



Out of School Hours Care
for primary school aged children
Cindi Kindi
FULLY ACCREDITED ABN 72394670456
2c Brushwood Drive, Alford's Point, NSW 2234
0412575551 or 0431399299
Email: ckindi2234@outlook.com

2018 APPLICATION/ENROLMENT FORM

FAMILY NAME: _____

Attached Documents Checklist

Please ensure the following documents are attached to this Cindi Kindi OOSH application/enrolment form before submission:

Family Circumstance: New Family Existing Family

Documents required to be attached are:	Please tick
Each child's birth certificate	
Each child's immunisation records	
Parents CRN	
Each child's CRN	
Court orders, Parenting orders (if applicable)	
Asthma/Anaphylaxis Action Plans/Other (medical plans)	
Authorisations are all signed	

Date of Enrolment: ___/___/2018 Start Date at Cindi Kindi: ___/___/2018

School/Class/Year: _____

Please attach a small, recent photo of your child for safety reasons

Office Use Only

Paid yearly administration fee \$25 per child:

DATE:	AMOUNT PAID:	STAFF:

OFFICE USE ONLY:	Confirmed: (Y/N)	Staff Initial:
Has the parent/guardian filled in all enrolment information?		
Has the parent/guardian signed areas where needed?		
Has the parent/guardian paid the \$25 enrolment application fee per child?		
Has the parent/guardian provided up to date immunisation documents?		
Has the parent/guardian provided necessary medical action plans for each child?		
Has the parent/guardian read and signed the risk assessment for activities participated in while at Cindi Kindi?		
Has the parent initialled the consent form?		



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PARENT/GUARDIAN/AUTHORISED NOMINEE 1: (Must be the same parent registered with Centrelink to receive ChildCare Benefit. Authorised contact and pick up person, consult to medical treatment, illness and emergencies)

Title: _____ Surname: _____ Given Names: _____ Date Of Birth: ____/____/____
 Parent/ Guardian #1 CRN: _____
 Relationship to child/ren: _____
 Address: _____ Postcode: _____ Home Phone: _____
 Company/Occupation Name: _____ Work Phone: _____
 Mobile Phone: _____ Email: _____

PARENT/GUARDIAN/AUTHORISED NOMINEE 2: (Authorised contact and pick up person, consult to medical treatment, illness and emergencies)

Title: _____ Surname: _____ Given Names: _____ Date Of Birth: ____/____/____
 Relationship to child/ren: _____
 Address: _____ Postcode: _____ Home Phone: _____
 Company/Occupation Name: _____ Work Phone: _____
 Mobile Phone: _____ Email: _____

EMERGENCY/AUTHORISED NOMINEE CONTACT DETAILS:

Please provide the name and details of persons (other than the parents/guardians) that you give staff authorisation to contact in the case of an incident, emergency and/or to pick up your child/ren at anytime from our centre without you being present:

Full Name: _____ Address: _____
 Mobile: _____ Relationship to child: _____
 (Please tick all statements that apply to this contact):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.	This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child/ren.	This person is authorised to give permission to an educator to remove my child from the centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Full Name: _____ Address: _____
 Mobile: _____ Relationship to child: _____
 (Please tick all statements that apply to this contact):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.	This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child/ren.	This person is authorised to give permission to an educator to remove my child from the centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

Full Name: _____ Address: _____
 Mobile: _____ Relationship to child: _____
 (Please tick all statements that apply to this contact):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This person is an authorised nominee to collect my child from the centre, and to give permission to another person to collect my child from the centre.	This person is authorised to consent to medical treatment and administration of medication and sign incident reports for my child/ren.	This person is authorised to give permission to an educator to remove my child from the centre for excursions or medical treatment from a registered medical practitioner, hospital or ambulance service.

I give permission for my child/ren to be signed in/ out of Cindi Kindi by nominated authorised persons. I understand that all authorised pick up persons that I have nominated will be required to produce valid and current identification e.g. drivers license, for child safety/protection reasons. I am aware that it is my responsibility to inform Cindi Kindi OOSH staff if any of the above information has changed.

Parent/ Carer Signature: _____ Name: _____ Date: ____/____/20____



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CHILD/REN'S DETAILS:

	CHILD 1	CHILD 2
Given Name/s		
English Name		
Surname		
Date of Birth		
Gender		
Child's CRN		
Residential address		
Allergies		
Medical needs		
Behaviour management needs		
Country of Birth		
Court/family orders Please attach a copy	Y or N	Y or N
	CHILD 3	CHILD 4
Given Name/s /English name		
Surname		
Date of Birth		
Gender		
Child's CRN		
Residential address		
Allergies		
Medical needs		
Behaviour management needs		
Country of Birth		
Court/Family orders Please attach a copy	Y or N	Y or N

Medicare Number: _____
Dentist Name: _____
Health Fund Name: _____

Private health insurance: Y or N
Phone Number: _____
Policy Number: _____

Child's Dr. Name & Medical Practice Name: _____ Phone: _____

Reason care required (X ONE only):

<input type="checkbox"/>	At risk/referral (eg. FaCS Referred)
<input type="checkbox"/>	Working/Studying / Maternity Leave / Returning to Work / Looking for work
<input type="checkbox"/>	Respite Care – Not Working and Not Looking for Work

IMMUNISATION: All children will be accepted into Cindi Kindi and our Vacation Care Program; however children who have not been immunised will be excluded from the program in the event of an outbreak of an infectious disease. Families must provide evidence of immunisation.

- Has your child been fully immunised? **Y or N**

Please provide staff with a photocopy of your child's immunisation details, and if your child has any medical matters, please fill out a child health form **Y or N**



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CHILD CARE BENEFIT (CCB) & FAMILY TAX BENEFIT (FTB):

Please notify the Family Assistance Office on 136150 (for bilingual services phone 131202) that your child will be attending our service and that you require a CRN. **Please provide our staff with a copy of your current Child Care Benefit Assessment notice.** In order for our service to process your reduced fee amount it is vital that we have the correct details of parents/guardians and children dates of birth, as well as correct child and parent/guardian CRN numbers.

• **Do you have any children in Childcare other than enrolled in Cindi Kindi (e.g. 1 child in long day care): Y or N**

Child 1	Child 2	Child 3	Child 4
CCB %=	CCB %=	CCB %=	CCB %=

FAMILY PROFILE:

Does your child/ren speak a language other than English at home? **Y or N** Please Specify: _____

Are there any cultural celebrations/festivals/activities you would like recognised and/or shared within our centre?

What would your family like our centre to offer your family? _____

Do you have any encouraging feedback you would like to provide? _____

Are there any skills/hobbies you would consider sharing within our centre's programs? _____

CHILD PROFILE: (please involve your child in answering these following questions to assist us with future programming and planning with MTOP and in consultation with NQF):

Questions	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Interests/hobbies				
Dislikes/fears				
Foods I like				
Activity ideas				
Additional comments				

Days and Times of attendance:

Please circle the type of care you are applying/enrolling your child into care for:

Permanent and/or Casual and/or Vacation Care

Please tick the days your child/ren will be attending Cindi Kindi:

Session	Child/ren	Monday	Tuesday	Wednesday	Thursday	Friday
AM 7am – 9am	Child 1					
	Child 2					
	Child 3					
	Child 4					
PM 3pm – 6pm	Child 1					
	Child 2					
	Child 3					
	Child 4					
Vacation Care	7am – 6pm	Please fill in the separate vacation care form each holiday you require vacation care				
Staff Dev. Day	7am – 6pm	Please fill in the separate vacation care form each holiday you require vacation care				



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HEALTH AND SAFETY: I give permission for Cindi Kindi staff to administer the following to my child/ren if needed (please tick):

<input type="checkbox"/>	Band-Aids	<input type="checkbox"/>	Adhesive Dressing Tape	<input type="checkbox"/>	Conforming gauze bandage
<input type="checkbox"/>	Icepacks	<input type="checkbox"/>	Plastic bag for amputation	<input type="checkbox"/>	Disposable latex gloves
<input type="checkbox"/>	Insect Repellent	<input type="checkbox"/>	Non adhesive dressing pad	<input type="checkbox"/>	Thermo accident blanket
<input type="checkbox"/>	Sterile Eye Pad	<input type="checkbox"/>	Scissors- sharp/blunt	<input type="checkbox"/>	Splinter forceps
<input type="checkbox"/>	Ventolin	<input type="checkbox"/>	Sterile eye wash	<input type="checkbox"/>	Antiseptic swabs
<input type="checkbox"/>	CPR	<input type="checkbox"/>	Sterile wound dressing	<input type="checkbox"/>	First aid thermometer
<input type="checkbox"/>	Heat /Cold Packs	<input type="checkbox"/>	Face paint	<input type="checkbox"/>	Child Paracetamol
<input type="checkbox"/>	Triangular bandage	<input type="checkbox"/>	EpiPen/AnaPen	<input type="checkbox"/>	Sunscreen

Authorisation	Details
Woolworths Sunscreen 50+ (Outdoor Sun Protection) (Product may change during the year pending product availability)	Active: -Homosalate 100mg/g - Octyl Salicylate 50mg/g - Oxybenzone 20mg/g - Octocrylene 80mg/g - Butyl Methoxydibenzoylmethane 40mg/g Other: - Phenoxyethanol - Methylisothiazolinone
Ventolin – (in the event of a suspect asthma attack)	- 100 mg Salbutamol - HFA- 134a propellant

I, _____ give signed permission for the authorised/First Aid trained staff of Cindi Kindi to apply/administer the above First Aid to my child/ren whom I have stated on this enrolment form.

Authorise Name: _____ Date: ____/____/20____

Authorise Sign: _____

Asthma: Please provide your child with their own reliever/puffer at Cindi Kindi as needed.

Action Plan attached

Anaphylaxis EpiPen/Anapen : Please provide your child with their own EpiPen or Anapen at Cindi Kindi as needed.

Action Plan attached

Immunisation: Please provide staff with a photocopy of your child's blue immunisation detail

Attached immunisation details.

Additional health & safety notes?



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Before signing please read the terms and conditions written below:

I understand that positions are not always immediately available as staff: child ratios apply. I agree to pay the yearly enrolment fee of \$25.00 per child on the date of enrolment. Please note, enrolment fee is non-refundable.

1. FEES – PERMANENT BOOKINGS for BASC:

Please pay fees in advance or pay by close of business Friday of each week of care for permanent bookings. Fees are still charged to you when your child is absent for any reason such as, common illness, holidays, school events, family matters, etc. Fees are to be paid for public holidays that fall in a school week. Swapping permanent bookings is not permitted.

2. FEES – CASUAL BOOKINGS for BASC:

Please pay this fee in full before or on the day of the session of attendance. Request for availability is needed, by calling or SMS the centre contact numbers (0431399299 or 0412575551) and/or by visiting our centre. Casual sessions can be cancelled by calling the centre before 2:30pm. Payment will not be charged for a casual booking if the child does not attend with notification before 2.30pm that day.

3. FEES – VACATION CARE & STAFF DEVELOPMENT DAYS:

Fees are payable in advance (before each holiday commences), in order to receive pre-booked rate. Casual rates will be charged for bookings made within the holiday period as of Monday at 7.00am (positions may not be available). Please read each vacation care program for more details. A separate Vacation Care Enrolment form is required to be filled in if you require Vacation Care.

PLEASE BE MINDFUL THAT YOU MAY BE CHARGED A \$10.00 LATE FEE PER CHILD FOR EACH WEEKS FEES ARE NOT PAID UP TO A ZERO BALANCE. We don't like to charge this late fees, but must follow policies and procedures. Late fees must be paid in full because they do not attract CCB; however they will be included in the 50% CCR.

4. REFUNDS and/or transfers will not be given on any days/weeks of permanent care, or enrolment fees:

FEE SCHEDULE:	Price: 2018
(Before School Care) Permanent booking	\$19.00
(Before School Care) Casual booking	\$24.00
(After School Care) Permanent booking	\$23.00
(After School Care) Casual booking	\$29.00
(Vacation Care) Pre- booked	\$49.00
(Vacation Care) Casual- after holidays commence	\$59.00
Unpaid BASC fees (per week)	\$10.00
Annual Enrolment Application Fee (per child)	\$25.00
Late fee for pick up after 6.00pm (per child) Payable to staff on duty	\$1.00 per min
Reprint of receipts and family statements	\$5.00
If the service has to contact you by phone to find the whereabouts of your absent child/ren.	\$5.00

5. ABSENCES: It is always the responsibility of parent/guardian to advise the centre if your child/ren will be absent from their permanent or casual position. Please call the centre contact numbers or visit our service and personally inform staff.

6. ATTENDANCE/BOOKINGS: If your child is booked in for a permanent day/s, any other casual days outside your permanent day/s will be charged as the casual rate. Please pay all casual bookings in full by the day of attendance. If you wish to add extra permanent day/s these will be charged at a permanent rate and may be added immediately, if sessions are available. If you wish to cancel any or all of your permanent days, please notify staff in writing. Please provide 2 weeks' notice of cancellation (within the school term). Fees will be charged to you during this 2 weeks cancellation notice period.

The centre closes at 6pm. If you are unable to collect your child/ren before 6pm, please organise alternative arrangements for your child/ren to be picked up before 6pm, please notify staff on **0431 399 299** as soon as possible.

7. PRIVACY AND STORAGE OF INFORMATION: Your families personal information provided by you is collected from Cindi Kindi and is for the purposes of the Privacy and Personal Information Protection Act 1998. The information you have supplied will be stored at Cindi Kindi while your child is attending care and electronically for Government Legislation/Acts. This information will then be stored in Cindi Kindi archives for up to 7 years. For additional information please refer to our privacy policy. The intended recipients of the personal information are:

- **Authorised Staff members within the service**
- **A person otherwise authorised by law to inspect the records (eg. police, FaCS, FAO, etc)**



8. WHERE DID YOU HEAR ABOUT THIS SERVICE?

- Cindi Kindi web page
- Have previously used this service
- Word of mouth
- Local Schools/ School Newsletters
- Community Centre
- Cindi Kindi Staff
- Facebook (Cindi Kindi OOSH)
- Other (please specify) _____

9. SIGNING IN/OUT:

All children in attendance must be brought to the service and collected from this service by a responsible authorised parent/caregiver/person and must be stated on each enrolment form. If a person other than the parent/guardian of the child/ren is picking up, please advise staff. All children need to be signed in and out of each session of attendance. Please advise staff of any changes which need to be made to this enrolment form in writing. Photo I.D. is required on collection of children. Your child's name will be printed on the daily sign in/out sheet, this sheet is available for signing at the entrance of our room or near our outdoor play area.

10. Additional information/friendly reminders:

Fees may increase at any time; however the centre will endeavour to give at least two week's notice of any fee changes. Parents/guardians/families are welcome within our centre and we encourage your positive involvement within our service. Please provide staff in writing any details of changes to medical illness, medications, etc as they arise. Please advise staff of child/rens entry and exits into the centre at all time for safety. Cindi Kindi may have trainee staff, casual staff, volunteers, parent involvement, training, meetings, lectures, etc within our service at any time. Breakfast is available to children during Before School Care only from 7am until 8am. Afternoon tea is provided in After School Care from 3.30pm. We offer lunch during Vacation Care (excluding excursion eat out or take away meals such as Subway, sushi, etc whereby lunch is an extra cost to the parent/guardian). Please provide your child with their own morning tea/afternoon tea and water during Vacation Care, as well as extra food to nourish your child during long active days. Breach of Centre Rules: Cindi Kindi policies and procedures are established for the safety and enjoyment of all children. Breaches of these rules may result in exclusions from activities or the program following consultation between centre staff and parents. I am aware and I give permission for my child/ren to leave the Cindi Kindi room after 8.30am in Before School Care, once an Alford's Point Primary School teacher is on duty. I understand that the staff and centre will not be held responsible for any lost or damaged property, or injury occurred during the running of the Cindi Kindi program. Cindi Kindi may have the right to cancel and/or terminate enrolments where required for child protection and/or staff protection &/or if court orders apply. We the parents/Guardians and child/ren, will follow the centre fee policy and procedure.

11. Child Anti Bullying Contract/ Agreement:

- By signing this Anti-Bullying Contract I/ we agree to:
- Treat everyone with respect.
 - Help other peers at Cindi Kindi that might be getting bullied.
 - Advise staff of any bullying behaviour straight away.
 - I agree to not call people mean names, exclude anyone from a group, give nasty looks or rude gestures, harass someone based on their background or appearance, not to steal others belongings or spread rumours.

By signing this, you are agreeing to be respectful and treat everyone equally. If there is an occurrence of bullying, this will be dealt with immediately, whereby both parents will be notified and consequences (e.g. behaviour management charts) may be put in place.

1. Child's name: _____ Date: ____/____/20____
2. Child's name: _____ Date: ____/____/20____
3. Child's name: _____ Date: ____/____/20____
4. Child's name: _____ Date: ____/____/20____

We the staff of Cindi Kindi OOSH, thank you for choosing our service and are looking forward to sharing many positive experiences with your child/ren and family.

Parent/Guardian/Person with Parental Responsibility	Parent/Guardian/Person with Parental Responsibility
Signature: _____	Signature: _____
Name: _____	Name: _____
Date: _____/_____/20____	Date: _____/_____/20____



	No	Yes	Please initial to indicate you have read and understood this information
I give the staff of Cindi Kindi & the Approved Service Provider the authority to:			
Apply sunscreen to my child for outside play every day during the period recommended for our state by the Cancer Council and on those days with an Ultra Violet Radiation Level of three and above.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Apply insect repellent provided by me to my child for outside play.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Observe my child to assist in developing an appropriate developmental educational program.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allow the people ticked as authorised nominee/s to collect my children from Cindi Kindi child care centre and/or from an excursion.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allow the people ticked as authorised nominee/s to:			
• Give permission for medical treatment, administration of medication, and sign incident reports for my child	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Give permission to the Cindi Kindi staff to remove my child from Cindi Kindi for excursions or to seek medical treatment from a registered medical practitioner, hospital or ambulance service.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seek medical treatment from a registered medical practitioner, hospital or ambulance service, and/or authorise medical transport by an ambulance service in the event my child requires medical treatment & I agree to pay any medical/transport costs incurred.	<input type="checkbox"/>	<input type="checkbox"/>	_____
I give permission for my child/ren to participate in the following during Before and After School Care and Vacation Care:			
• To watch G or PG movies selected by staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
• To use paint and hairspray	<input type="checkbox"/>	<input type="checkbox"/>	_____
• To use bikes and or scooters during outdoor play	<input type="checkbox"/>	<input type="checkbox"/>	_____
I understand that:			
I must inform Cindi Kindi (before 2:30pm) if my child has been unwell or has taken any medication before coming to the centre. Contact 0431399299.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cindi Kindi will seek my written consent for my child to participate in regular outings or excursions where required.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cindi Kindi will only use or disclose my personal information for the purpose it was collected or a reasonably expected or related secondary purpose. Personal information of parents, guardians and children is ordinarily used or disclosed for the primary purpose of; providing early childhood education and care services; advocating for the well-being, protection and development of children; documenting children's learning; managing children's current or prospective enrolment; providing me with information about the organisation, services and activities via letters, email, SMS and other centre or organisation communication channels; and requesting information from me about our organisation and services via <u>surveys, reflective journals, displays within the centre, publications, NQF, developmental and communication purposes for our centre</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cindi Kindi may use the name, photo and video of my child for: my child's individual development profiles and educational resources; my child's individual early learning journals & portfolios; the early learning portfolios of my child's peers, staff professional development and communication; newsletters and communications to my centre's families in both hardcopy and online formats.	<input type="checkbox"/>	<input type="checkbox"/>	_____
I consent to the above medical emergency and permission clauses and I have received a copy of the Cindi Kindi Handbook.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Parent/Guardian/Person with Parental Responsibility

Parent/Guardian/Person with Parental Responsibility

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____ / _____ / 20_____

Date: _____ / _____ / 20_____

Thank you for enrolling your child into Cindi Kindi OOSH, we look forward to creating many enriched experiences with your child/ren and family.

THE END of this application/Enrolment form!