# Outside School Care - NT Enrolment Form



Locations: Gray Primary School, Howard Springs Primary School, Rosebery Primary School,

Woodroffe Primary School and Wulagi Primary School

**Ph**: **Gray** - 0466 268 674 **Email**: gray@outsideschoolcare.com.au

**Ph**: **Howard Springs -** 0499 975 048 **Email**: howardsprings@outsideschoolcare.com.au

<u>Ph</u>: Rosebery - 0477 101 767 <u>Email</u>: rosebery@outsideschoolcare.com.au <u>Ph</u>: Woodroffe - 0499 334 110 <u>Email</u>: woodroffe@outsideschoolcare.com.au

Ph: Wulagi - 0499989185 Email: wulagi1@outsideschoolcare.com.au

Ph: Area Ma	anager - 04	99 994 1!		<b>Email</b> : cor <b><u>l</u>: 44 694 3</b> 1		nager@outsidescho	oolcare.com.au
Days Preferr	<mark>ed:</mark>			<u>Important</u>	Information	n to be provided b	y families
Monday							
Tuesday			Child's Start Date:				
Wednesday			Immunisation evidence provided:  Yes		Yes 🗆	No 🗆	
Wednesday	☐ ½ Day		Child's health record Provided:		Yes 🗆	No □	
Pre-school			Child's Ide	ntification F	<mark>rovided:</mark>	Yes 🗆	No 🗆
Thursday							
Friday	<b>□</b>						
What School	Does Your	Child Atte	<mark>end?</mark>				-
OSHC Service E	nrolling into	<b>:</b>					
Gray□	Howard S	iprings 🗆		Rosebery		Woodroffe □	Wulagi 🗆
Before School C	Care:	Yes 🗆	No 🗆	Unsure $\square$	Time In	Time out	
After School Ca	re:	Yes 🗆	No 🗆	Unsure $\square$	Time In	Time out	
Vacation Care:		Yes 🗆	No 🗆			<b>Time out</b>	
Childs Year Leve	el:						
Childs Teachers	Name:						
Child's priority of Access: First Second Third (please circle)							
CHILD'S DETA	<u>AILS</u>						
Surname:			Give	en Names: <sub>-</sub>			
Date of Birth:(Please Attach Birth Extract)			Place of Birth:				
(Please Attach Birth Extract)  CRN:				Gende	т: М□	F 🗆	
Address:  Religion: Cultural Background:							

Medicare No.:				
Child's Private Health Fund and No.:				
Is your child's Immunisation status up to date with the Australian Government's Immunisation schedule?	Yes □ No □			
If NO, do you have evidence of a government exemption on conscientious Objection grounds?	Yes □ No □			
If the answer to both questions is NO, the child will not be accepted a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation status, or the approximation of the child will not be accepted as a copy of your child's Immunisation of the child will not be accepted as a copy of the child will not be accepted as a c	-			
Does your child have any special health support needs?	Yes □ No □			
(e.g. asthma, diabetes, epilepsy, allergies (anaphylaxis), special attention etc.)	dietary requirements, regular medical			
If YES, please provide details of needs, triggers and treatment:				
N.B.: You and your Doctor will be required to complete, and provide to us, a Medoutside School Care - NT to develop a Risk Minimization and Communication I needs.	· · ·			
Does your child have any developmental conditions	Yes □ No □			
that we should be aware of (e.g. autism, hearing or sight loss, lang	guage, or developmental delay)?			
If YES, please provide details of condition, and any treatment being received:				
N.B.: You will be required to consult with Outside School Care - NT to develop a Risk Minimization Plan and Communication Plan in relation to your child's specific developmental needs.				
MEDICAL INFORMATION				
Family Doctor's Details				
Doctor's name: Phone:				
Address:				
Religious requirements in case of necessary medical treatment:				

Does your child have any ongoin permanent medication?	ng medical conditions or take any	Yes □ No □
If YES, please provide details:		
GUARDIAN DETAILS		
	to the child:	
	Given Names:	
	Cultural background:	
	Work:	
Driving license		
Email:	Family CRN:	
Parent/Guardian2: Relationship	to the child:	
Surname:	Given Names:	
Date of Birth:	Cultural background:	
Language/s spoken at home:		
Address:		
Phone numbers: Home:	Work:	Mob:
Driving license		
Email:		<del></del>
Employer		<del></del>
Occupation:	ing orders, or parenting plans curi	rently?
Occupation:		rently? Yes □ No □

Is there anybody who must NOT be all	owed to access your child?	Yes □ No [	
Outside School Care - NT cannot enfo provided. Please discuss any court/pa Educator.			
EMERGENCY CONTACTS/AUTHORIS	SED NOMINEES FOR COLLE	CTION	
Please list people who are easily conchild/children if we cannot contact you You are required to inform staff at the inform anybody you have listed as an are to collect your child/children.	ı in an emergency, or if you ar e service if somebody else i	re unable to collect yo s to collect your child	ur child/children. /children. Please
I give permission for the authorized no	ominees listed below to:		
☐ Be notified of an emergency contacted.	involving my child if I or	my partner cannot	be immediately
☐ To consent to medical treatment	of, or to authorize the admin	istration of medicatior	to, my child.
☐ To authorize an educator to take	my child outside of Outside S	School Care - NT pren	nises
Signature of Parent/Guardian:	Date	e:	
Note: an Authorized Nominee means a person service.	who has been given permission by	a parent/guardian to colle	ect the child from the
Failure to provide the above inform	ation and authorizations wi child	ll result in the non-ac	ceptance of the
Name:	Relationship to child:		
Address:			
Phone numbers: Home:Employer:			
Name:	Relationship to child:		
Address:			
Phone numbers: Home:	Work:	Mob:	
Employer:			
Name:	Relationship to child:		

				ľ
Address:				
Phone numbers: Home:		Work:	Mok	b:
Employer:				
<u>Kidsoft</u>				
To provide you with better our programs, and your chiprivate online space.				
Kidsoft provides each child who has access to, for as lor enrolments, and accounts a	ng as you wish. It	is also a platform thr	rough which we a	administer bookings and
<ul> <li>Kidsoft helps educators, chil</li> <li>Improve understandin</li> <li>Deepen relationships</li> <li>Share videos, photos,</li> <li>Create a portfolio of year</li> </ul>	g of each child's and strengthen c and text, capturir	interests and abilities communication ng children's learning	g and developme	
<ul> <li>by you forever</li> <li>Reinforce experiences</li> <li>Capture family culture</li> <li>Involve the children in</li> <li>Interact quickly and ef</li> <li>Create smooth transiti</li> </ul>	and heritage their portfolio fectively		hrough the servic	ce
<ul> <li>Create and remove bo</li> <li>You can choose to leave cor</li> </ul>	ookings on our ap	pp	Ü	
All information gathered will Keeping policy.			_	
Parental Consent				
In the interest of safety and photographs, or videos in videos, and stories of your of feature other children outsice	Kidsoft. Sometim children. By givin	nes other children ir ng your consent, you	n the service ma	ay feature in the photos,
Inappropriate language, implementations being removed from the ser from Kidsoft. By giving your This includes concerns and o	vices Kidsoft acco consent, you agr	count, and/or in extrements to act responsibly	me situations use y and not post an	ers restricted or removed ny inappropriate content.
I give consent for my child's Kidsoft account	details/work/pho	otographs/videos to k	ວe included in Oເ	utside School Care - NT's
	(Print name)	(Date)		(Signature)

# **PERMISSIONS AND AUTHORISATIONS**

# **Accident/Illness:**

I give permission for services staff to:

- Administer medication when required.
   Seek medical, dental or hospital treatment, ambulance service, or another emergency

nominated by me, if my child is injured, or becom  I understand that any medical costs will be met by	
Signature of parent/guardian	Date:
Application of Sunscreen:	
I authorize staff to apply sunscreen/insect repellant print in outdoor play. I will supply my own sunscreen/insect.	provided by the Centre, to my child prior to participating ect repellant if required.
Signature of parent/guardian	Date:
Local Excursions:	
	e in regular excursions within the local community (for tion will be given on the day if these outings are to occur.
Signature of parent/guardian	Date:
Permission for Photos:	
	recorded at Outside School Care - NT (or whilst out on ions, daily activities, for use in Learning Portfolios, family
Signature of parent/guardian Permission for Publicity:	Date:
	ge to be published in local papers or publicity materials side School Care - NT, including the service's Facebook
Signature of parent/guardian	Date:
	-
Notification of arrival and departure of children	at the service:
I agree to sign my child/children in and out on the departure each day they attend the service.	e appropriate platform at the service, upon arrival and
Signature of parent/guardian	Date:
PARENT PARTICIPATION	

We encourage Parent and family participation in the service and in the d	evelopment of our programs.
Do you have any skills or interests that you would	Yes □ No □
like to share with the children and educators (e.g. languages, music, coopainting etc.)?  Please give details:	
Are you interested in assisting with fundraising or assisting with outside 6 NT?	events of Outside School Care -
Please give details:	
What are the best methods of communication for you as a family?	
☐ Email	
<ul><li>□ Notice board</li><li>□ Family communication folder</li></ul>	
☐ Telephone ☐ Other - please specify:	
<b>Parents' Goals and Concerns:</b> Are there any specific goals you have for y educated and cared for at Outside School Care - NT? (Please include the t your child achieve, and participate in):	
Is there any further information that you feel may assist us in providing the of your child and family? (Examples: child rearing practices, religious belie situation, recent significant events):	
Please provide a family photo to display in your child's service, this we belonging in the service, you can email one to the service.  PAYMENT AGREEMENT  LIST OF FEES	

Outside School Care NT (OSC-NT) services are offered to clients on a per session basis. Session times per care type are outlined in our Enrolment Form. The full session fee is payable irrespective of how long your child attends the session.

# Outside School Care NT (OSC-NT) Current Fees (At July2021)

Service Fee per daily session

After school Care \$28.00 per session day

After school Care ½ Day pre-school \$40.00

After School Care - Bus Service \$32.00 per session day

Un-notified Child Absence on Bus Service \$32.00 per child per day

Vacation Care/Pupil Free Days \$58.00 per session day

**Before School Care** \$18.00 per session day

**Excursion /Incursion days** \$68.00 per session day

Refundable Bond Payment \$250 BOND must be paid - before bookings can be confirmed

#### LIST OF DISCOUNTS

Outside School Care NT (OSC-NT) offers a series of discounts based upon number of children enrolled, day and services used.

# Outside School Care NT (OSC-NT) Fee Discounts and other charges (of July 2021)

Discount or Fee Flat rate or Percentage applied

**Late Collection/ pick up Fee** \$50 for first 15 minutes and additional \$50 per additional 15-minute period or part thereof.

## FOR PAYMENTS OSCNT ACCOUNT DETAILS

Account Name: Outside School Care UT PTY Limited

BSB: 065 905

Account Number: 1044 4245

Please reference the name of the account holder who has the (CRN) and the initial of your child/ren's care site.

**G**- Gray

**HS** - Howard Springs

**R** - Rosebery

**Wo** - Woodroffe

**Wu** - Wulagi

#### BOOKING POLICY

Full time and part-time bookings

# Full-time Bookings

Full-time Bookings are bookings made for care on a continuous basis throughout the school term. Fulltime bookings may be for one (1) or up to five (5) days of care per week

If an OSC-NT school site is reaching capacity level, the Director will reserve the right to give preference in offering care to families with full-time bookings. Full-time bookings guarantee a place for your child at our service.

### Full-time bookings have the following conditions:

Accounts are up to date and paid fourteen (14) days in advance - Families required to pay their fees if a child is absent (for any reason), unless a holiday form or medical certificate is submitted as outlined

(below) Families must provide the service Director with two (2) weeks written notice of their intention to remove their child from the service.

## Part-time Bookings

Part -time Bookings are bookings made for care on an ad-hoc basis throughout the school term. Parttime bookings may be for one (1) or up to five (5) days of care per week

Part-time Bookings are made at the service's discretion and are not guaranteed. A Part-time booking will be subject to availability. At such times when capacity is limited at a site, the director will advise parents whether part-time bookings are available.

## Absences (medical and holiday)

Absences owing to illness (or other medical)

Absences owing to illness (or other medical) will not be charged if 24 hours' notice is not given and the site receives a copy of a valid medical certificate/s relating to the specific absence.

# Absences

If you require any bookings to be cancelled please advise our office, site manager or your site director with a minimum of 24 hours' notice in writing otherwise you will be charged for any absent days.

### **BILLING POLICY**

Fees Paid Two Weeks in Advance

Booking fees are outlined in the weekly customer statement and reflect care from the current period and two (2) weeks in advance. The booked session fee is charged not the actual hours used. When a parent/s pays fees, the amount is recorded and entered the Outside School Care NT childcare management system

Late Pick Up Fees\*

Collection of children after 6pm ASC or after 6.00pm VAC, will incur a \$50.00 late pick up fee per child (for the first 15 minutes) A further \$50.00 per child will be charged for each 15 minute period in which the parent is late to collect the child/ren. If late fees are incurred on three occasions within one school term the families' ongoing enrolment will be reviewed and possibly cancelled. The Director reserves the right to waive the late pick up fee in exceptional circumstances.

## Payment of Fees

Weekly statements are issued on a Tuesdays. Customer statements will include a statement of attendances per child for the previous four (4) weeks and the next two (2) weeks. Parents have the option to receive their weekly statement via email or through registration to the web based Outside School Care NT Parent Portal.

### **Overdue Accounts**

All past debt or overdue accounts will be directed to a Debt Collector. Outside School Care NT uses the services of E-Collect. We will make several attempts to contact you before referring a debt to our debt collection agency. Our policy is to always offer a payment plan and work with families to help assist reduce an overdue account before the step is taken to use the services of a debt collection agency. If you have difficulty paying your account, please contact our accounts team as early as possible. We are here to help families.

#### PAYMENT OPTIONS

BPAY or bank transfer: If you wish to make payments by BPAY, please advise the accounts team and you will be issued with your unique customer reference number and our BPAY Account code. For bank transfers, our bank account details will be included on your weekly customer statement.

**CASH** is not our preferred form of payment. However, we will accept on an **exceptional** basis. Please ask that you are given a receipt for cash payments at time of payment.

### CHILD CARE ASSISTANCE

Child Care Subsidy (CCS)

Most families will receive assistance with the childcare costs via Child Care Subsidy through Centrelink.

Please ensure that your correct details are provided upon enrolment and that both your Parent and Child CRN are valid. Outside School Care NT will advise you of issues when processing your claims, however it is not our responsibility to ensure that the correct details are held in our systems. Your weekly customer statement will automatically reflect your subsidy entitlement. This is achieved through a direct connection between our CCS software provider and the Family Assistance Office (FAO). However, we have no part in this process. Therefore, in case of queries with regard to your subsidy entitlement, please address the matter to the FAO.

PLEASE NOTE: Families may also elect to have their Child Care Subsidy paid directly to OSC-NT to offset their fees.

## PARENTS/GUARDIANS' RESPONSIBILITIES

It is the child's parent/guardian responsibility to ensure:

- The account of each child booked at the service is/are paid 14 days in advance
- Each parent must sign and agree to abide by the terms of the OSC NT Fee Agreement
- Each parent must provide the Centre Director with two [2] weeks written notice of their intention to remove their child from the service.

#### LATE PAYMENT/ARREARS POLICY

For families, whose accounts are in arrears - the following five (5) point procedure will be followed:

- **1.** Contact will be made after seven (7) days including an initial reminder letter (or email) advising that fees are overdue and need to be paid immediately.
- **2.** If payment is not received within fourteen (14) days, a second letter (or email) will be sent notifying parents that their child's place may be withdrawn.
- 3. If payment is not received within twenty-one (21) days, a third letter (email and registered letter) will be sent notifying parent that their child's place will be withdrawn when the debt is twenty-eight (28) days old.
- **4.** Once the child is excluded from the service the account will be referred to a debt collection agency (E Collect) where legal action may be taken to recover monies owing.
- **5.** If a payment plan is drawn up and the contract signed by both parties is not adhered to, the child will be excluded from the service immediately and the account sent to a debt collection agency.

#### LATE COLLECTION/PICK UP

Parents are required to contact the service by phone to advise that they will be late to collect their child. A late collection / pick up fee may be charged. Please refer to our policy on the delivery and collection of children.

#### CANCELATION OF BOOKINGS

Cancelations must be in writing either to the Office, Site Manager or Director. We require 24 hours' notice to ensure so you do not incur any extra charges.

#### **UN-NOTIFIED ABSENCES CHARGES**

Please note that if you do not notify your site of your child's absence you will be charged for the day. If your child uses our **Bus service** and you do not notify us that your child is absent you will be charge extra for not notifying us. Please refer to our parent handbook and booking and fees policy for fee amount.

## **OSC NT Fee Agreement**

- **1.** I acknowledge that I have received copy of the OSC NT Bookings and Fee Management Policy, and I understand that I am required to pay my childcare fees two [2] weeks in advance.
- **2.** I also understand that fees will be charged if my child is absent [without prior notification] or supporting medical certificate. I also acknowledge, understand, and agree to the fee policy outlined with regard to public holidays and holiday absences that are taken during school term.
- **3.** I have been advised that the payment options are:
- BPAY or Bank transfer
- **4**. I also understand that, if I am having difficulty paying my fees, I am to discuss the situation with the Centre director as soon as possible, to work out an appropriate payment plan.
- **5.** If my fees are NOT paid, I also understand that my child may be excluded from the service and the matter referred to a debt collection agency where legal action may be taken.
- **6.** I also understand and agree that if debt collection services are employed to recover monies that I owe, that I will be responsible for ALL associated costs that are incurred by the debt collection agency directly or indirectly by Outside School Care NT in relation to my debt.
- **7.** Where fees are to be shared and paid separately by each parent OSC-NT will split bills. However, legal responsibility for outstanding debts lies with both parents jointly. OSC-NT reserves the right to recover all fees due from one or both parents separately.

Parent/Guardian: Name	Date:
Signature:	
Parent/Guardian: Name	Date:
Signature:	
(To be signed by both p	parents or guardians where applicable)