



Woollooware Outside School Hours Care

(02) 9523 9971

34 Wills Road, Woollooware, 2230

info@woshc.com

accounts@woshc.com

www.woshc.com

2022

Please read and complete this form and return to WOSHC

Office Use Only:

Invoiced
Schedule
Email
Mob.
Submit EN
Immunisation

New Enrolments (New families) - **\$50 Bond, \$25 Enrolment Fee, \$50 Equipment Levy, per family.**

Re-Enrolments (Existing families) - **\$25 Enrolment Fee, \$50 Equipment Levy, per family.**

WOSHC does not accept cash - Banking details can be found in parent handbook on page 7.

All monies must be paid, form signed and all documents handed in before enrolment is active.

Family Name: _____

CHILD	CHILD NAME	DATE OF BIRTH	MEDICARE #	SCHOOL GRADE IN 2022
1				
2				
3				
4				

FAMILY CRN: _____

CHILD 1 CRN: _____

CHILD 2 CRN: _____

CHILD 3 CRN: _____

CHILD 4 CRN: _____

ATTENDANCE: (Please tick)

CASUAL

7:00 – 9:00 AM = \$16.00

3:30 – 6:30 PM = \$22.00

PERMANENT

7:00 – 9:00 AM = \$14.00

3:30 – 6:30 PM = \$20.00

For Permanent Bookings:

Please Tick	AM	PM
MON.		
TUES.		
WED.		
THUR.		
FRI.		

For **NEW ENROLMENTS** only:

Start Date: ___/___/___

PLEASE NOTE:

For all families re-enrolling the start date is the **first day school resumes.**



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PARENT/FAMILY INFORMATION: (ALL SECTIONS **MUST** BE COMPLETED)

	PARENT/GUARDIAN 1 (This must be the parent linked to the child for CCS claims)	PARENT/GUARDIAN 2
First Name		
Surname		
Date of Birth		
Address		
Place of Employment		
Phone:	M: H: W:	M: H: W:
Email		

EMERGENCY CONTACT PERSONS: (Other than Parent 1 & 2 who are authorised to pick up your child/ren and consent to medical treatment in case parents cannot be contacted.)

Please complete all details:

	EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name		
Relationship to child/ren		
Address		
Phone:	M: H: W:	M: H: W:
This contact has authority to permit the centre for:	<input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Excursion <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Excursion <input type="checkbox"/> Emergency

Please list any other additional authorised nominees to pick up your child:

No child will be permitted to leave WOSHC without written authorisation

The people authorised to collect your child/ren must be at least 16 years of age

Authorised Pick Up Name	Relationship to Child/ren	Phone Number
1.		
2.		
3.		



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Custody Issues: Yes/No _____

(Details of any court orders, parenting orders or parenting plans to be provided)

Aboriginal or Torres Strait Islander: Yes/No _____

Cultural food restrictions: Yes/No (If yes, please specify)

Languages used in the child's home: _____

Religion: _____

Cultural background of the child: _____

Family Doctor:

Name: _____

Phone: _____

Address: _____

IMMUNISATION:

Has your child/ren been immunised? **YES/NO**

Please attach copy of immunisation certificate.

Children who have not been immunised will be excluded for their own safety if there is an outbreak of any disease that can be immunised against.

In order to receive the CCS funding, proof of immunisation needs to be provided.

WOSHC is a nut free environment

RELEVANT MEDICAL HISTORY: Please circle yes or no to the following.

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
HEARING	Yes/no	Yes/no	Yes/no	Yes/no
PHYSICAL	Yes/no	Yes/no	Yes/no	Yes/no
VISION	Yes/no	Yes/no	Yes/no	Yes/no
ASTHMA	Yes/no	Yes/no	Yes/no	Yes/no
ANAPHYLAXIS	Yes/no	Yes/no	Yes/no	Yes/no
ALLERGIES	Yes/no	Yes/no	Yes/no	Yes/no
BEHAVIOUR	Yes/no	Yes/no	Yes/no	Yes/no



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If you have answered yes to any of the above please provide a brief description of the condition and how it is managed, including any medication that is administered:

Any other medical concerns: _____

MEDICAL CONSENT

Although every care will be taken of your child/ren while at WOSHC, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring medical treatment, every effort will be made to contact the parents and authorised emergency contacts before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for treatment to be undertaken. Parents are asked to complete and sign the following.

I hereby give my permission for the staff at Woolooware Outside School Hours Care to seek medical attention from a registered medical practitioner, hospital or ambulance service. I also give permission for transportation of the child by an ambulance service for the above child/ren in the event of an accident/emergency and agree to meet any expense incurred.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____



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PLEASE SIGN THE PERMISSION NOTES BELOW

I give permission for staff at WOSHC to administer sunscreen to the face, neck, legs and arms of my child/ren

Signed: _____ Date: _____

I give permission for staff at WOSHC to administer Children's Panadol if my child/ren's temperature reaches/exceeds 38 degrees Celsius

Signed: _____ Date: _____

I give permission for the staff at WOSHC to administer Low Irritant Odourless Insect Repellent Spray when needed.

Signed: _____ Date: _____

I permit WOSHC staff to take photographs/videos of my child/ren at the centre **for centre programming reasons only**.

Signed: _____ Date: _____

I permit WOSHC staff to take photographs/videos of my child/ren at the centre **for marketing reasons**.

Signed: _____ Date: _____

I, _____ (*name of parent/legal guardian*) hereby apply to become a member of Woollooware Outside School Hours Care Incorporated association. I agree to be bound by the constitution of the association for the time being in force. I have included my application fee of a \$1.00 gold coin. This fee is applicable if you wish to vote at the AGM.

Signed: _____ Date: _____



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WOOLOOWARE OUTSIDE SCHOOL HOURS CARE

REGISTRATION AGREEMENT

Please read the following agreement fully and sign below

- I wish to enrol my child/ren into Woolooware Outside School Hours Care.
- I have read the WOSHC Parent Handbook and agree to abide by the policies contained within.
- I agree to inform the Director of any changes to my personal details e.g. phone no, address, contact person/s, authorised pick up person etc.
- I give consent for my child/ren to take part in the program (including incursions) under proper supervision.
- **I agree to pay the fees, 1 week in advance for permanent care and on the day for casual care, as set by the WOSHC Management Committee.**
- I understand that a late fee (outlined in handbook) will be charged for children left at the centre after 6.30pm. A late payment fee will also be charged if payment is not received after a written reminder is given.

Signed: _____

Date: _____

If you do not wish your child/ren to participate in any part of the weekly programme please discuss your concerns with our Co-ordinator and specify your objections in writing, below:

PAYMENT AGREEMENT

Please read before signing

I am aware that **permanent fees need to be paid one week in advance and casual fees on the day of care.** I understand that if I do not pay fees on time I will be given two reminder invoices in which I will be asked to pay the amount owing or arrange a confidential meeting to explain why I have not paid these fees. If I then have not responded in some way to these letters, I will receive a final notice. If I do not respond to this final notice I will receive a phone call from the President of the WOSHC Committee who will inform me that my child/ren are no longer allowed to attend the centre until all outstanding fees are paid.

Signed: _____

Date: _____



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CHILD PROFILE

Please complete with your child/ren

QUESTIONS	CHILD 1 NAME: _____	CHILD 2 NAME: _____	CHILD 3 NAME: _____
My age is..			
My Religion is..			
My culture is..			
The languages I am most familiar with are..			
Torres Strait Islander/Aboriginal?	Yes/No	Yes/No	Yes/No
I like..			
I dislike..			
3 words that would describe me are..			
My favourite activities are..			
I would like you to know this about me..			
My favourite food is..			
My least favourite food is.. Or my cultural concerns are..			
My fears/phobias are..			
Is there any part of our program that your child would not like to participate in?			