



# Enrolment Form



# Toy Box Enrolment Form

## Welcome

Thank you for enrolling your child with Toy Box.

Toy Box is a not-for-profit organisation auspice by UHCS Inc. We provide parental support, educational programs, interactive games and socialisation for children aged 0-6 years in isolated areas of the Upper Hunter.

Our organised play sessions service more than 200 families covering 10 venues in isolated locations. Some families do not have access to a playgroup, Kindergarten or pre-school because of distance and transport.

Toy Box has two fully equipped trucks which travel 5 days a week to venues. Some of the Toy Box venues are attended in halls or schools.

Toy Box Staff aim to provide creative, educational and fun programs every visit.

## Getting started

Complete all sections of this form by hand or electronically. 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 submit via email link and attach an action plan if applicable\*.**

**Important: This form must be downloaded before filling in. Please download the form to your computer or mobile device, complete and save it, then email it to: [toybox@uhcs.org.au](mailto:toybox@uhcs.org.au)**

This form must be completed and processed in full.

**Postal:** PO Box 231, Muswellbrook NSW 2333

**Phone:** 6543 4877

**Email:** [toybox@uhcs.org.au](mailto:toybox@uhcs.org.au)

## ALL INFORMATION IS CONFIDENTIAL

Dear Parent

Fees are to be paid upon enrolling your child/children. Toy Box is a not-for-profit organisation.

\*If your child/children are Anaphylaxis, Diabetic, Asthmatic or have any other allergies, an action plan **MUST** accompany the enrolment form.

Parent Name

*Please enter your full legal name to formally provide consent.*

Parent Signature

Date

Toy Box Staff Name

Staff Signature

Date

**Toy Box looks forward to working with you and your family.**



The service is proudly provided by Upper Hunter Community Services Inc.  
QEII Community Centre, Cnr Bridge & Market St, Muswellbrook. Phone: 02 6542 3555. [www.uhcs.org.au](http://www.uhcs.org.au)

Venue Attended:

## Parents Details

### Parent 1

Family Name

First Name:

Address:

Phone No:

Mobile:

Email:

### Parent 2

Family Name

First Name:

Address:

Phone No:

Mobile:

Email:

### Carer Details

Surname

First Name:

Address:

Phone No:

Mobile:

Email:

Other children living at home:

Language spoken at home:

# Child/Children's Details *(List all enrolling children 0-6 years)*

## Child 1

Family Name

First Name:

Date of Birth

Immunisation up to date:  Yes  No

Allergies/ Disabilities:  Yes  No

Details:

Do you have an action plan?  Yes  No

Is your child of Aboriginal and/or Torres Strait Islander origin?  Yes  No

## Child 2

Family Name

First Name:

Date of Birth

Immunisation up to date:  Yes  No

Allergies/ Disabilities:  Yes  No

Details:

Do you have an action plan?  Yes  No

Is your child of Aboriginal and/or Torres Strait Islander origin?  Yes  No

## Child 3

Family Name

First Name:

Date of Birth

Immunisation up to date:  Yes  No

Allergies/ Disabilities:  Yes  No

Details:

Do you have an action plan?  Yes  No

Is your child of Aboriginal and/or Torres Strait Islander origin?  Yes  No

## Child 4

Family Name

First Name:

Date of Birth

Immunisation up to date:  Yes  No

Allergies/ Disabilities:  Yes  No

Details:

Do you have an action plan?  Yes  No

Is your child of Aboriginal and/or Torres Strait Islander origin?  Yes  No

# AGREEMENTS AND AUTHORISATIONS

1	I have read and agree to abide by all conditions of enrolment laid down in the current parent information booklet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	I understand I am fully responsible for supervising my child/ren at all times during the venue.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	I realise that while every care will be exercised in the management and safety of the children at the service, I agree to absolve the service from any liability in the case of an accident or illness that my child may incur during attendance at the service. In the case of illness or accident, I, or my child's carer will assume responsibility for my children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	In case of an emergency I agree to staff assisting with first aid and contacting the most appropriate emergency service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	I have read and understood the Service policies and am aware that they are in place to prevent injuries from occurring.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	I have read, understood and accept The Code of Conduct policy outlined in my parent information booklet, and will behave accordingly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	I am aware Toy Box has a manual handling policy. I will assist Toy Box Staff with the movement of equipment at my own risk and will not hold the service responsible for any injury.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	I consent to my child's photo being taken while at the service to be used on our closed Facebook page.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	I consent to my child's photograph, first name and age being used in the case of media coverage or publicity for the service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Agree to pay appropriate fees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Agree to notify Toy Box of any reason we will not attend Toybox as expected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Agree to notify Toy Box of any changes in contact details as soon as possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Are aware that Toy Box is a <b>NO NUT &amp; NO EGG</b> service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Are aware that there will be <b>NO SMOKING</b> on school/hall grounds/near the buildings/ inside the buildings and near the children.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15	Are aware <b>NO ANIMALS</b> (pets, like dogs ,cats) will be allowed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	I understand that dirty nappies are to be bagged and disposed of in outdoor bin or taken home (Not in Toy Box bin).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**When you have finished, please save this form and email it to: [toybox@uhcs.org.au](mailto:toybox@uhcs.org.au)**

**If you need assistance completing this form, please contact our team.**