



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

2019 APPLICATION/ENROLMENT FORM/COMPLYING WRITTEN AGREEMENT

Family Name: _____

Family Circumstance: New Family Existing Family

Attached Documents Checklist

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

| Documents required to be attached are: Your child's position at our centre will be jeopardized if we don't receive the following: | Please tick |
|---|-------------|
| Each child's birth certificate | |
| Each child's immunisation records. Email electronic copy from Medicare to ckindi2234@outlook.com | |
| Parents CRN & DOB | |
| Each child's CRN | |
| Court orders, Parenting orders (if applicable) | |
| Asthma/Anaphylaxis Action Plans/Other medical plans? | |

Date of Enrolment: ____/____/2019 Start Date at Cindi Kindi: ____/____/2019
School/Class/Year: _____ School: _____

Paid yearly administration fee \$30 per child:

| |
|-------|
| DATE: |
|-------|

| |
|--------------|
| AMOUNT PAID: |
|--------------|

| |
|-------------|
| STAFF SIGN: |
|-------------|

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

Office Use Only

| 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 \$30 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/PRIMARY CARER 1: WHO CLAIM CCS for this child/ren (Authorised contact and pick up person, consult to medical treatment, illness and emergencies) and (the Complying Written Agreement Authorised person, as completed below)

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: _____
 Primary Language: _____

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: Minimum of two emergency contacts provided

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:

1. 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. |

2. 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. |

3. 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____

Friday, 16 November 2018



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CHILD/REN'S DETAILS:

| | <i>CHILD 1</i> | <i>CHILD 2</i> |
|---|----------------|----------------|
| <i>Given Name/s</i> | | |
| <i>English Name</i> | | |
| <i>Surname</i> | | |
| <i>Date of Birth (DOB)</i> | | |
| <i>Gender</i> | | |
| <i>Child's CRN</i> | | |
| <i>Residential address</i> | | |
| <i>Allergies</i> | | |
| <i>Medical needs/regular medication</i> | | |
| <i>Behaviour management needs</i> | | |
| <i>Country of Birth</i> | | |
| <i>Court/family orders</i> <i>Please attach a copy</i> | Y or N | Y or N |
| | <i>CHILD 3</i> | <i>CHILD 4</i> |
| <i>Given Name/s /English name</i> | | |
| <i>Surname</i> | | |
| <i>Date of Birth</i> | | |
| <i>Gender</i> | | |
| <i>Child's CRN</i> | | |
| <i>Residential address</i> | | |
| <i>Allergies</i> | | |
| <i>Medical needs/regular medication</i> | | |
| <i>Behaviour management needs</i> | | |
| <i>Country of Birth</i> | | |
| <i>Court/Family orders</i> <i>Please attach a copy</i> | Y or N | Y or N |

Medicare Number: _____

Private health insurance: Y or N

Dentist Name: _____

Phone Number: _____

Health Fund Name: _____

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: 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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FAMILY PROFILE:

Do you and/or 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 you? _____
 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 | | | | |



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CHILD CARE SUBSIDY (CCS): DAYS AND TIMES OF ATTENDANCE and COMPLYING WRITTEN AGREEMENT (CWA):

I, named: _____ (the parent/authorised carer/parent claiming CCS) understand it is my responsibility to access and register with the Family Assistance Office for Child Care Subsidy CCS. Family Assistance Office on 136150 (for bilingual services phone 131202)

I understand and will comply with registering/confirming my child/rens enrolment with Cindi Kindi on my Mygov account. I understand that I am also responsible to register for Child Care Subsidy (CCS), and if there is no CCS approved at the time of enrolment I am liable to pay the full fee amounts for my child/rens care

I understand that the Child Care Subsidy required me to complete a Complying Written Agreement (CWA) before I can attend Cindi Kindi OOSH. This is a legal agreement between us (Cindi Kindi/Care Provider (2C Brushwood Drive Alford's Point) and parent/authorized carer (yourself) which provides an outline on which care will be provided to each child. This agreement may need to be approved and changed by you and future routine sessions.

My child/rens care is provided on a weekly basis

I have read, understand and agree to the Cindi Kindi fee schedule in this enrolment form

I understand care may be available on a casual basis, if the places are available

I agree to this enrolment and Complying Written Agreement (CWA) is for 2019

I understand that the cindi kindi fee schedule may vary throughout the year and I will be notified by my child care provider (cindi kindi)

Routine session as follows: **by ticking the type of care you are applying/enrolling below confirms and reflects my child/rens expected regular care schedule for my Complying Written Agreement:**

My booking is for (please circle) [Permanent care](#) or [Casual care](#) or [Permanent Care and Casual Care inclusive](#):

| Session/Routine | Child/ren | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|--------------|--|---------|-----------|----------|--------|
| Before Care Start time 7am – End time 9am Permanent and/or Casual | Child 1 | | | | | |
| | Child 2 | | | | | |
| | Child 3 | | | | | |
| | Child 4 | | | | | |
| After care Start time 3pm – End time 6pm Permanent and/or casual | Child 1 | | | | | |
| | Child 2 | | | | | |
| | Child 3 | | | | | |
| | Child 4 | | | | | |
| Session/Routine | Please tick | Monday | Tuesday | Wednesday | Thursday | Friday |
| Vacation Care and/or Staff development days Start time 7am – End time 6pm Pre booked and/or casual | Any/all days | Please fill in the separate vacation care enrolment form reflective of each holiday you require vacation care? | | | | |

Parent/Guardian/Person with Parental Responsibility and agreed to the Cindi Kindi Complying Written Agreement:

Signature: _____
Address: _____
Name: _____
Date of Birth: ____/____/____
Date: ____/____/20____

Parent/Guardian/Person with Parental Responsibility

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



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

| | | | | | |
|--------------------------|--------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| <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, _____ (insert your name) 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: _____

Medical management plans:

(please provide staff with a copy of your child's current medical action plan completed by your child's GP before your child's first attending day. Bookings will NOT be accepted if your child's Medical management/action plan is not provided. Please be kindly reminded it is the families/Legal Guardians responsibility to provide cindi kindi with current/changing child medical management plans?)

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

Medical Action Plan attached

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

Medical Action Plan attached

Additional medical, health & safety matters?



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Please read the terms and conditions written below and sign to agree on the last page of this form:

I understand that positions are not always immediately available as staff: child ratios apply. I agree to pay the yearly enrolment fee of \$30.00 per child on the date of enrolment. Please note, you understand that any fees paid including enrolment fee is non-refundable or transferable.

1. FEES – PERMANENT BOOKINGS for BASC:

I hereby acknowledge that I am wholly responsible for all fees and charges payable to cindi Kindi OOSH. Please pay fees in advance or pay by close of business 6pm 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. Permanent days can only be cancelled by way of a written email from the authorized carer, inclusive of two weeks' notice from the date of the letter (all fees are still payable during this two week cancellation period).

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 texting the centre contact numbers (0431399299 or 0412575551 and/ or by visiting our centre). Casual sessions can be cancelled by calling/texting 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 the reduced 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 also required to be filled in if you require Vacation Care. 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.

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 Child Care Subsidy (CCS).

4. REFUNDS and/or transfers will not be given on any days/weeks of permanent care, or enrolment fees or additional charges set out in the below fee schedule:

5. FEE SCHEDULE:

| FEE SCHEDULE: CINDI KINDI OOSH | Price: 2019 |
|--|--------------------|
| (Before School Care) Permanent booking | \$20.00 |
| (Before School Care) Casual booking | \$25.00 |
| (After School Care) Permanent booking | \$24.00 |
| (After School Care) Casual booking | \$30.00 |
| (Vacation Care) Pre- booked | \$53.00 |
| (Vacation Care) Casual- after holidays commence | \$59.00 |
| Unpaid BASC fees (per week) | \$10.00 |
| Annual Enrolment Application Fee (per child) | \$30.00 |
| 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 |

6. ABSENCES: It is always the responsibility of the enrolling 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.

7. 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. Whether your child/ren attend or not?

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.

8. 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:



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

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.

10. Additional information/friendly reminders:

Fees may increase at any time; however the centre will endeavour to give at least two weeks 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.

Breakfast is available to children during Before School Care only from **7am until 8am** only. 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.
- Follow and participate in the cindi kindi centre goals and consequences.
- 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 Full Name: _____ Date: ____/____/20____
 2. Child's Full Name: _____ Date: ____/____/20____
 3. Child's Full Name: _____ Date: ____/____/20____
 4. Child's Full 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.



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| I give the staff of Cindi Kindi & the Approved Service Provider the authority to: | Tick | Tick | Please initial to indicate you have read and understood this information |
|--|--------------------------|--------------------------|--|
| | Yes | No | |
| 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: <ul style="list-style-type: none"> Give permission for medical treatment, administration of medication, and sign incident reports for my child 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"/> | _____ |
| I authorise cindi kindi staff to seek medical treatment from a registered medical practitioner, hospital, dentist and/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: <ul style="list-style-type: none"> To watch G or PG movies selected by staff To use paint and hairspray 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 requested a copy of the Cindi Kindi Handbook. | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Parent/Guardian/Person with Parental Responsibility
and agreed to the Cindi Kindi Complying Written Agreement:

Signature: _____
Full Name: _____
Date: _____/_____/20_____

Parent/Guardian/Person with Parental Responsibility

Signature: _____
Name: _____
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!

Friday, 16 November 2018