

United OOSH Services

Before School Care – After School Care – Vacation Care

2025 Enrolment Form



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United OOSH Services Enrolment Form



- The Information Requested in this form is a requirement of the Education and Care Services National Regulations
- All Areas of this form must be completed; this is a requirement of enrolment. Please write as clearly as possible and mark areas that do not apply to you with N/A
- The information in this form is confidential and will be treated as such.
- A separate Health Care Plan must be completed each year by a registered medical practitioner for any allergy, asthma, anaphylaxis, behaviour conditions, epilepsy or food related health care needs.
- Any medication related to a health care need, must be provided to the centre prior to the child attending
- An enrolment form must be completed in its entirety BEFORE the beginning of the enrolment

Childs Details

Reg 160 (3) (a) (b) (e) (f) 162 (e)

Please note that an individual form should be complete for each child

Email Address for correspondence: _____

What school does your child attend? _____

Childs Surname: _____ Childs First Name: _____

Child's Preferred Name: _____ Childs Date of Birth: _____

Childs CRN Number: _____

Childs Gender: ☐ Male ☐ Female ☐ Gender Neutral

Home Address: _____

Childs Cultural Background: _____

Does your child have a Disability or Special Needs Status?

☐ Yes ☐ No

If yes, please provide more details, such as diagnosis, or specific needs. Please be as honest as possible to avoid any delays in processing your child's application. (Answer with N/A if not applicable):

Family Details

Reg 160 (3) (g) (h)

Does your family speak any languages other than English at home? _____

Family Information: Does your child identify as being of Aboriginal and/or Torres Strait Islander descent?

☐ Yes – Aboriginal ☐ Yes - Torres Strait Islander ☐ Yes – both ☐ No

Do you have any Religious/Cultural/Family practices that you would like to be respected at UOOSH?

Is there any significant information about your child/family that you feel we should be aware of? (Recent separation, past illness, trauma, change in family dynamics etc.)

This application for enrolment is being made by:

☐ Both Parents ☐ Mother ☐ Father ☐ Guardian

Parent Name: _____ Signature: _____ Date: _____

Guardian Details Reg 160 (b) (i)

Name of Person Responsible for the account: _____

Parent/Guardian First Name: _____ Last Name _____ Preferred Name: _____

Relationship to child: _____

Parent/Guardians CRN Number: _____ Date of Birth: _____

Home Phone Number: _____ Mobile Phone Number: _____

Address: _____

Email address: _____ Occupation: _____

Parent/Guardians Employer: _____ Work Address: _____

Work Phone Number: _____ Cultural Background: _____

Languages Spoken at Home: _____

Parent/Guardian Work Status:

☐ Working/Studying Fulltime ☐ Working/Studying Part-time ☐ Seeking work

Parent/ Guardian Details- Second parent/guardian Reg 160 (b) (i)

If you are a single parent/guardian, please leave this section blank

Name of Person Responsible for the account: _____

Parent/Guardian First Name: _____ Last Name _____ Preferred Name: _____

Relationship to child: _____

Parent/Guardians CRN Number: _____ Date of Birth: _____

Home Phone Number: _____ Mobile Phone Number: _____

Address: _____

Email address: _____ Occupation: _____

Parent/Guardians Employer: _____ Work Address: _____

Work Phone Number: _____ Cultural Background: _____

Languages Spoken at Home: _____

Parent/Guardian Work Status:

☐ Working/Studying Fulltime ☐ Working/Studying Part-time ☐ Seeking work

Custody Details Reg 160 (3) (c) (d)

Please note that any court orders/custodial agreements should be provided to the Centre upon enrolment. Please note that access to a child cannot be denied to a natural parent unless there is a relevant court order on file.

Child resides with:

☐ Both Parents ☐ Mother ☐ Father ☐ Shared Custody ☐ Other: _____

Other Children at home: _____

Are there any court orders, parenting orders or parenting plans relating to authorizations, duties, responsibilities etc. regarding the child or/and access to the child?

☐ Yes ☐ No

Are there any court orders (E.g. AVO/restrictions) relating to the child's residence or contact with a parent or other person?

☐ Yes ☐ No

Parent Name: _____ Signature: _____ Date: _____

Emergency Contacts & Authority to Collect Reg 160 (3) (b) (ii) (iv) (v)

- Please provide contact details for at least two authorized persons.
- It is important to inform the people listed as authorized persons that you have included them as an emergency contact for your child.
- Any person not familiar to staff will be asked to produce Photo Identification.
- Staff reserve the right to decline collection of a child to anyone they cannot verify or, they deem to be unsafe for any reason at the time.
- If the parent you wish to name as an authorized contact is also a parent of a child attending OOSH, please use the next section to add them.
- Please note that emergency contacts must be 18 years old or older

Authorized Person #1:

Surname: _____ First Name: _____ Relationship to Child: _____

Home Address: _____

Contact Phone Number: _____ Alternative Phone Number: _____

This person is aware that they are an authorized emergency contact for my child. ☐ Yes ☐ No

Can this person be **contacted** in an emergency? ☐ Yes ☐ No

Is this person **authorized to pick up** your child? ☐ Yes ☐ No

Can this person **authorize medical treatment** for your child, including medication? ☐ Yes ☐ No

Can this person **authorize an Educator** to take your child outside of the service? ☐ Yes ☐ No

Can this person **authorize transportation** of your child? ☐ Yes ☐ No

Authorized Person #2:

Surname: _____ First Name: _____ Relationship to Child: _____

Home Address: _____

Contact Phone Number: _____ Alternative Phone Number: _____

This person is aware that they are an authorized emergency contact for my child. ☐ Yes ☐ No

Can this person be **contacted** in an emergency? ☐ Yes ☐ No

Is this person **authorized to pick up** your child? ☐ Yes ☐ No

Can this person **authorize medical treatment** for your child, including medication? ☐ Yes ☐ No

Can this person **authorize an Educator** to take your child outside of the service? ☐ Yes ☐ No

Can this person **authorize transportation** of your child? ☐ Yes ☐ No

United OOSH Parent/Guardian

Please only fill in this section if you authorize a current United OOSH parent or Guardian to drop off and/or collect your child

#1 UOOSH Parent/Guardian Surname: _____

First Name: _____

Name of their child who attends UOOSH: _____

UOOSH Parent/Guardian Contact Number: _____

The Person named above is aware that they are authorized to collect my child. ☐ Yes ☐ No

#2 UOOSH Parent/Guardian Surname: _____

First Name: _____

Name of their child who attends UOOSH: _____

UOOSH Parent/Guardian Contact Number: _____

The Person named above is aware that they are authorized to collect my child. ☐ Yes ☐ No

Parent Name: _____ Signature: _____ Date: _____

Medical Information Reg 162 (a) (b) (c) (iii)

Name of Family Doctor: _____ Family Doctors Address: _____
Family Doctors Phone Number: _____
Family Dentist Name: _____ Family Dentists Address: _____
Family Dentists Phone Number: _____
Medicare Number: _____ Childs Number on Medicare Card: _____
Private Health Care? ☐ Yes ☐ No Private Health Care Fund Name _____ Private Health Care Number: _____ Any
dietary Restrictions? ☐ Yes ☐ No Food and/or food products to be avoided: _____

Allergies and Anaphylaxis Reg 162 (c) (iii) (d)

Please note that any child who has an allergy and/or Anaphylaxis is required to provide:

- ASCIA Action plan signed by a Doctor (Available at the Centre, online and/or through your Doctor's Medical Practice)
- EpiPen and/or any other prescribed medication is to be provided to the Centre with a prescription label attached to the original packaging - No enrolment will be accepted without this information

- Does your child have any **allergies** diagnosed by a doctor?

☐ Yes ☐ No ☐ Maybe (Being investigated)

What is your child allergic to? (Answer N/A if not applicable to your child): _____

If yes, is this a severe allergy (anaphylaxis): ☐ Yes ☐ No ☐ N/A

- Does your child have an **ASCIA Action Plan** for ALLERGY or ANAPHYLAXIS?

Yes – Allergy ☐ Yes – Anaphylaxis ☐ No ☐ N/A ☐

If yes, is this plan attached to your enrolment? ☐ Yes ☐ No ☐ N/A

- Has your child been hospitalized with a severe allergic reaction OR any other allergy? (Answer N/A if not applicable to your child): _____

- Have you completed a Risk Minimization Plan and Communication plan with UOOSH?

☐ Yes ☐ No - Please see management ☐ N/A

- Has your child been prescribed with an EpiPen?

☐ Yes ☐ No ☐ N/A

- Has your child been prescribed any other medication for this allergy?

☐ Yes ☐ No ☐ N/A

- Will you require this medication to be administered at UOOSH - if so please ensure that this has a prescribed label on it, in its original packaging.

☐ Yes ☐ No ☐ N/A

Name of Medication. (Answer N/A if not applicable to your child): _____

Parent Name: _____ Signature: _____ Date: _____

Asthma Reg 162 (c)

If your child has Asthma, please provide:

- An Asthma Action Plan signed by a doctor
- Asthma medication with a prescribed label attached in the original packaging Please note that enrolment will not be completed without the above information!

- Does your child have Asthma, diagnosed by a doctor?

☐ Yes ☐ No

- If yes, does your child have an Asthma Action Plan (please provide a copy to UOOSH before commencement of enrolment):

☐ Yes ☐ No

If yes, have you completed a Risk Minimization Plan and Communication Plan with UOOSH?

☐ Yes ☐ No

- Does your child require Asthma medication? If yes, please ensure that you provide a spacer, with a prescription label in its original packaging.

☐ Yes ☐ No ☐ N/A

Name of medication. (Answer N/A if not applicable to your child):

Other Medical Conditions Reg162(c)(d)

Please Include **diabetes, epilepsy, Autism spectrum disorder** or any other medical conditions where medication may be required e.g. **ADHD, ODD**, etc.

If your child has a medical condition please provide:

- Any documentation regarding diagnosis and any medications from a doctor.
- Any action plans and/or Risk Minimization Plans
- Any prescribed medication with label attached in the original packaging

Does your child have any other medical conditions?

☐ Yes ☐ No

If yes, please provide the name of the condition, management plan and any other details.

If yes, does your child require any medication for this medical condition?

☐ Yes ☐ No ☐ N/A

Name of medication: _____

Has your child been hospitalized for any other conditions not previously mentioned?

☐ Yes ☐ No ☐ N/A

If Yes, please provide details:

Permission for First Aid and Emergency Treatment Reg161(a)

I hereby give permission for my child to receive First Aid treatment as required. I authorize any medical treatment (including dental) for my child from a registered medical practitioner, hospital, or ambulance service.

I authorize transportation by ambulance for my child and I understand that any of the above and/or required treatment is at my own expense.

Name: _____ Date: _____

Signature: _____

Immunisation Record Reg162(f)

If this is your first time with us, please attach a copy of your child's ACIR immunization record.

This must show:

- That they are up to date and on schedule with all immunisations.
- That they are on a catch-up schedule to obtain all immunisations
- That they have a valid ACIR Immunisation exemption

Please note that the enrolment cannot be processed until one of these documents has been sighted by the Director or Nominated Supervisor.

Is your child fully immunized? ☐ Yes ☐ No

Information about your child

Tell us what your child likes or doesn't like, what else should we know?

Is there any information you want us to know about your child? If so, what? (likes/dislikes)

Are you concerned about your child's behaviour, emotional state, or social skills in anyway? If so, please explain:

What are your child's interests, hobbies and/or skills?

What would you, as a parent, like your child to do at UOOSH? What activities would you like to see in our program?

Parent/Guardian Permission

Please note that as indicated below by ticking yes or no, I give permission for the following.

I give approval for my child to watch or **play movies, programs and games rated G, or PG.**

☐ Yes ☐ No

I give permission for my child to be **photographed/recorded during daily programs** and to have those photos or recordings published **(In Centre only)**

☐ Yes ☐ No

I give permission for my child to be **photographed/recorded for use on the United OOSH Facebook** page - to keep families updated and informed of activities and outings Etc.*

☐ Yes ☐ No

I give permission for **my child to fully participate** in the program including, cooking, life skills, physical activities, use of the computers/internet, educational games and taking part in activities and experiences.

☐ Yes ☐ No

I give United OOSH Staff permission to **sign my child in/out and pick them up from school.**

☐ Yes ☐ No

I understand that I may be required to give **further permissions for authorizing my child to participate in excursions** and outings during the program. I further understand that all outings will have a risk assessment conducted to minimize risk and maximize experiences and that all risk assessments are available for me to view at the Centre.

☐ Yes ☐ No

I understand that my child's **Health Care Plans may be displayed** in the office, kitchen and/or staff room areas

☐ Yes ☐ No ☐ N/A

I give permission for UOOSH staff to assist and support my child to apply **sunscreen and insect repellent** when/if required

☐ Yes ☐ No

I give permission for the **administration of Ventolin** if required.

☐ Yes ☐ No ☐ N/A

I give permission for the **administration of an EpiPen** if required.

☐ Yes ☐ No ☐ N/A

I understand that in the event of an emergency where an undiagnosed child shows symptoms of an Asthma episode or Anaphylaxis is suspected, staff may administer Ventolin and/or an EpiPen.

☐ Yes ☐ No ☐ N/A

I give permission for my child to attend regular excursions to Sterling Park (next to the school)

☐ Yes ☐ No

I give permission for my child to attend regular excursions to Bonnyrigg Town Centre Park

☐ Yes ☐ No

I give permission for my child to attend regular excursions to Winnal Reserve

☐ Yes ☐ No

I (parent/guardians name) _____ **accept all the above as indicated.**

For my child (Child's name) _____

Signature: _____ Date: _____

Bookings

Please choose from the sessions below.

Before School Care.

BEFORE SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Fixed Bookings					
Casual Bookings					

After School Care.

AFTER SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Fixed Bookings					
Casual Bookings					

Vacation Care Program. During NSW School Holidays.

Vacation Care	Monday	Tuesday	Wednesday	Thursday	Friday
Fixed Bookings					
Casual Bookings					

Any further booking information? (Such as week on week off arrangements etc).

Parents/Guardians Declaration and Agreement

- I have completed all information on this form in full, and accurately, and agree to update the service of any changes, in writing & without delay. This includes, but is not limited to, updating health care & risk minimization plans.
- I understand and agree to complete all requirements for Childcare subsidy- having a MyGov account, accepting booking notifications and completing the confirmation of childcare agreement.
- I understand that all terms and conditions of the UOOSH Fees Policy, Parent Information Handbook, Enrolment Form and Policies and Procedures are available at my request. Any breach of terms and conditions for using the service, by my child/ren, self or other authorised third party, is at my own risk with the centre and management/staff not liable.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the Centre its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and/or us and/or Other Person/s failing to comply with any Policies and Procedures and/or due to the inaccuracy of the Information and/or omissions of the Others Person/s.
- I am aware that service policies are available in the parent area.
- I agree to electronically sign my child in &/or out at the correct time each session. I understand each contact person must have **their own pin & pins** are not to be shared.
- I agree to notify the centre when my child will be absent. Or risk termination of the enrolment agreement.
- I agree to notify the centre within 24 hours if my child has suffered any injury or illness whilst at the centre that required medical attention.
- I agree that, in the case of emergency, staff can take my child off the premises without prior notification.
- I understand and agree that my child/ren will participate in both emergency and lock down drills, including off-site drills (Area to be decided later). I understand and agree that no contact, including both parents, can collect my child from the evacuation meeting point.
- I understand that all staff and management are 'mandatory reporters' by child protection law and will notify human services when a child is at risk of significant harm.
- I understand that I am totally responsible for the suitability and actions of any person/persons, whom I authorise to visit, deliver and/or collect my child/ren from the centre or other place.
- I understand that my child's place at the centre may be jeopardised for reasons such as late payment of fees, continual late pick up of my child, continual non-notification of child's absence and continual unsafe or disruptive behaviour from my child.
- I agree to be an active part of the UOOSH program including coming to social events and completing surveys when required.
- I agree to abide by any procedures and practices outlined by the service during times of community illness or pandemic.
- I understand that the Centre is located on Department of Education Property and that I must conduct myself appropriately whilst on premises. This includes parking appropriately on school grounds.
- I declare, to the best of my knowledge, the information provided in this enrolment form is true and accurate.
- **I understand that United OOSH is collecting my personal information and that the information will be shared with the Australian government for the purpose of the childcare subsidy. I consent to United OOSH sharing this information with Australian government organisations**

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Signature:	Signature:
Date:	Date: 9

Transportation Reg 102D (1)(2)(4)(a)(b)(c)(e)(f)

For children who are collected and delivered to and from school and the Centre.

I understand that my Child will be picked up by United OOSH Services, for the **purpose** of transportation to and from their school and the United OOSH Services for the purpose of Before and After School Care, during the school term.

☐ Yes ☐ No ☐ N/A

I understand that my child will be transported via **minibus, van and/or buses** which are owned or rented by United OOSH Services.

☐ Yes ☐ No ☐ N/A

I understand that my child will be collected from, or transported to **their school, located at:**

I understand that the **duration** of transportation may vary depending on traffic and other children requiring collection and/or transportation to other schools and make take anywhere **between 5 – 45 minutes**. I understand that the specific durations are estimated in the risk assessments conducted and have sighted these. I further understand that it is my responsibility to inform UOOSH of any changes to bell times/finishing times.

☐ Yes ☐ No ☐ N/A

I understand the **number of children** being transported on any given day may vary **between 1 - 24 children**.

☐ Yes ☐ No ☐ N/A

I understand that the number of adults/Educators being transported will vary and understand that ratios and supervision will be always maintained. With a minimum of **1 Educator per vehicle** as outlined in the risk assessment.

☐ Yes ☐ No ☐ N/A

I understand that my child is required to **wear a seatbelt** while being transported.

☐ Yes ☐ No ☐ N/A

I am aware of a **risk assessment** being conducted by United OOSH Services, that is specific to my child's needs and that this is available to me, located in the Centre, along with written **policies and procedures** in place, at the Centre, and I understand that these are available to me.

☐ Yes ☐ No ☐ N/A

I understand that my child will be transported using the above information, every time my child is booked in to attend Before and After School care at United OOSH Services.

☐ Yes ☐ No ☐ N/A

I understand that I must inform United OOSH Services As soon as possible if I need to adjust or change my booking in any way including absences, or I may be charged a cancellation fee. I am also aware that United OOSH Services Transportation policy has a three-strike rule, stating that if I DO NOT notify the Centre by 12 pm on the day of my child's booking to cancel my booking and my child is absent, I will receive a strike. If I receive three strikes my enrolment may be cancelled.

☐ Yes ☐ No ☐ N/A

I (parent/guardian name): _____ accept all the above information regarding transportation for my child.

My Child's name _____ Signature: _____ Date: _____

Office Only:

Date received	Start Date	QK Entry	Priority Access?	Immunisation Sighted	CCS/ACCS	Transportation Authority	RMP/Action Plans	Notes