MOOSH
MUSWELLBROOK OUT OF SCHOOL HOURS

2026 Enrolment Form

2026 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. 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, email, or go to uhcs.org.au/moosh-enrolment.

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

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: moosh@uhcs.org.au

Attached documents checklist

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

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

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 $45 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 _____

Philosophy Statement

MOOSH IS COMMITTED TO:

- Providing a safe, healthy, nurturing, stimulating and welcoming environment for school age children.
- Provide high quality care and education personalised to the individual needs and interests of the children.
- Educators recognise that child safety is paramount and will always advocate for child's safety and wellbeing.
- Offers a wide variety of experiences, which reflect the children's diversity, strengths, needs and interests.
- Our fun play-based programs are driven by National Quality Framework (NQF) My Time Our Place (MTOP).
- Understand that parents and families have busy lifestyles. We strive to create a supportive family atmosphere assisting to relieve any family pressure and providing quality care.
- We will always make time to listen, support and provide help and advice for each individual family.

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 2026

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 2026

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

Education and Care Services National Regulations - Regulation 94.

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 see attached 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 see attached 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

Parent signature

Date

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

Child 2

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

Education and Care Services National Regulations - Regulation 96.

☐ Yes ☐ No

Parent signature

Date

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.

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

Child 2

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

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 Question 13.

Child 1

Name:

Complete a Risk Minimisation Plan	☐ Yes	☐ No
Complete a Risk Communication Plan	☐ Yes	☐ No
Provide Action Plan	☐ Yes	☐ No
Provide Medical Health Plan	☐ Yes	☐ No
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	☐ No
Provide Asthma inhalers, Epipen and any other needed to staff.	☐ Yes	☐ No
Complete a Medication Authorisation Form.	☐ Yes	☐ No

Child 2

Name:

Complete a Risk Minimisation Plan	☐ Yes	☐ No
Complete a Risk Communication Plan	☐ Yes	☐ No
Provide Action Plan	☐ Yes	☐ No
Provide Medical Health Plan	☐ Yes	☐ No
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	☐ No
Provide Asthma inhalers, Epipen and any other needed to staff.	☐ Yes	☐ No
Complete a Medication Authorisation Form.	☐ Yes	☐ No

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

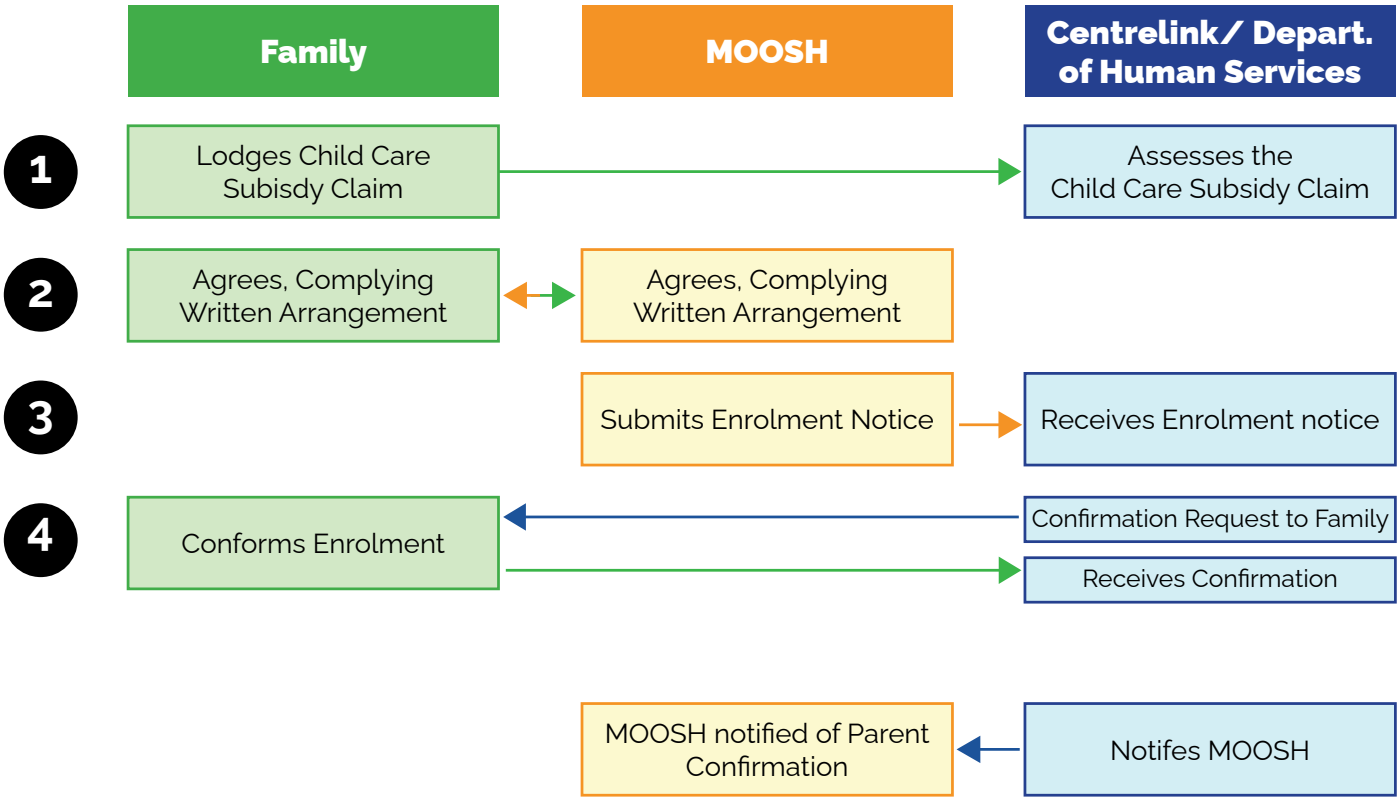
Will you be claiming Child Care Subsidy? ☐ Yes ☐ No *if no, full fees apply*

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)

Account holder/ccs claimer
Responsible for fees

Parent/Guardian 1

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

16. 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 (BSC)
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

An additional $1 per session. Booking must be provided for the entire term in advance. Please provide booking requirements in writing via email.

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 (BSC)
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

An additional $1 per session. Booking must be provided for the entire term in advance. Please provide booking requirements in writing via email.

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

Email

Relationship to child

Address

Phone (home)

Phone (work)

Mobile

Can this person be contacted to collect your child ☐ Yes ☐ No

Parent signature

Date

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

Date

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

Date

Can this person give authorisation for the Service to take the child on regular outings? ☐ Yes ☐ No

Parent signature

Date

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

Date

Authorisation to collect:

Children leaving the education and care service premises 99 (1) Sub regulation (4):

Authorised nominee:	Authorised Osborn's Bus Company Bus Driver
Registered name:	Reg Osborn Pty Limited – ACN - 000400313
Certificate of accreditation No.	7881
Phone number:	02 65 431 271
Email address	osborns@bigpond.net.au
Address	55 Maitland Street (PO Box 727) Muswellbrook NSW 2333

I understand and consent to my child/children being given into the care of Osborn's School Buses, driven by an authorised bus driver. ☐ Yes ☐ No

Parent/Guardian name _____ Date _____

Parent/Guardian signature _____

I understand that the authorised Osborn's bus driver's name will be recorded on the back of MOOSH's daily attendance sheet. ☐ Yes ☐ No

Parent/Guardian name _____ Date _____

Parent/Guardian signature _____

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.	☐ Yes	☐ 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.	☐ Yes	☐ Yes
Centre closures	No fees are charged while the centre is closed over the Christmas period.	☐ Yes	☐ 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.	☐ Yes	☐ 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.	☐ Yes	☐ 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 in advance at all times.	☐ Yes	☐ Yes
Behaviour policy	I understand that the health, safety and wellbeing of all children and educators is paramount. Behaviours that put this at risk will NOT be tolerated and will be managed in line with Policies and Procedures.	☐ Yes	☐ Yes
Photography and Facebook	I agree to my child/ren being photographed at the service and all photographs may be use:	☐ Yes ☐ No	☐ Yes ☐ No
	Inside the building	☐ Yes ☐ No	☐ Yes ☐ No
	For promotional material on UHCS Facebook	☐ Yes ☐ No	☐ Yes ☐ No
	On Community Facebook pages	☐ Yes ☐ No	☐ Yes ☐ No
	In newspaper articles relating to MOOSH	☐ Yes ☐ No	☐ Yes ☐ No
Face painting/ hair spray	I allow my child/ren to have their face painted.	☐ Yes ☐ No	☐ Yes ☐ No
	I allow my child/ren to have coloured hair sprays on their hair.	☐ Yes ☐ No	☐ Yes ☐ No
Videos/ movies /electronics/ games	I agree to my children watching videos/movies/games/ electronics at the service with a G or PG rating.	☐ Yes	☐ Yes
	I consent to my child viewing age-appropriate YouTube and Netflix content under educator supervision.	☐ Yes	☐ Yes

The following permission and consents are for:		Tick YES to provide consent Child 1	Child 2
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.	☐ Yes	☐ Yes
	I agree and understand my child/ren will be transported to and from MOOSH with Osborns School Buses. (A transportation risk assessment is in place in consultation with Osborns Buses.)	☐ Yes	☐ 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: • regular outings (once every twelve months) • an excursion that is not a regular outing	Signature Date	Signature Date
Sunscreen	I agree to the use of sunscreen applied on my child/ren at the service. If not, I agree to provide sunscreen.	☐ Yes ☐ No	☐ Yes ☐ 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.	☐ Yes	☐ Yes
Child belongings	I agree that MOOSH is not responsible for damage, lost or stolen items.	☐ Yes	☐ Yes
Electronic devices	I agree to adhere to this policy. In line with our Digital Technology and Child Safe Environment Policy, Electronic Devices including phones, smart watches, iPads are NOT permitted at MOOSH.	☐ Yes	☐ 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.	☐ Yes	☐ Yes
Fees	I am aware full fees for a permanent booking are per child: • **Before School Care:** $29.00 (includes bus fare) • **After School Care:** $32.00 (includes bus fare) • $2 surcharge for casual attendance • **Vacation Care and Pupil free days:** $64.00 • $1 surcharge for roster booking per session	☐ Yes	☐ Yes
Cancellations	A permanent and roster booking requires two weeks notice to cancel care. Casual and Vacation Care booking requires 24 business hours to cancel care	☐ Yes ☐ Yes	☐ Yes ☐ Yes

19. Medical Permissions

The following permission and consents are for:		Tick YES to provide consent 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 Date	Signature Date
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 Date	Signature Date
Administration of Asthma First Aid	I agree that if my chid/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 Date	Signature Date
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 Date	Signature Date
Give permission to apply Band-Aids		☐ Yes ☐ No	☐ Yes ☐ No
Give permission to apply Stingoes as required		☐ Yes ☐ No	☐ Yes ☐ No
Give permission to apply mosquito repellent		☐ Yes ☐ No	☐ Yes ☐ 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).	☐
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.	☐
3. I must strictly comply with the policies and procedures at all times.	☐
4. The information provided in this enrolment record is to the best of my knowledge correct.	☐
5. I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record	☐
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.	☐
7. I am totally responsible for the accuracy of the information and my compliance with the policies and procedures	☐
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.	☐
9. I must inform any other person/s about the policies and procedures and that they must strictly comply with them	☐
10. I understand that MOOSH is a NO NUT centre and I will adhere to this policy.	☐

Your Permission:

I, _____ ☐ Parent ☐ Guardian have read and understand 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

When you have finished, please save this form and email it to: moosh@uhcs.org.au
If you need assistance completing this form, please contact our team.

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.