



THE JUNCTIONWORKS[®] Ltd
 “Creating new possibilities in people’s lives”

HOLSWORTHY BEFORE & AFTER SCHOOL CARE
AND
VACATION CARE ENROLMENT FORM

CCB OOSH Care CRN 555 014 669T
 CCB Vacation Care CRN 555 014 671V
 Ph 9825 3080
 Email: basc@thejunctionworks.org



ENROLMENT

- Before & After school
- Vacation care enrolment
- Casual Care

STAFF DISCOUNT

A 5% discount on daily OOSH and Vacation Care fees (NOT INCLUDING REGISTRATION AND PENALTY FEES) is available to parent who are current Junction Works or Holsworthy Public School Staff members. (A copy of a current payslip from TJW or Holsworthy Public School must be supplied).

- I wish to claim the 5% Staff Discount

Child Surname		First Names	
Date of Birth		Male/Female	
School Attended		Class	
Family CRN*		Child CRN*	

* VIP CCB discount will not be applied until copy of FAO letter is to hand

* **Birth Certificate:** Please attach a copy of the child’s birth certificate to this form

DO YOU HAVE CHILDREN IN CARE AT OTHER CENTRES YES / NO

Other child/rens details

Name/s	Centre, details

SESSIONS REQUIRED FOR BEFORE & AFTER SCHOOL CARE

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM	
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM	

PARENT/GUARDIAN 1

Name		DOB	
Address			
Suburb		Postcode	
H:		Mobile	
Workplace		W:	
Email			

PARENT/GUARDIAN 2

Name		DOB	
Address			
Suburb		Postcode	
H:		Mobile	
Workplace		W:	
Email			

EMERGENCY CONTACTS AND AUTHORISED COLLECTORS

Your consent is required for other people to collect the child from The Junction Works OOSH Services on your behalf. Please list the details of those people who can collect in the table below. In the event that the child is not collected from The Junction Works OOSH Services and the parents of the guardians cannot be contacted, this list will also be used to arrange for someone to collect the child.

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's services should notify one of the following people who are authorised to collect and care for the child after the accident, injury, trauma or illness.

The Junction Works Ltd staff will need to ask for Identification each time the child is picked by a person who is unfamiliar or has never picked them up before.

EMERGENCY CONTACTS AND COLLECTORS 1

Name		Relationship	
H:		Mobile	
W:			

EMERGENCY CONTACTS AND COLLECTORS 2

Name		Relationship	
H:		Mobile	
W:			

EMERGENCY CONTACTS AND COLLECTORS 3

Name		Relationship	
H:		Mobile	
W:			

EMERGENCY CONTACTS AND COLLECTORS 4

Name		Relationship	
H:		Mobile	
W:			

DOCTOR

Name		Ph:	
Address			
Suburb		Postcode	
Medicare No:			
Ambulance Membership			

DENTIST

Name		Ph:	
Address			
Suburb		Postcode	

MEDICAL/HEALTH INFORMATION

Is/does your child have:	Yes	No	Specify	Office only : Record/ Action plan received
Fully immunised				
Asthmatic (Please attach Asthma Action Plan)				
Food/other allergies (Please fill in the attached Allergy Management Plan)				
Other medical conditions				
Special needs (incl disabilities or learning difficulties)				
Special Diet				
Fears				
Behavioural Issues				

* **Immunisation Record:** Please attach a copy of the child's Immunisation Record to this form

Is your child on regular medication?

YES / NO (If yes, please provide details)

Illness	Medication	Dose

OTHER SPECIAL NEEDS OR CONSIDERATIONS

Does your child have any other special needs or considerations that staff need to be aware of in providing care. Yes / No

LEGAL MATTERS

Are there any current court orders that affect your child? Yes / No

If yes, please provide all relevant paper work (including Parenting Plan) and list any other relevant details.

Plan received _____

CULTURAL AWARENESS

Do you or your child have any A/TSI, CALD, religious or family traditions, celebrations or festivities or considerations that we need to be aware of? Yes / No

CONSENT AND DECLARATION

Please circle/tick relevant answers and sign all consent statements

I wish to enrol my child at the Holsworthy OOSH and/or Vacation Care Program.

Child's Name: _____

	YES	NO
I give permission for my child to be taken to Holsworthy Public School grounds for outdoor activities during Vacation Care Activities.		
I give permission for my child to travel to and from school by bus.		
I give permission for my child to have sunscreen and/or insect repellent applied by staff <u>or</u> supplied by parent/guardian as required (cross out what's not approved).		
I give permission for staff to seek medical attention for my child in the event of an accident or emergency which cannot be treated with basic first aid, arrange ambulance transportation if necessary and agree to meet any expenses required.		
Should my child require medication of any kind whilst at the centre I understand that I must complete the appropriate medical form. I give permission for medication to be provided as directed on this enrolment form and on any other action plans provided to the centre.		
I give permission for my child's photograph to be stored on centre's mobile phone for the day of an excursion.		
I give permission for staff to show P and PG rated videos to my child.		
I have been given a copy of the Parent Handbook and information sheet and agree to abide by the policies of Holsworthy BASC Centre		
I give permission for my child to be featured (by name or by photo) in Centre publicity and/or Holsworthy BASC Newsletter. (note this newsletter will also be posted on our website: www.thejunctionworks.org)		
I give permission for my child to be featured (by name or by photo) in the Centre's End of Year DVD presented to all BASC families at the Christmas Party.		
I give permission for my child to be featured (by name or by photo) in Junction Works publicity at functions, events, expos, newspapers, newsletters, website: www.thejunctionworks.org etc.		
I give permission for independent auditors to view information about my child as part of The Junction Works Quality Assurance System and adherence to National Quality Framework.		

DECLARATION

In applying for enrolment I take responsibility for all fees and charges payable for my child's care. I will pay these two weeks in advance as per the policy.

I acknowledge that whilst all due care will be taken, Holsworthy BASC is free from all responsibility in connection with my child's care and participation and will not be held responsible for any loss or damage of property or accidents, illness or injury during the running of the program.

I understand that if my child swears, bullies, hits another child, is physically aggressive or acts in any way inappropriately, the Coordinator will need to address the issue with me and determine appropriate consequences. I further understand that if my child deliberately injures another child, his or her enrolment may be cancelled.

I certify that all information in this enrolment form is correct at this time. I agree to notify the Coordinator of any changes as they occur. I understand that failure to provide appropriate information about the child may result in care being declined.

COSTS OF DEBT RECOVERY

Any expenses, costs or disbursements incurred by The Junction Works Ltd in recovering any outstanding monies including debt collection fees and Solicitor costs shall be paid by the parent/applicant, providing that those fees do not exceed the scale charges as charged by that Debt Collection Agency/Solicitor plus any out of pocket expenses. 'It is our policy, to list any defaulting accounts with Recover-E. This listing will remain on your credit file for a period of 5 years. Please be aware that this may affect any future credit application and access to child care service.'

I expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by The Junction Works Ltd as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in the BASC Policy and Parent Handbook. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
NAME:	NAME:
SIGN:	SIGN:
DATE:	DATE:

Office use only:

Received by		
Checked by		
Signatures:		
Date		
Details entered in Hubworks		
Forms received:		Yes/No
	Current pay slips supporting Staff application	
	Birth Certificate	
	Medical/ Health information	
	Immunisation Record	
	CCB/R numbers	
	Legal Documents including Parenting Plans	
	Signed consent and declaration form	