

Qualified Educators
Experienced Team
Convenient Location
Value for Money
Safe Environment
Fun for Kids
Variety in activities
Homework Club
Healthy Food
Caring Staff

Beechwood Out of School Hours Care



quality care when you can't be there

0417 699 026

ADDRESS

Beechwood Parents & Citizens Association
ABN: 60 143 682 484
614 Beechwood Road, BEECHWOOD NSW 2446

CONTACT

Phone: 0417 699 026
Email: bpsboosh@gmail.com

2024

Enrolment Form

Please complete the form below and provide any attachments requested. Incomplete enrolments will not be accepted.

All information contained in this enrolment form is regarded as confidential. Please see our Privacy Policy for more information on use and disclosure of family information.

Please read each section carefully before completing and signing. Please complete a separate form for each child you are enrolling. The Service is not responsible for any errors or failure to update information provided by a family in completing this form.

You will be notified when your application is approved.

A \$100 deposit is payable upon acceptance of this application.



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Enrolment Form

CHILD DETAILS

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Country of Birth	
Is your child of Aboriginal or Torres Strait Islander origin?	
Cultural background: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander Other please specify:	
Are there any religious considerations we should be aware of?	
Language(s) spoken at home	
Home Address	
Suburb	
Postcode	
CRN Number (Child)	
Account Holders CRN	

The account holder is the parent/guardian registered to CCS.





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PARENT / GUARDIAN DETAILS

Parent / Guardian A

Note: This will be the first person contacted in case of Incident, Injury or Emergency. This will also be the primary contact for Child Care Subsidy purposes

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Relationship to Child *	
Email Address *	
Mobile Number *	
Work Phone (Optional)	
Home Phone	
Address*	
Suburb*	
Postcode*	
State *	
Are you of Aboriginal or Torres Strait Islander origin?	
Cultural background:	
Language(s) spoken at home:	





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Enrolment Form

PARENT / GUARDIAN DETAILS

Parent / Guardian B

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Relationship to Child	
Email Address	
Mobile Number	
Work Phone (Optional)	
Home Phone	
Address	
Suburb	
Postcode	
State	
Are you of Aboriginal or Torres Strait Islander origin?	
Cultural background:	
Language(s) spoken at home:	





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PRIORITY OF ACCESS

Providers are asked to (but are not legally obliged to) prioritise children who are: at risk of serious abuse or neglect a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

This Service will attempt to follow the following when prioritising access to vacancies, however the following is a guide and access cannot be guaranteed.

FIRST PRIORITY

A child at risk of serious abuse or neglect

SECOND PRIORITY

A child of a single parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act

THIRD PRIORITY

Any other child

Within these main categories, priority may also be given to the below listed children. To allow us to determine your child(ren)s priority position on our wait list, please tick the following categories if they apply to your child. If you require an explanation of any of the categories below, please call our centre.

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families with a Non English speaking background
- Children in socially isolated families
- Children of single parents



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Enrolment Form

AUTHORISED NOMINEES (OR EMERGENCY CONTACTS)

In case of emergency, centre staff will attempt to contact the listed Family contact first. If contact is unsuccessful, we will contact the following people in the order they are listed here. An Authorised Nominee is defined under section 170 of the national laws as a person who has been given permission by a parent or family member to collect the child from education and care service or family day care service.

NOTE

Emergency contacts must provide photo identification when collecting children.

EMERGENCY CONTACT A DETAILS

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Relationship to Child	
Email Address	
Mobile Number*	
Work Phone (Optional)	
Home Phone	
Address	
Suburb	
Postcode	
State	
CRN Number	

CONSENTS

Do you authorise this person to drop off and collect your child/ren on your behalf?

YES NO

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf?

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?

I give consent for this person to authorise my child to attend excursions outside the service premises?

Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?



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NOTE

Emergency contacts must provide photo identification when collecting children.

EMERGENCY CONTACT B DETAILS

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Relationship to Child	
Email Address	
Mobile Number*	
Work Phone (Optional)	
Home Phone	
Address	
Suburb	
Postcode	
State	
CRN Number	

CONSENTS

Do you authorise this person to drop off and collect your child/ren on your behalf?

YES NO

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf?

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?

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NOTE

Emergency contacts must provide photo identification when collecting children.

EMERGENCY CONTACT C DETAILS

First Name*	
Middle Name	
Surname*	
Date of Birth*	
Gender*	
Relationship to Child	
Email Address	
Mobile Number*	
Work Phone (Optional)	
Home Phone	
Address	
Suburb	
Postcode	
State	
CRN Number	

CONSENTS

Do you authorise this person to drop off and collect your child/ren on your behalf?

YES NO

Do you authorise this person to consent to medical treatment, permit transportation by ambulance and/or authorise administration of medication to your child on your behalf?

Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?

Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?

I give consent for this person to authorise my child to attend excursions outside the service premises?

Do you authorise this person to consent for your child/ren to be transported in a vehicle by the educator/service or by other transportation as arranged by the educator/service?



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COURT ORDERS

The Service requires that any relevant Court Order is kept on file. Please discuss any custody issues with the Centre Coordinator before enrolment.

Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Yes

No

If yes, please provide more information below.

Are there any 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 more information below.





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HEALTH & MEDICAL INFORMATION

Your child's health is very important to us. Please complete the following details. It is important we have all this information to be able to accept your child.

We are required to collect this information under r160 of the Education and Care Services National Regulations 2011 (NSW).

CHILD'S MEDICARE NUMBER
REF NUMBER

EXPIRATION DATE

DOCTOR NAME OR HEALTH CARE
CENTRE

AMBULANCE COVER NUMBER
(IF APPLICABLE)

PRIVATE HEALTH INSURANCE
(IF APPLICABLE)

DOCTOR ADDRESS

DOCTOR PHONE NUMBER

Administrative Use Only

Has a copy of the NSW Immunisation
Schedule been sighted?

Yes

No

Name and Signature of Staff
Member:

IMMUNISATION

This Service is required to sight children's immunisation records at enrolment, as per r162 of the National Education & Care Regulations.

Has your child been fully immunised as per the NSW Immunisation
Schedule?

Yes

No

Please provide a copy of your child's immunisation record to be
sighted by staff responsible for enrolment.



Where a child has a diagnosis of asthma, anaphylaxis, diabetes, epilepsy, or other relevant medical condition we require a current Medical Management Plan signed by a Doctor; and where appropriate, a Risk Minimisation Plan.

The Approved Provider is obliged to have a record of asthma and anaphylaxis plans, as per regulation 92 and 162 (c) and (d). Please be aware, we will be unable to accept your Child if this information and any relevant documents are not provided. These documents must be kept up-to-date at all times. The Service reserves the right to suspend an enrolment in the event that current medical management plans, medication or other relevant documentation is not provided to the Service.

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Enrolment Form

GENERAL HEALTH INFORMATION

Is your child under the care of a therapist or specialist?

Yes No

Does your child take regular medication?

Yes No

If yes, please request a medication form.

Does your child have an allergic reaction to any medication?

Yes No

Does your child have any allergies or sensitivities e.g. bee stings, grass, band aids etc?

Yes No

Does your child have an adrenaline auto injector (e.g. EpiPen)?

(Used to administer adrenaline in case of an anaphylactic reaction.)

Yes No

Does your child have diabetes?

Yes No

Is your child at risk of febrile convulsions?

Yes No

If yes, what condition do you administer the adrenaline auto injector for?

Does your child suffer Epilepsy (seizures)?

Yes No

Do you have any other medical/health concerns for your child?

Yes No

If you have ticked 'yes' to any of the above special health needs or requirements, please give details on the following page and attach a copy of the first aid/medical management plan.



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GENERAL HEALTH INFORMATION

If you have ticked 'yes' to any of the above special health needs or requirements, please give details below and attach a copy of the first aid/medical management plan.

Declaration and Consent to Emergency Medical Treatment

I, a person with lawful authority / parent responsibility of the child referred in this enrolment form;

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the care service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the care service.
- Consent to the staff of the care service seek, or where appropriate administering medication or to seek medical treatment from registered medical practitioner, hospital or ambulance service including transportation of the child by an ambulance service.
- Declare that I will reimburse any reasonable expenses incurred by the service with regards to medication or medical treatment for my child.



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DIETARY INFORMATION

Does your child have any special needs at mealtime (e.g. cultural/religious requirements?)

Yes No

If yes, please give details below.

Does your child have an allergic reaction to any foods?

Yes No

If yes, please give details below.

Does your child have any special dietary restrictions/needs? (e.g. vegan, vegetarian)

Yes No

If yes, please provide details below.



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SUNSMART

Our service follows SunSmart policy as recommended by the Cancer Council NSW. See here for more information here.

If your child is sensitive or allergic to some sunscreens, please provide a sunscreen that can be applied to your child.

Authority for staff to administer sunscreen provided by the service.

I give permission for the staff at the service to provide SPF 30+ broad spectrum, water resistant sunscreen to my child

OR

My child is sensitive to some sunscreens. I will provide the centre with a suitable sunscreen for my child.
Please note, if the Service is not provided with suitable sunscreen, a child will be directed to play in shade-covered areas wherever possible.

The Service will encourage children to apply sunscreen themselves wherever possible. In the event that a child is unable to apply sunscreen I give permission for the staff to apply sunscreen to areas of skin that may reasonably be considered at risk of sun exposure.



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PARENT ACKNOWLEDGEMENT – FULL INFORMATION DISCLOSURE ABOUT ENROLLED CHILD

The best and most successful way for our service to support the enrolment of your child and family, is to know about any medical diagnosis for your child, all their developmental information, as well as, any community or support agencies that are supporting your child and family.

To set your child and family up for success with this placement, and to continue the enrolment of your child, you are required to read and sign the acknowledgement and disclosure form below:

Parent/Guardian Agreement

I, (parent/guardian name) have fully disclosed all information about my child, (child's name) to ensure a successful placement at (INSERT Service name) , including:

- all current information on my child's development
- all current information of any diagnosed illness, disability or additional support need
- all information on any current process of diagnosis for an illness, disability or additional support need my child is going through
- all current information for any doctor, paediatrician or specialist working with, or supporting my child/family
- all current information of any community, support or referral agency working with or supporting my child/family
In addition:
- I understand that by signing this acknowledgement and disclosure I am agreeing that I have supplied all current and relevant information about my child that will support the placement and enrolment of my child with (INSERT Service name).
- I understand that if I have not provided all current information about my child for this enrolment that my child's position at the service will be reviewed immediately and I may forfeit my child's enrolment with our Service.

Parent / Guardian Name	
Parent / Guardian Signature	
Date	

BOOKINGS

Booking Type (Permanent/Casual) *	
Intended Week Start Date *	

Booking Pattern*

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					



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OTHER ESSENTIAL INFORMATION

Our Service may from time-to-time take photos or videos of children for use in-Service for the purpose of programming, documenting children's learning and informing families. It is strongly recommended that families consent to the following:

- I give permission for my child to be photographed/recorded by staff of the Service for the purpose of documenting activities, observations or events for the purpose of programming, documenting children's learning and informing families. These photographs/recordings will only be used within the Service or displayed on private digital accounts known to families enrolled at the Service.

In addition, we ask that parents consider the following permission:

- I give permission for my child to be photographed/recorded by staff to be used in promotional material or publications produced by the Service. I understand that the Service retains the right to publish these for view by persons not enrolled at the Service.

Privacy Policy

Any information acquired by us in the course of your enrolment is subject to strict confidentiality requirements. Information will not be disclosed by us to other parties except as required or allowed for by law or professional standards, or with your express consent. Records will be stored as per legal requirements and in line with the Australian Privacy Principles.

Complying Written Agreement

You are entering into a Complying Written Arrangement (CWA) with this Service. The fees for the service and operating hours are available as part of the enrolment package, at the Service and on request.

Where a family has selected permanent bookings, the option for casual bookings will be nominated with Centrelink as part of your CWA to ensure you have flexibility in selecting sessions of care now and in the future.

If you have completed this enrolment form but not selected sessions of care for enrolment, your CWA will be lodged with Centrelink as a request for Casual Care only.

Family Handbook, Policies and Procedures, Fee Information

I have read and understood the Family Handbook, the Service's policies and procedures, and fee information as available. I understand that these documents may be subject to change and that it is my responsibility to maintain an awareness of the contents of these governing documents.

- I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at the Service
- I, a person with lawful authority of the child referred to in this enrolment form, have read, understood, agree and comply with the contents of this enrolment form and any accompanying or mentioned documents.

Signed:	
Name (Please Print):	
Date:	

ADDRESS	CONTACT
Beechwood Parents & Citizens Association	Phone: 0417 699 026
ABN: 60 143 682 484	Email: bpsboosh@gmail.com
64 Beechwood Road, BEECHWOOD NSW 2446	