

Helping Hands Benowa Outside of School Hours Care Enrolment Form

Welcome to Helping Hands Benowa. To assist us in providing the best possible care for you and your child, please complete the following form as accurately as possible. All this information is confidential and is only for use by Management and Staff.

Please return the completed form to the OOSH Coordinator as soon as possible. This form must be returned completed before we can care for your children in OOSH. In addition to this enrolment form we must also receive Child Details forms for each child and your completed Ezidebit form

FAMILY NAME	
Parent/Guardian 1	Parent/Guardian 2
First Name:	First Name:
Surname	Surname:
Relationship to child/children:	Relationship to child/children:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Email:	Email:
Occupation:	Occupation:
Country of Birth:	Country of Birth:
Date of Birth:	Date of Birth:
Customer Reference Number (centrelink):	Customer Reference Number (centrelink):

NOTE: In addition please ensure you complete one (1) Child details form per child

<p>Office Use Only: All enrolment information entered and confirmed Entered by: (name) _____ Date: _____ Received at CO: _____ (date)</p>

Emergency Contacts/Other People authorised to collect Child/Children

Please list at least 2 Adults, other than yourself, that can you give authority to act on your behalf where we are unable to contact either parent/guardian in the following situations listed below:

- Use as an Emergency contact
- Collect your child/ren from the service. Children will only be released into the care of persons listed in writing. Proof of identity will be asked when children are collected by persons unknown to staff. We require accurate address and phone information in order to confirm identity.
- Authorise medical treatment or the administration of medicine to your child/ren.
- Authorise an Educator to take my child/ren outside the service, eg. On an excursion.

Name	Relationship to Child	Address	Phone	Emergency Y/N	Collection Y/N	Medical Y/N	Excursion Y/N
		Suburb:	M: H: W:				
		Suburb:	M: H: W:				
		Suburb:	M: H: W:				
		Suburb:	M: H: W:				
		Suburb:	M: H: W:				

Other Information

Other Siblings using licensed child care (other than Helping Hands Network)

Name	DOB	Class/ School/Daycare etc

Reason for Using the Program

Work/study	Recreation	Respite
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Court Orders

Are there any court orders relating to the powers and responsibilities of the parents/guardians to the child or regarding access to the child? Y N

Should your child/children be named in any legal document that refers to Custody arrangements or protected by a restraining order, Helping Hands OOSH will require a copy of these documents (Family Law Act 1975)

Court Order Y N	Restraining/domestic violence order Y N
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Please list any relevant details

Emergency Medical Assistance

I hereby authorise Helping Hands Network staff to provide emergency medical assistance in the event of an emergency.

Signed	Date:
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Doctors Name:	Phone Number:
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Medical Centre/Address:

Medicare Number:	
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Enrolment Agreement

1. I/we agree to enrol my/our children with Helping Hands Network Foundation Ltd, ABN 97 152 774 733 to provide services and activities for my/our child/ren.
2. I/we understand that, in case of sudden illness or an accident, the Coordinator, Staff or Management, as agents for the parents, shall have discretionary power to seek and provide immediate medical attention, and that any costs incurred, will be borne by us the parents/guardians. I/We understand that I/we will be contacted as soon as possible. I/we also give permission for the child/ren to be transported from the service, if required, for medical attention or treatment.
3. I/we agree to keep my child/children at home when suffering from a heavy cold or other infectious illness likely to affect the health of other children and/or staff.
4. I/we understand that any unacceptable behavior by my child may result in a warning, and may eventually lead to suspension as per the Helping Hands Policy Manual.
5. I/we give permission for my child to participate in the Helping Hands OOSH program held at the centre, which may include watching PG movies/videos or games.
6. I/we agree to notify the Coordinator promptly of any permanent booking absences.
7. I/we will ensure that my/our child/children are brought to the service by a responsible person and signed in.
8. I/we will ensure that my/our child/ren will be collected by a responsible person before the official closing time and that the Coordinator or person acting on the Coordinators behalf is notified and signed out in the appropriate register. Should I/we be late collecting my child I/we agree to pay the Late Collection Fee. I/we will make every effort to inform the Coordinator of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, with regard to collecting my child.
9. I/we understand that fees must be paid in advance, that the normal fees will be payable at all times, including absence of my child for sickness, holidays or any other reason unless approved and arrangements are made to the contrary. I/we understand that if fees are not paid, my child's continued enrolment in the OOSH program cannot be guaranteed.
10. I/we give permission for HHN to consult with school staff regarding Behavior Management issues in order to provide consistency and the best possible management of my child/ren.
11. I/we agree to notify the Coordinator immediately of any change in emergency contacts, addresses and/or telephone numbers.
12. I/we agree to cooperate in all things to the best of my/our ability. I/we have visited the OOSH service and discussed with the Coordinator the enrolment of my child and I/we understand the importance of family cooperation and agree to participate whenever possible in the activities of the OOSH.

Name:	Name:
Date:	Date:
Signature	Signature

For Questions or additional information contact:

Central Office
Benowa

1300 612 462
0458 010 529