



Funtastic Gems Pty Ltd
ABN: 76 608 093 027
T: 0416548878
E: enquiries@funtasticgems.com.au
W: www.funtasticgems.com.au

OSHC Enrolment Form and Agreement

Your child will **NOT** be enrolled until every section of this form is completed & signed where required.

Please fill in black or blue pen and write in BLOCK letters ONLY

Name of school your child attends: _____

Name of Funtastic Gems OSHC service/ school: _____

Child's Details

First Name: _____ Last Name: _____ Age: ____ Year Level: _____

Gender: M / F DOB: _____ Cultural Background: _____

Child's Address: _____

Child's CRN Number: _____ Immunisation Current: Yes /No

Parent/ Guardian Details A (Account Holder)

Your contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

Parent/ Guardian 1

First Name: _____ Last Name: _____ DOB: _____

Parent CRN: _____ Cultural Background: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Email: _____ Relationship to child: _____

Parent/ Guardian Details B

Your contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

Parent/ Guardian 2

First Name: _____ Last Name: _____ DOB: _____

Parent CRN: _____ Cultural Background: _____

Address: _____

Phone: Home _____ Work _____ Mobile _____

Email: _____ Relationship to child: _____



Funtastic Gems Pty Ltd
ABN: 76 608 093 027
T: 0416548878
E: enquiries@funtasticgems.com.au
W: www.funtasticgems.com.au

Medical Information

Does your child have any needs in regards to the ability/ health that we should know about to provide them with the highest standard of care possible?

- None
- Allergies: _____
- Anaphylaxis: _____
- Special Needs: _____
- Disability: _____
- Asthma? _____
- Physical needs: _____
- Behavioural needs: _____
- Other: _____

Does any of the above needs require a management plan? Yes / No

IF YES, IS A MEDICAL MANAGEMENT PLAN SUPPLIED Yes / No

(Please note: It is the parent's responsibility to ensure that these documents are updated in writing at all times and supply the service with up-to-date medication. This includes Epipen's, Anapen's, and Ventolin etc.).

Has your child ever suffered from a serious illness, injury or required hospitalisation? Yes / No

Is your child currently taking a long term medication? Yes / No

Administer Allergies Medication Permission:

I, _____ consent & authorise the staff of Funtastic Gems to administer medication for allergies should this be considered necessary.

Parent/ Guardian Signature: _____ Name: _____

Date: _____

Panadol/ Medical/ Dental Permission:

I, _____ authorise the staff of Funtastic Gems to seek emergency medical or dental treatment for my child should they consider it necessary, (including the administration of an age appropriate dosage of liquid paracetamol).

Parent/ Guardian Signature: _____ Name: _____

Date: _____



Funtastic Gems Pty Ltd
ABN: 76 608 093 027
T: 0416548878
E: enquiries@funtasticgems.com.au
W: www.funtasticgems.com.au

Authorisation for medical treatment and transportation from a medical practitioner/ hospital and ambulance:

I, _____ authorise the staff of Funtastic Gems to seek immediate medical treatment from a registered practitioner/hospital/ambulance and agree for my child to be transported by ambulance on required.

Parent/ Guardian Signature: _____ Name: _____

Date: _____

Immunisation

Is your child immunization record up to date? Yes / No

IF YES, IS AN UPDATED IMMUNIZATION RECORD OF YOUR CHILD SUPPLIED Yes / No

NOTE: Your child's immunisation history will need to be provided to the centre and update at all times. If your child is unimmunised and you have a conscientious objection letter from your doctor, please make a copy available upon enrolment.

Parent please note: When a vaccine preventable disease is present or suspected at the centre, children who the centre **DOES NOT** have a complete record of immunisation for, will be treated as unimmunised and therefore will be excluded from the centre for the recommended period of time to protect the child and to prevent further spreading of the disease.

Doctor Details

Child's doctor: _____ Phone: _____

Address: _____

Medicare Number: _____ Number of Medicare: _____

Dentist Details

Child's dentist: _____ Phone: _____

Address: _____

Medicare Number: _____ Number of Medicare: _____



Funtastic Gems Pty Ltd
 ABN: 76 608 093 027
 T: 0416548878
 E: enquiries@funtasticgems.com.au
 W: www.funtasticgems.com.au

Emergency Contacts/ Authorised Collectors

Please provide two contacts that will be able to collect the child in case of emergency if the centre is unable to contact the parents.

Alternative contact information	Contact 1	Contact 2
Person's Name		
Relationship to child		
Home Address		
Home Phone		
Work Phone		
Mobile		
Emergency release	Yes / No	Yes / No
Authority to pick up	Yes / No	Yes / No
Is there anyone prohibited from having contact with or collect the child? Yes / No (Court order required if parent is prohibited)		

I give permission for the persons listed above to drop off and collect my child listed on this application. I further agree to keep the centre updated in writing of any changes to these contacts. I understand that in keeping with the Child Care Legislation my child will not be released into the care of a person under the age of 18 years, any person not listed on this form as a parent, emergency contact or authorised collector. I understand that non-custodial parents (as determined by a current court order only) will not be given access to the children.

Please Note: All collectors must be aware that they need to collect the child by close of business closing time (6pm). Failure to do so will result in a late collection fee of (\$40 fixed rate) after 6:30pm.

Parent/ Guardian

Name: _____ Signature: _____ Date: _____

Court Order

If a court order is in place, have you provided the required copies of any court order documents to Funtastic Gems? Yes / No

It is Funtastic Gems responsibility to ensure the child safety and permit or refuse permission for release of your child to a parent



Funtastic Gems Pty Ltd
ABN: 76 608 093 027
T: 0416548878
E: enquiries@funtasticgems.com.au
W: www.funtasticgems.com.au

Booking Details

I require Permanent Care Start date: _____

Permanent bookings only (please circle days required):

Before School Care	Mon	Tue	Wed	Thurs	Fri
After School Care	Mon	Tue	Wed	Thurs	Fri

Vacation Care (will be offered but booking is subjected prior to attendance)

I require Casual Care Start date: _____

Payments: An invoice will be sent to parents every week or 2 weeks as preferred from the starting day your child attends the centre. *(Please allocate child care payments details)*

What is your CCB%? _____ Are you eligible for CCR%? Yes / No

(IT IS RECOMMENDED THAT FAMILIES CONTACT THE FAMILY ASSISTANCE OFFICE ON 13 61 50 EACH TIME A NEW ENROLEMNT WITH A SERVICE IS CREATED TO ENSURE YOUR DETAILS RELATING TO YOUR CHILD CARE BENEFIT ARE CORRECT).

Method of payment: Please ensure you have an active Ezidebit payment arrangement in place with Funtastic Gems. A copy of the Ezidebit form can be found inside enrolment form.

Emergency bookings: In the instance of an emergency, bookings can be made on the day of attendance. Casual rates apply with no additional charges.

Cancellations: Cancellation to Before and After School bookings must be made at least 48 hours prior to the scheduled date of attendance. Otherwise full fees will be implied. If child is unable to attend due to illness, then the account may be credited by Funtastic Gems, upon receipt of a relevant medical certificate.

Annual Enrolment Fee: An annual enrolment fee of \$25 is charged annually to each family enrolment payable only when first usage occurs. Once enrolment has been finalized and confirmed a confirmation will be sent to your email.



Funtastic Gems Pty Ltd
ABN: 76 608 093 027
T: 0416548878
E: enquiries@funtasticgems.com.au
W: www.funtasticgems.com.au

Other Details About Your Child

Communication:

All correspondence about the centre is preferred to be emailed to all families. A hard copy of Funtastic Gems newsletter will be available online at www.funtasticgems.com.au every week to view.

Permission:

Foreign Substance

I authorise Funtastic Gems Outside School Hour Care staff to apply/ reapply sunscreen, lotions and repellents to my child's skin when necessary **Yes / No**

Birthdays

At times, children may bring in sweets along to celebrate with their friends (should **NOT** include egg or nuts). I give permission for my child to share birthday sweets **Yes / No**

Photographs & Publicity

I give permission for Funtastic Gems outside School Hour Care to take and use photographs of my child in the below categories (please tick)

- All forms of media
- None



Funtastic Gems Pty Ltd

ABN: 76 608 093 027

T: 0416548878

E: enquiries@funtasticgems.com.au

W: www.funtasticgems.com.au

Enrolment Agreement

Privacy

Funtastic Gems (Australia) Pty Ltd is collecting this information for the purpose of enrolling your child for the Outside School Hours School Care Program including Vacation Care. The information you have provided will be used for administration purposes and to contact you in the event of an emergency. It will not be disclosed to any other party in accordance with the Privacy Act 2002. If you fail to provide this information, the enrolment may not be processed.

By submitting this form I agree to the following terms and condition

- ✚ The information I have provided is accurate and correct.
- ✚ I have read and understand the Centre Information Booklet and agree to abide by the Policies, Procedures and conditions described therein.
- ✚ I understand that any changes to the permanent bookings will require 2 weeks' notice and that permanent bookings must be paid for regardless of my child attendance.
- ✚ I agree to pay all fees and charges when they become due and I understand that late fees will be charged for any overdue payments. I agree that I am liable for the costs of any debt recovery including administrative fees, debt recovery fees, Solicitor fees and disbursements incurred by Funtastic Gems outside School Hours Care as a result of my failure to pay the fees and charges for the service provided within the terms of payment. Furthermore, I acknowledge and agree that if my fees exceed \$150 then my child enrolment will be put on hold until payment arrangement has been communicated to director.
- ✚ I understand that if the CRN is incorrect or not provided and the date of birth for my child and myself I will not receive CCB discounted fees nor be entitled to the Child Care Rebate.
- ✚ In the event of an emergency, illness or accident concerning my child and centre staff being unable to contact me or other person so authorised by me, I consent to the centre seeking on my behalf, medical, dental, hospital and ambulance attention (**including transporting**) for my child and I accept full liability for any medical, dental, hospital and ambulance expenses as may be incurred.
- ✚ I hereby give permission for my child to attend excursions.
- ✚ I give permission for the application of sunscreen.
- ✚ I consent for the use of my child's photograph in professional journals and for centre publicity materials (no names will be given).
- ✚ Statements (which shows all charges & payments made in the previous month), will be issued monthly & invoices will be emailed fortnightly (please advise director for hard copy). Fees must be kept up to date at all times.
- ✚ Payment methods – Direct Credit
- ✚ I understand and agree that I must pay for days sick, absent if my child is booked in on these days subjected that a medical certificate is provided to be waived and fees credited back to my account.
- ✚ I agree to provide TWO weeks via email to Funtastic Gems director to change days or reduce bookings or full fee apply.
- ✚ Upon my child leaving the centre, any fees outstanding must be paid in full within seven days of receiving final invoice (susceptible to CCB% and CCR changes), or your account may be referred to a debt collection agency. I understand that any charges incurred from the collection agency will be added to my account.
- ✚ I understand the importance of signing the attendance list and agree to do so on each day of my child's booked attendance. I understand that failure to sign in and out correctly will result in full fees being payable without Child Care Benefit Reductions.
- ✚ Funtastic Gems Outside School Hour Care closes at 6:00pm. If you arrive after 6:30pm you will be charged a \$40 flat rate late fee.
- ✚ I will advise Funtastic Gems Outside School Hour Care immediately of any charges pertaining to my child's enrolment which includes change of home address, phone number, change in workplace, work phone number or change in work status. I understand that if my child's regular hours of attendance changes I will notify the director to ensure child:staff ratios are maintained through staff rosters.
- ✚ I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.



Funtastic Gems Pty Ltd

ABN: 76 608 093 027

T: 0416548878

E: enquiries@funtasticgems.com.au

W: www.funtasticgems.com.au

- ✦ Funtastic Gems does not accept any liability for personal injury, property damage, personal items or loss sustained by any participant as a result of his or her participation in the Before School Care, After School Care and/or Vacation Care Programs due to any cause whatsoever unless caused by proven negligence of Funtastic Gems, its directors or employees.
- ✦ I fully understand that if my child continuously demonstrates inappropriate behaviour after guidance have been followed, I will be notified and my child may be removed from the program.
- ✦ I understand that non payment fees may result in my child's exclusion from the program.
- ✦ I understand that Funtastic Gems staffs do not supervise my child until they are signed into the service.
- ✦ I understand that Funtastic Gems staffs do not supervise my child after they have been signed out of the service by a parent/guardian/ authorised person.
- ✦ I understand that Funtastic Gems will charge an annual Enrolment Fee on first usage of my account each school year until I advise Funtastic Gems my account is no longer required.
- ✦ I understand that my child can attend Funtastic Gems service only after I receive confirmation of Enrolment.
- ✦ I am responsible for communication all information to Centrelink and that all information provided in this enrolment is correct.
- ✦ I acknowledge and agree that if I become aggressive or have any inappropriate behaviour towards the stakeholders of the service and school grounds that my child bookings will be strictly put on hold and suspended until matter is dealt accordingly.
- ✦ I acknowledge and agree that if I do not book my child in for Vacation Care that my child will not be guaranteed a spot in the service. Vacation excursion is subjected to 20 children bookings ONLY and if I drop my child on the excursion day and numbers are full that Funtastic Gems has the right to not accept the child regardless.
- ✦ I acknowledged and agree to that all documentations are COPYRIGHT to **ONLY Funtastic Gems.**

I _____ agree to the terms and conditions listed above.

Attached all required documents including necessary medical action plan and updated immunization record Yes / No

Attached a completed Ezidebit form Yes / No

This enrolment form is invalid unless an Ezidebit arrangement is in place and all required actions/ medical management plans are supplied.

Print Name: _____

Parent Signature: _____

Date: _____