious background that you would like us to be aware of?

YES  NO

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Are there any special considerations for your child? For example cultural, religious or additional needs?

YES  NO

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Is there anything else our staff need to know about your child? E.g. interests, dislikes, fears

YES  NO

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# Section 9- 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 authorize 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 are 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 and a \$22 yearly equipment fee.

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

We do not charge absences for days missed as at 6/02/2020, This does not include cessation of care absences which are charged at full fee. No fee is charged while the service is closed over the Christmas period.

## 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> <b>\$18/session</b>	<i>After school care</i> <b>\$35.49/session</b>	<i>Vacation Care (some activities add extra cost)</i> <b>\$48/session</b>
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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.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## 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: \_\_\_\_\_