

2023 Enrolment Form

Welcome

Thank you for enrolling your child with MOOSH. We are dedicated to the care and wellbeing of your child. Our aim is to provide high quality care and education personalised to the individual interests of children.

MOOSH provides:

- ★ A secure and safe environment
- ★ Fun, leisure based activities and experiences based on an approved learning framework.
- ★ Guidance and support from experienced / trained staff members
- ★ Quality resources and equipment
- ★ An action packed and fun Vacation Care Program

Getting started

Complete all sections of this form by hand or electronically, print and sign where indicated. Using the checklist below, ensure you have copies of all relevant documents.

Return this completed form and copies of relevant documents by mail, in person, or email moosh@uhcs.org.au

Before we can begin caring for your child, this form must be completed and processed in full.

Location: Bowman Park Community Centre, 26 Skellatar Street, Muswellbrook

Postal: PO Box 231, Muswellbrook NSW 2333

Phone: 6541 3205

Email: moosh@uhcs.org.au

Website: uhcs.org.au/moosh

Attached documents checklist

Please ensure copies of all applicable documents are included with your application before submission:

Supplied N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of AIR Immunisation History Statement - obtained through Medicare |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent Customer Reference Number (CRN) and date of birth |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Customer Reference Number (CRN) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of birth certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of proof of address |
| <input type="checkbox"/> | <input type="checkbox"/> | Medication Administration Form (If your child has a conditions) |
| <input type="checkbox"/> | <input type="checkbox"/> | A Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Documents regarding additional needs or diagnosed disability |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Risk Minimisation Plan & Risk Communication (If your child has a condition) |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide Action Plan (If your child has a conditions) |



**UPPER HUNTER
COMMUNITY SERVICES INC.**

This service is provided to you by Upper Hunter Community Services Inc.
QEI Community Centre • Cnr Bridge & Market Sts, Muswellbrook
Phone: 02 6542 3555 • www.uhcs.org.au

Child Care Subsidy

If you wish to claim the Child Care Subsidy, you need to provide one parent account holder and child reference number (CRN number) along with the claiming parent's date of birth. It is the account holder's responsibility to register for Child Care Subsidy (CCS) through the **myGov website** of Family Assistance Office **136 150**. Full fees are payable in advance until (CCS) is confirmed on HubWorks. Once MOOSH has processed your enrolment form, you will then need to confirm enrolment for each child in your myGov account and digitally sign the CWA to consent to MOOSH receiving the Child Care Subsidy.

Enrolment fee

An enrolment fee of \$40 per child is charged annually in January or on application for a new enrolment. The enrolment fee is payable upon enrolment and is required in order to secure your child's position.

Children's needs

A Nominated Supervisor will discuss your child's additional needs with you before care commences. MOOSH has a duty of care to ensure the safety and wellbeing of everyone attending the centre. To ensure MOOSH adheres to this regulation, we may need to engage Inclusion Support, authorisation forms for the administration of medicine, the implementation of medical management and action plans, and menus to accommodate dietary/cultural requirements.

How did you hear about us?

Word of mouth Advertisement Website Internet search Social media

Other

1. Child's details QA-7

Education and Care Services National Regulations - Regulation 160 (3a,e)

Child 1

Family name

Given names

Preferred first name

Date of birth

Gender Male Female Other

CRN: Parent and child have their own individual CRN

Address

Child normally lives with

Country of birth

School attending

Grade in 2023

Child 2

Family name

Given names

Preferred first name

Date of birth

Gender Male Female Other

CRN: Parent and child have their own individual CRN

Address

Child normally lives with

Country of birth

School attending

Grade in 2023

2. General information QA-7

Child 1

Does the child attend another service Yes No

Child 2

Does the child attend another service Yes No

3. Cultural considerations QA-7

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Child 1

Language spoken at home

Ethnicity

Religion and religious celebrations or practices you would like followed

Is the child of Aboriginal, Torres Strait Islander or both?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

Cultural practices you would like followed

Child 2

Language spoken at home

Ethnicity

Religion and religious celebrations or practices you would like followed

Is the child of Aboriginal, Torres Strait Islander or both?

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

Cultural practices you would like followed

4. Court orders/parenting orders or plans relating to the child/ren

Education and Care Services National Regulations - Regulation 160 (3c, d)

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?

- Yes No

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

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

- Yes No

Child 2

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?

- Yes No

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

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

- Yes No

(If yes, please provide a copy of any court order or agreements with this enrolment application and describe these changes and provide the contact details of any person given these powers)

5. Favourite food, interests, hobbies, fears & phobias QA-1

Child 1

Child 2

6. Child's medical details & health conditions QA-2

Child 1

Does your child have any medical, allergies or health conditions?

Yes, complete this section, No, move to Section 11

Child's allergies these can include insect stings, food (e.g nuts, eggs, peanuts) animals, latex, medication or other.

Name of medical specialist or doctor who may be currently treating your child for this condition

Phone contact

Address

- Risk of anaphylaxis Yes No
- Has a doctor diagnosed this allergy? Yes No
- Does your child have a current Action Management Plan? Yes No
- Has your child been prescribed an adrenaline auto injector? Yes No

Child 2

Does your child have any medical, allergies or health conditions?

Yes, complete this section, No, move to Section 11

Child's allergies these can include insect stings, food (e.g nuts, eggs, peanuts) animals, latex, medication or other.

Name of medical specialist or doctor who may be currently treating your child for this condition

Phone contact

Address

- Risk of anaphylaxis Yes No
- Has a doctor diagnosed this allergy? Yes No
- Does your child have a current Action Management Plan? Yes No
- Has your child been prescribed an adrenaline auto injector? Yes No

If your child has been prescribed an adrenaline auto injector, you will need to provide this to the Service (and renew prior to expiry date).

Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

Parent signature

Date

7. Dietary requirements

Child 1

Does your child have any special dietary requirements or restrictions? Yes No

If yes, list food and details

Child 2

Does your child have any special dietary requirements or restrictions? Yes No

If yes, list food and details

8. Medical conditions other than allergies, and anaphylaxis

(Asthma, severe asthma, epilepsy, diabetes or other)

Child 1

Medical condition/s

Has a doctor diagnosed this condition?

Yes No

Does your child have a current Medical Management Plan (e.g ASCIA Asthma Plan)

Yes, please attach plan No

Child 2

Medical condition/s

Has a doctor diagnosed this condition?

Yes No

Does your child have a current Medical Management Plan (e.g ASCIA Asthma Plan)

Yes, please attach plan No

9. Request for child to self-administer prescribed medication

Child 1

Do you agree to your child independently self-administer their own medication?

Education and Care Services National Regulations - Regulation 96.

Yes No

Medication your child has permission to self-administer e.g asthma reliever, enzymes for cystic fibrosis

Doctor's name

Medical practice

Phone No.

Parent signature

Date

Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

Child 2

Do you agree to your child independently self-administer their own medication?

Education and Care Services National Regulations - Regulation 96.

Yes No

Medication your child has permission to self-administer e.g asthma reliever, enzymes for cystic fibrosis

Doctor's name

Medical practice

Phone No.

Parent signature

Date

10. Medication agreement

Medication will only be administered if:

- ★ it is prescribed by a medical practitioner
- ★ it is in the original container with the original label
- ★ the label contains the child's name
- ★ instructions and dosage can be clearly read
- ★ expiry date or use by date is valid
- ★ any verbal or written instructions provided by the medical practitioner must be provided by the parent/s

Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on the **Administration of Authorised Medication** form.

Parent signature

Date

Education and Care Services National Regulations: Regulation, 95 / Education and Care Services / National Regulations Regulation 93

11. Immunisation

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Child 1

Air Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded?

Yes No

Air Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.

Yes No N/A

Air Immunisation History Form is completed by GP/nurse when the AIR does not have a record of immunisations and a catch up schedule has been initiated.

Yes No N/A

Child 2

Air Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded?

Yes No

Air Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.

Yes No N/A

Air Immunisation History Form is completed by GP/nurse when the AIR does not have a record of immunisations and a catch up schedule has been initiated.

Yes No N/A

12. Children's health information

Child 1

Is the child undergoing assessment or diagnosed with a disability?

Yes No

*If yes, your child's position may be contingent to our service accessing adequate support from Inclusion Support Services (ISS). A risk assessment will need to be completed PRIOR to your child's enrolment to determine support required. Please discuss this with Coordinator.

Please be advised and understand that ISS approval may take time to process after submission of application.

Has the child been diagnosed with any of the following?

Child 1

Asthma Yes No
Epilepsy/seizures Yes No
Downs syndrome Yes No
Diabetes Yes No
Social/emotional disorder Yes No
Allergies Yes No
Anaphylaxis Yes No
Hearing impairment Yes No
Asperger's Yes No
Autism Yes No
ADD, ADHD or OCD Yes No
Food sensitivity Yes No
Communication delay Yes No
Global delay Yes No
Behavioural disorders Yes No
Physical restrictions Yes No
Other if yes, provide details Yes No

Child 2

Is the child undergoing assessment or diagnosed with a disability?

Yes No

Child 2

Asthma Yes No
Epilepsy/seizures Yes No
Downs syndrome Yes No
Diabetes Yes No
Social/emotional disorder Yes No
Allergies Yes No
Anaphylaxis Yes No
Hearing impairment Yes No
Asperger's Yes No
Autism Yes No
ADD, ADHD or OCD Yes No
Food sensitivity Yes No
Communication delay Yes No
Global delay Yes No
Behavioural disorders Yes No
Physical restrictions Yes No
Other if yes, provide details Yes No

If your child has any of the conditions listed on page 8, you will be required to complete the following plans and submit with this enrolment form: (if relevant).

If not, please move on to no. 13

Child 1

Name:

Complete a Risk Minimisation Plan Yes N/A

Complete a Risk Communication Plan Yes N/A

Provide Action Plan Yes N/A

Provide Medical Health Plan Yes N/A

Is prescribed medication required? Yes No

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication

has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

Education and Care Services National Regulations Regulation 95

Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.

Education and Care Services National Regulations Regulation 93

Hand all medications to staff, **No medication is to be left child's bag** Yes N/A

Provide Asthma inhalers, Epipen and any other needed to staff. Yes N/A

Complete a Medication Authorisation Form Yes N/A

Child 2

Name:

Complete a Risk Minimisation Plan Yes N/A

Complete a Risk Communication Plan Yes N/A

Provide Action Plan Yes N/A

Provide Medical Health Plan Yes N/A

Is prescribed medication required? Yes No

Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication

has been prescribed by a medical practitioner:

- The label must contain the child's name and
- Parents must provide any verbal or written instructions provided by the medical practitioner.

Education and Care Services National Regulations Regulation 95

Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.

Education and Care Services National Regulations Regulation 93

Hand all medications to staff, **No medication is to be left child's bag** Yes N/A

Provide Asthma inhalers, Epipen and any other needed to staff. Yes N/A

Complete a Medication Authorisation Form Yes N/A

13. Health care information QA-7

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Child 1

Medicare no.

Reference no.

Expiry date

Doctor's name

Doctor's phone no.

Doctor's address

Dentist's name

Dentist's phone no.

Dentist's address

Private health fund (if applicable)

Membership no.

Ambulance cover Yes No

Child 2

Medicare no.

Reference no.

Expiry date

Doctor's name

Doctor's phone no.

Doctor's address

Dentist's name

Dentist's phone no.

Dentist's address

Private health fund (if applicable)

Membership no.

Ambulance cover Yes No

14. Child Care Subsidy (CCS) information QA-7

Will you be claiming Child Care Subsidy?

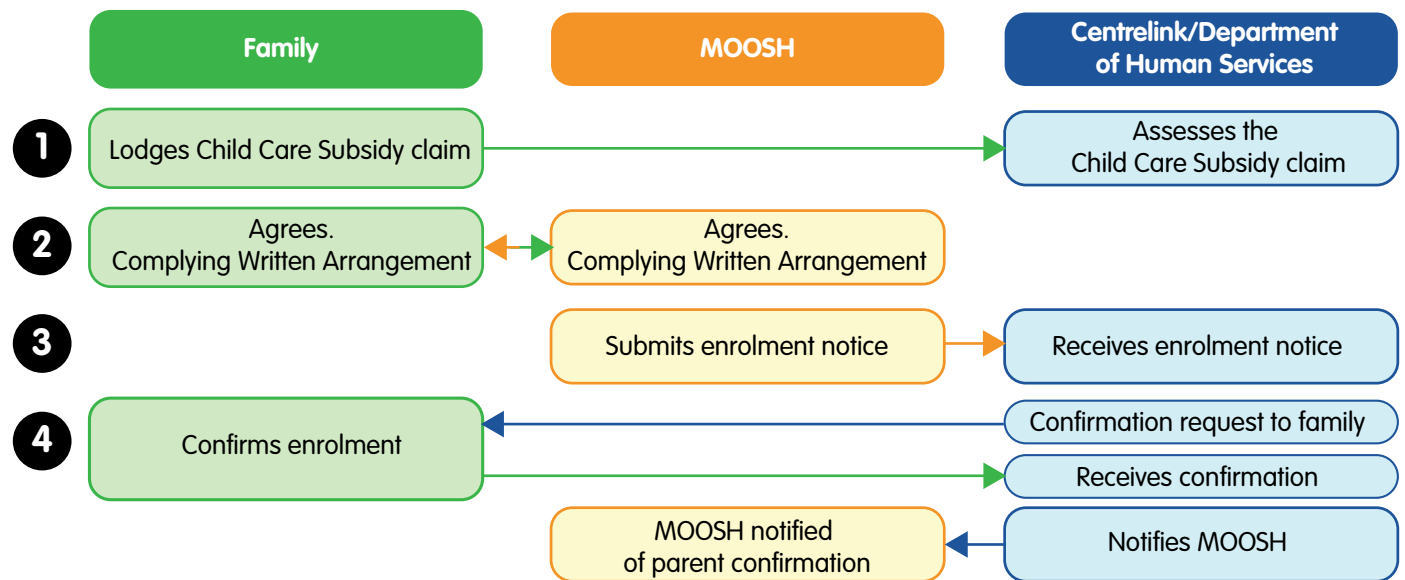
Yes No if no, full fees apply

Full fees will be charged until CCS is applied

How to register for CCS:

1. Go to your **myGov** online account and select Child Care Subsidy from the menu.
2. Once MOOSH has submitted your enrolment details into HubWorks you will need to confirm enrolment to activate CCS to be paid.
3. Upon enrolment, you will be required to digitally sign a Complying Written Arrangement (CWA) through your myGov account. A CWA is a written agreement between MOOSH and families to give care in return for fees.
4. Please ensure correct details are provided to MOOSH. If there is a digit wrong or different information to what the CCSS has, your enrolment cannot be created.

Four main steps to enrol a child with MOOSH when claiming the Child Care Subsidy from Centrelink.



15. Parent/guardian information QA-7

Education and Care Services National Regulations - Regulation 160 (3b)

Parent/Guardian 1

Account holder/ccs claimer

Responsible for fees

Family name

Given names

Date of birth

Relationship to child

CRN

Phone (home)

Phone (work)

Phone (mobile)

Email

Address

Postcode

Authority to collect

 Yes No

Does the child/ren live with you?

 Yes No

Are you an Australian Resident?

 Yes No

Are you an essential worker?

 Yes No

Languages spoken at home

Relevant cultural background details

Occupation

Employer

Work hours

Parent/Guardian 2

Family name

Given names

Date of birth

Relationship to child

CRN

Phone (home)

Phone (work)

Phone (mobile)

Email

Address

Postcode

Authority to collect

 Yes No

Does the child/ren live with you?

 Yes No

Are you an Australian Resident?

 Yes No

Are you an essential worker?

 Yes No

Languages spoken at home

Relevant cultural background details:

Occupation

Employer

Work hours

17. Permanent Booking Details QA-6

Child 1

Tick the days required.

Before School Care (BSC)

6:30am-9:00am

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Requested start dates

After School Care (ASC):

3:00pm-6:00pm

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Requested start dates

Casual Care

An additional \$2 per session. Please book with staff as required

Requested start dates

Roster Care

Booking must be provided at least a month ahead. Please provide booking requirements in writing.

Requested start dates

Vacation Care (VC): 6:30am-5:30pm

Please note that this booking is a separate booking for each VC period. This will be emailed to families prior to each VC.

Please book with staff as required.

Child 2

Tick the days required.

Before School Care (BSC)

6:30am-9:00am

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Requested start dates

After School Care (ASC):

3:00pm-6:00pm

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Requested start dates

Casual Care

An additional \$2 per session. Please book with staff as required

Requested start dates

Roster Care

Booking must be provided at least a month ahead. Please provide booking requirements in writing.

Requested start dates

Vacation Care (VC): 6:30am-5:30pm

Please note that this booking is a separate booking for each VC period. This will be emailed to families prior to each VC.

Please book with staff as required.

17. Emergency Contacts/Authorised Nominees QA-7

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please list the name(s) (other than parent(s)/guardian(s) authorised to collect your child Any person that is not on the list WILL NOT be able to collect your child unless the centre receives a written or verbal permission.

Please obtain the person's consent before listing them as an emergency contact.

First emergency contact – Authorised Nominee

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

Full name	<input type="text"/>	Email	<input type="text"/>
Relationship to child	<input type="text"/>	Address	<input type="text"/>
Phone (home)	<input type="text"/>		
Phone (work)	<input type="text"/>		
Phone (mobile)	<input type="text"/>		

Can this person be contacted to collect your child Yes No

Parent signature	<input type="text"/>	Date	<input type="text"/>
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Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? Yes No

Parent signature	<input type="text"/>	Date	<input type="text"/>
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Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? Yes No

Parent signature	<input type="text"/>	Date	<input type="text"/>
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Can this person give authorisation for the Service to take the child on regular outings?..... Yes No

Parent signature	<input type="text"/>	Date	<input type="text"/>
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Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?..... Yes No

Parent signature	<input type="text"/>	Date	<input type="text"/>
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18. General Permission and Consents QA-7

The following permission and consents are for:		Tick YES to provide consent	
		Child 1	Child 2
Information handbook	I have read and understand the information in the handbook.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Absences from MOOSH	Fees are payable for public/bank holidays, family holidays and sick periods if those days fall on a day that your child is booked onto MOOSH.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Centre closures	No fees are charged while the centre is closed over the Christmas period.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child absence	I agree to notify MOOSH if my child is absent from the centre on the day they are booked in. Should I not notify the centre of my child being absent, I will incur a search fee.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Late fee	MOOSH is open: BSC: 6.30am-9.00am, ASC: 3.00pm-6.00pm and Vacation Care & Pupil Free Days: 6.30am-5.30pm. A late fee will be charged if children are not collected before closing time, \$20 per 5 minutes or part thereof. There will be no waiver of this late fee policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Payment of fees	I understand that the fees must be paid on time, that my child's place at MOOSH 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. Fees MUST be kept two weeks in advance at all times.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Behaviour policy	I have read and understand the information in the Behaviour Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Photography and Facebook	I agree to my child/ren being photographed at the service and all photographs may be use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Inside the building	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	For promotional material on UHCS Facebook	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	On Community Facebook pages	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	In newspaper articles relating to MOOSH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Face painting/ hair spray	I allow my child/ren to have their face painted.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	I allow my child/ren to have coloured hair sprays on their hair.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Videos/movies/ games	I agree to my children watching videos/movies/games at the service with a G or PG rating.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Transportation Authorisation Education and Care Services National Regulations - Regulation 102(4), 102D (4)	I agree to the staff at the service to transport my child/ren to and from the service to excursions/activities or school by mini bus or personal vehicle.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	I agree and understand my child/ren will be transported to and from MOOSH with Osborns School Buses. (Risk Assessments Provided by Osborns Buses)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
MOOSH will seek separate authorisations from a parent/ carer or authorised person who is authorised to transport the child or arrange transportation for the child for:		Signature <input style="width: 100%; height: 20px;" type="text"/>	Signature <input style="width: 100%; height: 20px;" type="text"/>
<ul style="list-style-type: none"> regular outings (once every twelve months) an excursion that is not a regular outing 		Date <input style="width: 100%; height: 20px;" type="text"/>	Date <input style="width: 100%; height: 20px;" type="text"/>

The following permission and consents are for:		Tick YES to provide consent	
		Child 1	Child 2
Sunscreen	I agree to the use of sunscreen applied on my child/ren at the service. If not, I agree to provide sunscreen.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notification of arrival and departure at MOOSH.	I agree to sign my child in and out on the appropriate documentation at the centre on arrival and departure each day they attend the MOOSH.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Child belongings	I agree that MOOSH is not responsible for damage, lost or stolen items.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Electronic devices	I agree to adhere to this policy. Children will only be allowed to be on their own devices when completing homework tasks or permission is given by staff. Staff will have the right to check the content to make sure it is appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
CCS payments	I agree it is my responsibility to register for Child Care Subsidy (CCS) and that full fees are to be paid in advance until CCS has been confirmed.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fees	I am aware full fees for a permanent booking are per child: <ul style="list-style-type: none"> • Before School Care: \$25.00 (includes bus fare) • After School Care: \$29.00 (includes bus fare if not in possession of a paid pm bus pass) • \$2 surcharge for casual attendance • Vacation Care and Pupil free days \$58.00 	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

19. Medical Permissions

		Tick YES to provide consent	
The following permission and consents are for:		Child 1	Child 2
Medical Assistance	I agree to the staff at the service seeking medical treatment for my child/ren from a registered medical practitioner, hospital or Ambulance Service AND transportation by Ambulance Service as required. If an ambulance is called and the child/ren transported, I agree to pay all medical costs in this instance.	Signature <input type="text"/> Date <input type="text"/>	Signature <input type="text"/> Date <input type="text"/>
First Aid Treatments	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.	Signature <input type="text"/> Date <input type="text"/>	Signature <input type="text"/> Date <input type="text"/>
Administration of Asthma First Aid	I agree that if my child/ren has difficulty breathing whilst at MOOSH, a staff member with a current First Aid Certificate may administer medication from the services Asthma First Aid Kit.	Signature <input type="text"/> Date <input type="text"/>	Signature <input type="text"/> Date <input type="text"/>
Administration of Medication in case of emergency	I hereby authorise the staff to administer an age/weight appropriate dose of Panadol to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.	Signature <input type="text"/> Date <input type="text"/>	Signature <input type="text"/> Date <input type="text"/>
Give permission to apply Band-Aids		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give permission to apply Stingoes as required		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Give permission to apply mosquito repellent		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Tick to signify you understand & agree
1. I have read and understand the centre's procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (which may be by notice from time to time by the centre at its sole discretion).	<input type="checkbox"/>
2. The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/ren.	<input type="checkbox"/>
3. I must strictly comply with the policies and procedures at all times.	<input type="checkbox"/>
4. The information provided in this enrolment record is to the best of my knowledge correct.	<input type="checkbox"/>
5. I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record	<input type="checkbox"/>
6. When caring for my child/ren the centre will rely on the information provided by me in this enrolment record, in any notice of change and any other instructions and information I give to the centre.	<input type="checkbox"/>
7. I am totally responsible for the accuracy of the information and my compliance with the policies and procedures	<input type="checkbox"/>
8. I am totally responsible for my emergency contact/s about the policies and procedures whom I authorise to visit, deliver and or collect my child/ren to/from the centre or any other place.	<input type="checkbox"/>
9. I must inform any other person/s about the policies and procedures and that they must strictly comply with them	<input type="checkbox"/>
10. I understand that MOOSH is a NO NUT centre and I will adhere to this policy.	<input type="checkbox"/>
11. I understand that MOOSH is a NO EGG centre and I will adhere to this policy.	<input type="checkbox"/>

Your Permission:

I, (Parent / Guardian Name) have read and understood the above information and agree to give my permission.

Signature Date

20. Declaration

A person with Lawful Authority of the child/ren referred to in this enrolment form:
 Declare that the information in this enrolment form is true and correct:

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate. Parent/Guardian's full name (PLEASE PRINT)

Signature Date

Please don't hesitate to contact us if you have any questions or concerns. Thank you for choosing MOOSH

SAVE FORM

20. Office Use Only - QA

Enrolment date

Start date

Enrolment processed in full..... N/A Yes No

Accompanied with the attachments:

Copy of immunisation history statement - obtained through Medicare..... Yes No

Copy of birth certificate Yes No

Any relevant court orders or custodial orders N/A Yes No

Copy of proof of address Yes No

Familie's CRNs Yes No

Signed CWA forms Yes No

Medication Administration Form (If your child has a conditions)..... N/A Yes No

Completed Risk Minimisation Plan (If your child has a conditions)..... N/A Yes No

Completed a Risk Communication Plan (If your child has a conditions) N/A Yes No

Provide Action Plan (If your child has a conditions) N/A Yes No

Comments

Signature

Date

We would like to acknowledge and pay our respects to the traditional custodians of the land on which we work and pay respects to Elders past, present and future.