



*\$77 per calendar year*

**Daily rate:**

*Before School Care Perm:  
\$24.50*

*After School Care Perm:  
\$28.50*

*Before School Care Casual:  
\$27.50*

*After School Care Casual:  
\$31.50*

*Vacation Care:  
\$92.00*

# JUBILEE COMMUNITY SERVICES LUGARNO

## ENROLMENT FORM

**38 Old Forest Rd, Lugarno**

- ❖ CCS Approved Centre
- ❖ Qualified Educators
- ❖ High Quality Care provided

**Licensed for 60 positions per day  
5 – 12 years old**

Hours of Operation 7.00am – 9.00am & 3.00- 6.00pm

Vacation Care 7.00am – 6.00pm

Monday – Friday

Closed Public Holidays

**For more details please call the Director on**

**0411 137 833**

Email: [loosh@jubileecs.org.au](mailto:loosh@jubileecs.org.au)

**ACCEPTANCE OF ENROLMENT**

(DIRECTOR TO COMPLETE)

Please tick if the relevant information is received with enrolment:

- A copy of the child's up to date immunisation provided
- Action plan for Allergies/Anaphylaxis/Asthma

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Last Day of attendance: \_\_\_\_\_

This enrolment record is to be kept until the end of 3 years after the child's last attendance.

# 2023 ENROLMENT FORM

**PLEASE NOTE A SEPARATE FORM MUST BE USED FOR EACH CHILD**

## CHILD DETAILS:

|  |          |                            |  |
|--|----------|----------------------------|--|
| First Name   |          | Second Name                |  |
| Surname  |          | Date of Birth              |  |
| Home Address   |          |                            |  |
| Suburb   |          | Postcode                   |  |
| Language   |          | Cultural Background        |  |
| Indigenous   | YES / NO | Gender                     |  |
| CRN # (full fees will be charged if this is not given) |          | Medicare Number            |  |
| Private Health Fund                                    |          | Private Health Fund Number |  |
| Doctor's Details<br>(name, address, phone number)      |          |                            |  |

## PRIMARY PARENT/GUARDIAN DETAILS (this must be the parent who will claim the CCS benefits):

|  |          |  |  |
|--|----------|--|--|
| First Name   |          | Second Name  |  |
| Surname  |          | Date of Birth                                      |  |
| Relationship to child                                  |          | Occupation   |  |
| Home Address, if different to child                    |          |  |  |
| Indigenous   | YES / NO | Email (mandatory so we can set up your XPLOR acct) |  |
| Contact Phone Numbers                                  |          |  |  |
| CRN # (full fees will be charged if this is not given) |          |  |  |

## SECOND PARENT/GUARDIAN DETAILS

|                                     |          |  |  |
|-------------------------------------|----------|--|--|
| First Name                          |          | Second Name  |  |
| Surname                             |          | Date of Birth                                      |  |
| Relationship to child               |          | Occupation   |  |
| Home Address, if different to child |          |  |  |
| Indigenous                          | YES / NO | Email (mandatory so we can set up your XPLOR acct) |  |
| Contact Phone Numbers               |          |  |  |

### EMERGENCY CONTACT DETAILS (must be over the age of 18)

**Authorised Nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or family day care service. (*Education and Care Services National Regulations Regulation 160*).** Please supply **at least TWO people's** contact details (other than the parent or guardian) that you authorise to collect your child and/or contact in case of an emergency. It is your responsibility to notify these people and inform them that they are an authorised nominee or emergency contact for your child at the service. The Authorised nominees must live a **maximum of 30 minutes** from the service and must be able to provide photo identification upon request.

**NOTE:** Staff will not release a child to anyone other than those listed below, unless the Parent/Guardian has notified the centre in writing. Staff will only use listed contacts below in the event of an emergency if both Parent/Guardian are unavailable. **Photo ID must be shown prior to the child being released.**

***Please note: email addresses of emergency contacts are a requirement to be able to sign your child in/out. Emergency contacts can be allocated as "Hub Guests" via the Xplor Home App by the parents.***

#### FIRST EMERGENCY CONTACT:

|  |  |   |  |
|--|--|---|--|
| Surname  |  | First Name  |  |
| Address  |  | Relationship to Child                                 |  |
| Home Phone   |  | Work Phone  |  |
| Mobile   |  | Email Address (MANDATORY so we can give XPLOR access) |  |
| <p>This person has the authority to (please select):</p> <p><input type="checkbox"/> Collect your child or authorise another to collect your child from the service (Authorised Nominee)</p> <p><input type="checkbox"/> Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?</p> <p><input type="checkbox"/> Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child</p> <p><input type="checkbox"/> Consent to medication being given to your child</p> <p><input type="checkbox"/> Be notified of an emergency involving your child if you cannot be contacted (emergency contact)</p> |  |   |  |

**SECOND EMERGENCY CONTACT:**

|            |  |   |  |
|------------|--|---|--|
| Surname    |  | First Name  |  |
| Address    |  | Relationship to Child                                     |  |
| Home Phone |  | Work Phone  |  |
| Mobile     |  | Email Address<br>(MANDATORY so we can give XPLORE access) |  |

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

**THIRD EMERGENCY CONTACT:**

|            |  |   |  |
|------------|--|---|--|
| Surname    |  | First Name  |  |
| Address    |  | Relationship to Child                                     |  |
| Home Phone |  | Work Phone  |  |
| Mobile     |  | Email Address<br>(MANDATORY so we can give XPLORE access) |  |

This person has the authority to (please select):

- Collect your child or authorise another to collect your child from the service (Authorised Nominee)
- Authorise an educator to take your child on excursions and regular outings from the service premises in the event that you cannot be contacted?
- Consent to medical treatment by a medical Practitioner, hospital or ambulance service and/or transportation by ambulance service for your child
- Consent to medication being given to your child
- Be notified of an emergency involving your child if you cannot be contacted (emergency contact)

PRIMARY PARENT AGREES EMERGENCY CONTACTS

SECOND PARTY AGREES EMERGENCY CONTACTS

\_\_\_\_\_

\_\_\_\_\_

**FAMILY CIRCUMSTANCES**

**Family Status: (please tick appropriate answer)**

|  |         |  |           |  |          |  |          |  |               |
|--|---------|--|-----------|--|----------|--|----------|--|---------------|
|  | Married |  | Separated |  | Divorced |  | De Facto |  | Single Parent |
|--|---------|--|-----------|--|----------|--|----------|--|---------------|

**Court Orders Relating to the Child**

1) Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? (Please Circle) NO/YES

If yes, please provide all relevant documentation and paperwork

2) Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person? (Please Circle) NO/YES

If yes, please provide all relevant documentation and paperwork.

**Please note that without this documentation we cannot legally enforce the Order/s**

**MEDICAL DETAILS**

**(Please attach any medical management plans with this Enrolment where applicable)**

Does your child have any serious medical conditions that the centre should know about? E.g. Asthma, Anaphylaxis, Diabetes, Epilepsy. (If yes please provide details **AND** a copy of their Action Plan) YES/NO (if yes please provide details)

Details.....  
 .....

Does your child have any special dietary requirements or restrictions? YES/NO (If yes please provide details)

Details.....  
 .....

Is your child affected by any allergies? YES/NO

Details.....  
 .....

Is your child on any prescribed medication YES/NO (if yes please provide details). Please describe side effects of medication that staff should be aware of.

Details.....  
 .....  
 .....

Does your child have any physical or sensory impairment that the staff should know about? YES/NO (if yes please provide details)

Details.....

**IMPORTANT INFORMATION REGARDING ADMINISTRATION OF MEDICATION**

Prescription medication will only be administered to the child for whom it is prescribed, from the original container bearing the child’s name and with a current use by date. Non-prescription medication will not be administered at the service unless accompanied by an authorised letter from a doctor.

## ADDITIONAL NEEDS

Does your child have any Additional Needs/ongoing disabilities? Yes/No

If your child has been assessed, please provide detailed documentation in relation to the assessment to assist the centre and educators to cater for your child's individual needs.

Please provide details of your child's Additional Needs:

.....  
.....

I give permission for the centre to access suitable agencies to assist my child's Additional Needs: **Yes/No**

## IMMUNISATION

Please provide a copy of your child's up to date **IMMUNISATION RECORDS**

*OOSH Services are required by law; Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 No 46 to keep a copy of every child's immunisation record on file. **This document needs to be provided to the service upon Re-Enrolment or Enrolment.** Failure to provide this document will result in your Enrolment not being accepted.*

**\*\* All exemption forms need to be signed by a medical practitioner and provided by the parent to the OSHC Services upon enrolment.**

### **IMPORTANT NOTE REGARDING ANAPHYLAXIS:**

The Centre has children attending who are at risk of a severe, life threatening anaphylactic reaction. We ask that families do not send any **NUT BASED PRODUCTS** or foods with their children to the centre.

### **\*Coordinator use only\***

I, \_\_\_\_\_ declare that I have received a copy of the child's immunisation record OR an official exemption form.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORITY FOR EMERGENCY MEDICAL TREATMENT

*Although every care will be taken of your child while at the centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact the Parent/guardian before such treatment is sought. However should this prove impossible it will be necessary for authority to be given for the treatment to be undertaken.*

I.....hereby give permission for the staff at the centre to seek medical treatment from a registered medical practitioner, hospital, or ambulance service and transportation by an ambulance in the event that my child has been injured or becomes ill at the service. **Your child's enrolment will not be accepted unless agreed.**

I will accept financial responsibility for my child's medical treatment.

I understand that relevant information on this form will be passed on to the hospital medical staff if required

Signed.....

**BOOKING FORM**

| Child's Name     | Before School | After School |
|------------------|---------------|--------------|
| <b>MONDAY</b>    |               |              |
| <b>TUESDAY</b>   |               |              |
| <b>WEDNESDAY</b> |               |              |
| <b>THURSDAY</b>  |               |              |
| <b>FRIDAY</b>    |               |              |
| <b>CASUAL</b>    |               |              |

Start Date: \_\_\_\_\_ Last day of attendance (office use): \_\_\_\_\_

**PLEASE NOTE:**

- If you wish to change, or cancel days we require **2 weeks' notice in writing**.
- All booked sessions must be paid for, even if not attended.
- Payments must be made by **DIRECT DEBIT only**. Payments are debited **on a fortnightly basis** with an annual registration fee of **\$75.00** charged at the beginning of each year per family. (If you enroll your child throughout the year, the registration fee will still apply).

Parent Signature..... Date.....

***You MUST enter direct debit details in the XPLOR child care management system, before booking is confirmed.***

Please select yes or no for each permission, initial each box and sign the bottom of the form.

| Permissions  | Yes | No | Initial |
|--|-----|----|---------|
| <b>Videos/DVD:</b><br>I give permission for my child to watch videos/DVDs rated G or PG selected by the OOSH Co-coordinator, throughout the year, including Vacation care.   |     |    |         |
| <b>Local Excursions:</b><br>I give permission for my child to participate in local excursions from the centre by foot within the local community. Notification and details is given prior to any excursion.  |     |    |         |
| <b>Centre Publicity:</b><br>I give permission for my child to be photographed or recorded on an excursion or whilst at the centre, for the purposes of programming and quality assurance evidence.<br>I also give consent for the photos and videos of my child to be used to publicise the center including newsletter via email and Facebook. <b>Any images uploaded on our Facebook page are edited to protect children's identity.</b> |     |    |         |
| <b>Communication:</b><br>I give permission for the staff to discuss issues concerning my child with school staff, which will then be forwarded to me upon collection of my child.  |     |    |         |
| <b>Outdoor Sun Protection:</b><br>Our Centre has a <b>'No Hat, No Play'</b> policy. I will ensure that my child arrives with a hat and that if I require my child to wear sunscreen, that I will apply the cream and inform my child to reapply it during the sessions.  |     |    |         |
| <b>Bus transport:</b> I give permission for my child to travel to and from school and on Vacation Care on the bus provided by JCS.   |     |    |         |
| <b>Policies:</b><br>I will abide by Policies and Procedures as set out by JCS. I understand that Policies and Procedures will be available and accessible at my leisure. (Please ask the OOSH Coordinator to access them if you wish).   |     |    |         |
| <b>Family Handbook and Enrolment Package</b><br>I have read and agree to information set out in the Family Handbook and Enrolment Package. All information I have provided is correct at the time of enrolment and I understand I must inform the centre immediately if any details change.  |     |    |         |

Name.....Signed.....Date.....



## DECLARATION

As a person who has lawful authority of the child referred to in this enrolment form for JCS I:

- Declare that the information in this enrolment form is true and correct and will immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
- Declare that I have read and understood the policies of JCS Before, After School & Vacation Care and will abide by those policies.
- I have read and agree with the fees, payment structure and policies and agree to pay fees up to date.
- Agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or other emergency contact and any contact details of any medical or dental professional nominated in the Enrolment Form.
- Agree that my child's place at the service is subject to the Priority of Access scheme as outlined in the Enrolment Policy.
- Agree for my child to be observed and programmed for by students and educators who may be employed at the service or completing practical components of their studies at the service, and if relevant, copies of the child's documentation to be submitted to the institution the student is completing their studies at as part of an assessment.
- Agree that I will assist with my child's learning by completing Family Input documentation to the best of my abilities.
- A staff member with appropriate training &/or first aid certificate will administer emergency asthma or anaphylaxis medication. I understand that in this circumstance the service will contact me and emergency services as soon as possible.
- My child will not attend the service when suffering from infectious and contagious illnesses.
- I/we are liable for all fees associated with my/our child's enrolment at this service and understand that I/we are responsible for updating Child Care Benefit information (if applicable) whilst my child is in care and, where no longer eligible, will be required to pay the full fee.
- I/we will give the required written notice (service operating days) when withdrawing my child.
- Failure to pay fees, non-attendance without explanation, unwillingness to comply with the service's policies and procedures or other reasons determined unsatisfactory by the service will result in termination of my child's enrolment.
- Any information provided on this form may be used for the purpose of meeting legislative requirements and provision of the approved service. I/we understand that the information may be accessed by JCS (Approved Provider) and any authorised officers under relevant Law. I/we may access my/our personal and sensitive information kept by the service. A copy of the Privacy Policy can be provided.

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Parent/Guardian 1

---

Signature

---

Date

---

Parent/Guardian 2

---

Signature

---

Date

## FURTHER INFORMATION ABOUT CHILD

This area will be detached from the Enrolment form to assist staff in the daily care and education of your child. Please take the time to fill out the information below so our Educators can support your child during their time in our care.

|  |
|--|
| Does your child have any siblings? If so, please provide their names and ages.   |
| Does your child have any other close relations attending the centre? E.g. cousins/friends. If so, please provide their names and ages  |
| Please specify any fears or phobias your child has and how to manage them appropriately.   |
| <b>Child's Cultural and Religious Considerations:</b><br>Please outline your child's cultural/religious background and if relevant any cultural practices you would like followed: |
| What are your child's interests and strengths? E.g. Sports, art, cooking, games, books etc.  |
| Is your child a part of any extra curricula activities outside of school?  |
| Please provide us with any other information we should know about your child:  |