



# GUMNUT HOUSE OSHC ENROLMENT FORM

## DAILY FEE SCHEDULE

PLEASE BE AWARE THE FEE SCHEDULE DOES ALTER & INCREASE BY \$1.00  
PER SESSION IN JULY EVERY YEAR

AS OF AUGUST 2021 CURRENT RATES

BEFORE SCHOOL CARE	PERMANENT \$22.00	CASUAL \$24.00
AFTER SCHOOL CARE	PERMANENT \$25.00	CASUAL \$27.00
VACATION CARE	PERMANENT \$46.00	LATE BOOKING \$54.00
OPENING TIME	6.30AM	EMAIL - <a href="mailto:gumnuthouse@bigpond.com.au">gumnuthouse@bigpond.com.au</a>
CLOSING TIME	6.00PM	CONTACT – Carol OR Livia on 32977450

## CENTRE PHILOSOPHY

The Educators of Gumnut House aim to provide an environment where children feel safe, secure and have a deep sense of belonging. They and their families are strongly encouraged to be active participants in the on-going improvement and implementation of programs and projects within the service. Each child and family are recognised as being unique and their cultures, ideas and traditions are greatly valued. Through collaboration with families and in partnership with the school, positive relationships are developed and maintained. This allows ongoing communication and information sharing which leads to joint planning and common objectives so that children are provided with the best opportunities and experiences for their development. Diversity is embraced by our Educators and as such is reflected in our programs. Through play, investigation, art and craft and leisure activities children are encouraged to extend themselves within their comfort zone and to succeed regardless of their abilities. Educators believe all children have abilities and innate curiosity. Our Educators foster these qualities along with children's independence and initiative thereby nurturing children's agency and leadership skills. Our Educators recognise that there is room for their own personal growth and self-improvement and thus reflective practice is on-going. Through this self-evaluation and continual update of professional knowledge Educators remain informed of current theories, philosophies and practices. This encourages the on-going cycle of review which enables current practices to be examined, outcomes reviewed, and new ideas generated. This culminates in a quality program, quality care and a quality service

**GUMNUT HOUSE MANAGEMENT TEAM**

<b>EDUCATOR</b>	<b>POSITION</b>	<b>QUALIFICATIONS</b>	<b>EMPLOYED</b>
CAROL DESNICA	COORDINATOR	DIPLOMA CHILDRENS SERVICES / COMMUNITY SER	2005
LIVIA SHEPPARD	COORDINATOR	BACHELOR SCIENCE / GRADUATE DIP	2005
KAYLENE GREEN	ASSIST COORDINATOR	DIPLOMA CHILDRENS SERVICES	2015
SAM MCGRAW	ASSIST COORDINATOR	DIPLOMA CHILDRENS SERVICES	2010
<b>PREP TO GRADE 2 CHILDREN</b>		<b>GRADE 3 TO GRADE 6 CHILDREN</b>	
I WILL LISTEN TO THE EDUCATORS I WILL SHARE WITH ALL MY FRIENDS I WILL NOT PLAY WITH ROCKS I WILL BE GENTLE WITH THE GUMNUT TOYS I WILL TELL AN EDUCATOR IF I FEEL SAD OR SICK I WILL ASK FOR HELP IF I NEED IT I WILL NOT USE SILLY WORDS I WILL STAY WHERE EVERYONE CAN SEE ME I WILL NOT LEAVE RUBBISH AROUND I WILL BE NICE TO EVERYONE ALL THE TIME I WILL HELP OTHER PEOPLE WHEN THEY ARE UPSET		I WILL RESPECT GUMNUT'S EQUIPMENT AT ALL TIMES I WILL INCLUDE ALL CHILDREN IN MY PLAY ENVIRONMENT I WILL TALK TO THE EDUCATORS IF I FEEL ANGRY I WILL TALK TO MY PEERS TO RESOLVE CONFLICT I WILL NOT USE INAPROPRIATE LANGUAGE I WILL ONLY USE DESIGNATED PLAY AREAS I WILL RESPECT ALL SCHOOL PROPERTY I WILL RESPECT MY ENVIRONMENT AND CLEAN UP I WILL NOT BE A BULLY I WILL STAND UP FOR THOSE BEING TREATED UNFAIRLY I WILL ASSIST EDUCATORS AT ALL TIMES	



# GUMNUT HOUSE OSHC Enrolment Form

## 1. PARENT/GUARDIAN DETAILS

PARENT / GUARDIAN	PARENT/GUARDIAN 1 ACCOUNT HOLDER	PARENT/GUARDIAN 2 ACCOUNT HOLDER
FAMILY NAME		
GIVEN NAME/S		
TITLE <input checked="" type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
GENDER <input checked="" type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
DOB		
RELATIONSHIP TO CHILD		
1 <sup>ST</sup> PHONE CONTACT NO.		
2 <sup>ND</sup> PHONE CONTACT NO.		
EMAIL		
FAMILY CRN		
ADDRESS LINE 1		
ADDRESS LINE 2		
SUBURB		
POST CODE		
EMPLOYER NAME		
EMPLOYER PHONE NO.		
OCCUPATION		

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits (CCS) Families MUST be assessed as eligible for Child Care Benefit, please contact the Family Assistance Office on 13 61 50 for further information.

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD?  NO  YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED?  NO  YES

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Order

## 2. CHILD DETAILS

1. CHILD'S FULL NAME: \_\_\_\_\_ CHILD'S GRADE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_  MALE  FEMALE DISABILITY/ ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): \_\_\_\_\_

2. CHILD'S FULL NAME: \_\_\_\_\_ CHILD'S GRADE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_  MALE  FEMALE DISABILITY/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): \_\_\_\_\_

3. CHILD'S FULL NAME: \_\_\_\_\_ CHILD'S GRADE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_  MALE  FEMALE DISABILITY/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): \_\_\_\_\_

4. CHILD'S FULL NAME: \_\_\_\_\_ CHILD'S GRADE \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_  MALE  FEMALE DISABILITY/ALLERGIES: \_\_\_\_\_

\_\_\_\_\_  MILD  SEVERE  ANAPHYLAXIS

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): \_\_\_\_\_

DO YOU HAVE ANY CHILDREN THAT ATTEND CARE AT ANY OTHER CHILD CARE RELATED SERVICES  YES  NO

IF YES HOW MANY OTHER CHILDREN? \_\_\_\_\_

### 3. BOOKING INFORMATION

After School Care/Vacation care: *please indicate*

Permanent days:  MON  TUES  WED  THURS  FRI

BSC

Intended Start Date: \_\_\_\_\_

Permanent days:  MON  TUES  WED  THURS  FRI

ASC

Intended Start Date: \_\_\_\_\_

Casual Care:

All additional casual days are required to be emailed to the Centre at [gumnuthouse@bigpond.com.au](mailto:gumnuthouse@bigpond.com.au)

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Bookings are essential by returning the booking form sent out with the vacation care programs. Cancellations for booked days must have 1 weeks' notice or the fee for that session will be charged.

Alternative care is not provided at the service on excursion days unless the excursion is already fully booked. All children are required to take part in the costed activities programmed. Alternative care will be the parent's responsibility.

#### 4. EMERGENCY CONTACTS/ AUTHORISED NOMINEE

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child, can be contacted in case of emergency, authorise administration of medications, authorised to authorise an Educator to take the child outside the Education and care service premises

Name: _____ DOB _____	Name: _____ DOB _____
Address: _____	Address: _____
Phone: (H) _____	Phone: (H) _____
(W) _____	(W) _____
(M) _____	(M) _____
Relationship to child: _____	Relationship to child: _____

#### 5. HEALTH/MEDICAL DETAILS

Does your child have any diagnosed medical conditions?  NO  YES

If yes, please provide details: \_\_\_\_\_

If your child has a pediatrician diagnosis, please provide the following information and have it signed off by the SEP department within the school or your child's classroom teacher. This ensures we have the most accurate information to ensure your child's needs are being met at all times. If your child has not yet commenced school then please have it signed by a carer from your child's previous childcare facility.

Emotional Needs:

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Social Interactions:

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Motor Development:

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Language Development:

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Irregular Behaviours / Self-Regulation

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Parent Signature \_\_\_\_\_ SEP Teacher \_\_\_\_\_ Class Teacher \_\_\_\_\_

Does your child require regular medication?  NO  YES

*If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage. Any half dosage tablets are required to be supplied in a chemist Webster pack.*

Does your child experience asthma?  NO  YES (If yes, indicate severity)  MILD  SEVERE

*Please provide details of any asthma management plans relating to your child*

Is your child's immunisation status up to date?

**Immunisation booklet must be sighted by Director prior to enrolment being accepted.**

Hepatitis B	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hib	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Measles/Mumps/Rubella	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Pneumococcal	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Whooping Cough	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Rotavirus	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Diphtheria, tetanus and pertussis	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Meningococcal C	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Polio	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Varicella	<input type="checkbox"/> NO	<input type="checkbox"/> YES

*If your child's immunization status is not up to date, your eligibility to receive Child Care Benefit may be affected*

**OFFICE USE ONLY: HAS IMMUNISATION BOOK BEEN SIGHTED UPON ENROLMENT YES / NO**

**PARENT SIGNATURE:** \_\_\_\_\_

Does your child have any specific dietary requirements?  NO  YES \_\_\_\_\_

Does your child have any food intolerances or allergies?  NO  YES \_\_\_\_\_

If yes, is the intolerance/allergy life threatening?  NO  YES

*Please provide details of any food intolerance/allergy management plans relating to your child*

## 6. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor 2 Name: \_\_\_\_\_ Surgery/Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Child's Medicare No: \_\_\_\_\_

## 7. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs?  NO  YES \_\_\_\_\_

Does your child have any dislikes, fears or phobias?  NO  YES \_\_\_\_\_

Is your child of Aboriginal or Torres Strait Islander descent?  NO  YES

Is your child from a non-English speaking background?

NO  YES NATIONALITY:

## 8. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan?  NO  YES

Are there any particular behaviours that staff should be aware of?  NO  YES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any identifiable triggers to the behaviour?  NO  YES \_\_\_\_\_

\_\_\_\_\_

*Please provide a copy of any Positive Behaviour Support plans relating to your child*

## 9. PARENT / GUARDIAN PERMISSION & AGREEMENT DETAILS

**(Please tick the appropriate boxes and initial beside each to signal your agreement)**

- I give my consent to the information contained in this document being available to the Educators employed to work with my child on the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
- I agree to notify the Coordinator's, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I agree to inform the Coordinator of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling Vacation Care within the specified timeframes, as set out in the service policy.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I allow the education and care service to take my child on regular outings. I understand that I will receive a separate permission form for any excursions during Vacation Care.
- I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that 1 weeks' notice of non-attendance during Vacation Care must be given otherwise I will be liable for, and charged, for the booked sessions.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I give permission for my child to be transported by ambulance with an Educator in the case of an emergency. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, newsletters and/or account statements via email as listed below.
- I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC

Family Handbook.

- I understand that a permanent booking for BSC or ASC means I am required to pay for care even if my child is absent.
- I agree that I will have my fees paid in advance at all times or my child's place can be in jeopardy.
- I understand I am entitled to 4 weeks half price fees for holidays per year, as long as I inform the Coordinator's in advance.

**PARENT/GUARDIAN 1:**

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

- I would like to be invited to the Gumnut House secret FACEBOOK page, please invite me via my facebook email which is. \_\_\_\_\_

**OFFICE USE ONLY:**

DATE: \_\_\_\_\_

<i>AGREEMENT SIGNED BY PARENT</i> YES / NO	<i>FAMILY CCB SET UP</i> YES / NO	<i>CUSTODIAL ORDERS COPIED &amp; ATTACHED</i> YES / NO
<i>FAMILY LEVY \$40.00 ADDED</i> YES / NO	<i>IMMUNISATION RECORD SIGHTED</i> YES / NO	<i>FORM INPUTTED BY</i> _____