



# MOOSH (Muswellbrook Out of School Hours Care)

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## MOOSH ENROLMENT FORM 2020



**WELCOME:** Thank you for choosing to enrol your child with MOOSH. We are dedicated to the care and wellbeing of your child. Our aim is to provide high quality care and education that is personalised to the individual interests of children.

MOOSH is an experienced service provider and provides:

- A secure and safe environment
- Fun, leisure based activities and experiences
- Guidance and support from experienced / trained staff members
- Quality resources and equipment
- An action packed and fun Vacation Care Program

### SERVICE DETAILS:

MOOSH is located Bowman Park Community Centre, 26 Skellatar Street, Muswellbrook.  
PO Box 231, Muswellbrook NSW 2333.

Phone: 6541 3205

Email: [moosh@uhcs.org.au](mailto:moosh@uhcs.org.au)

Website: [www.uhcs.org.au](http://www.uhcs.org.au)

### GETTING STARTED:

It is important that you complete all sections of the enrolment form.

Before we can begin care for your child, your enrolment application must be completed and processed in full.

**ATTACHED DOCUMENTS:** Please ensure ALL of the following documents are attached to this application before submission:

Copy of immunisation history statement- obtained through Medicare		YES
Parent Customer Reference Number (CRN) and date of birth		YES
Child Customer Reference Number (CRN)		YES
Copy of birth certificate		YES
Copy of proof of address		YES
Medication Administration Form (If your child has a conditions )	N/A	YES
A Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order etc.	N/A	YES
Documents regarding additional needs or diagnosed disability	N/A	YES
Completed Risk Minimisation Plan & Risk Communication (If your child has a condition )	N/A	YES
Provide Action Plan (If your child has a conditions )	N/A	YES





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**CHILD CARE SUBSIDY:** If you wish to claim the Child Care Subsidy, we will also require one parent account holder and child reference number (CRN number) along with the claiming parent’s date of birth. It is the account holder’s responsibility to register for Child Care Subsidy (CCS) through the MYGOV website of Family Assistance Office 136150. Full fees are payable in advance until (CCS) is confirmed on HubWorks.

**ENROLMENT FEE:** An enrolment fee of \$40 per child is charged annually in January or on application for a new enrolment. The enrolment fee is payable upon enrolment, and is required in order to secure your child’s position.

**CHILDRENS NEEDS:** Our Nominated Supervisor will discuss your child’s additional needs with you before care commences. This may include authorisation forms for the administration of medicine, the implementation of medical management and action plans and menus to accommodate dietary / cultural requirements.

Child’s Details QA- 7																							
Education and Care Services National Regulations - Regulation 160 (3a,e)																							
CHILD 1:		CHILD 2:																					
Family Name:		Family Name:																					
Given Name(s):		Given Name(s):																					
DOB: ___ / ___ / ___	Gender: (Please circle) Male / Female/ Other	DOB: ___ / ___ / ___	Gender: (Please circle) Male / Female/ Other																				
CRN: <i>Please note: Parent and child have their own individual CRN</i>		CRN: <i>Please note: Parent and child have their own individual CRN</i>																					
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CHILD 1’s ADDRESS:		CHILD 2’s ADDRESS: (If different to Child 1)																					
Grade in 2020:		Grade in 2020:																					
Country of Birth:		Country of Birth:																					
Child’s Nationality:		Child’s Nationality:																					
Child’s Cultural Background:		Child’s Cultural Background:																					
Languages spoken:		Languages spoken:																					
School attending:		School attending:																					

General Information QA- 7			
CHILD 1:		CHILD 2:	
Does the child attend another service	YES/NO	Does the child attend another service	YES/NO



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<b>Cultural Considerations QA- 7</b> <i>Education and Care Services National Regulations - Regulation 160 (f, g, h)</i>	
<b>CHILD 1:</b>	<b>CHILD 2:</b>
Language spoken at home:	
Ethnicity:	
Religion and Religious Celebrations or Practices you would like followed:	
Is the Child of Aboriginal or Torres Strait Islander Descent?	
<b>YES / NO</b>	<b>YES / NO</b>
Please outline any cultural practices you would like followed:	

<b>Court Orders/Parenting Orders or Plans Relating to the Child QA- 7</b> <i>Education and Care Services National Regulations - Regulation 160 (3c, d)</i>			
Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? <b>Please note that without this documentation we cannot legally enforce the Order/s.</b>			
<b>CHILD 1:</b>	<b>YES / NO</b>	<b>CHILD 2:</b>	<b>YES/ NO</b>
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?			
<b>CHILD 1:</b>	<b>YES / NO</b>	<b>CHILD 2:</b>	<b>YES/ NO</b>
<i>(If yes, please provide a copy of any court order or agreements with this enrolment application and describe these changes and provide the contact details of any person given these powers)</i>			

<b>Interests, Hobbies, Fears and Phobias QA- 7</b>	
<b>Interests/Hobbies/Favourite foods</b>	
<b>CHILD 1:</b>	<b>CHILD 2:</b>
<b>Fears/Phobias/Food dislikes QA- 7</b>	
<b>CHILD 1:</b>	<b>CHILD 2:</b>



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## Child's medical details and health conditions

Allergies- provide details of child's allergies.  
 These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other

Child's Name:

Allergy to:

Medical specialist or doctor who may be currently treating your child for this condition

Phone contact

Address

Risk of Anaphylaxis

Yes/No

Has a doctor diagnosed this allergy?

Yes/No

Does your child have a current Action Management Plan?

Yes/No

Has your child been prescribed an adrenaline auto injector?

Yes/No

If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).

Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.

*Education and Care Services National Regulations - Regulation 94.*

Yes/No

Parent 1 Signature:

Parent 2 Signature:

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food

Detailed information





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## MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition	
Has a doctor diagnosed this condition?	Yes/No
Does your child have a current Medical Management Plan (eg ASCIA Asthma Plan)	Yes/No
If yes, is this plan attached?	Yes/No

### REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION

Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).

Doctor's name:			
Medical Centre:		Phone Number	
Signature		Date	

Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.

Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.




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## Medication agreement

Medication will only be administered if:

- it is prescribed by a medical practitioner
- it is in the original container with the original label
- the label contains the child's name
- instructions and dosage can be clearly read
- expiry date or use by date is valid
- any verbal or written instructions provided by the medical practitioner must be provided by the parent/s

*Education and Care Services National Regulations Regulation, 95*

Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our *Administration of Authorised Medication* form.

*Education and Care Services National Regulations Regulation 93*

Parent 1  
Signature:

Parent 2  
Signature:

## IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached







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<u>CHILD 1:</u>		<u>CHILD 2:</u>	
Has the child been immunised accordingly?	<b>YES / NO</b>	Has the child been immunised accordingly?	<b>YES / NO</b>
<i>(In order to conform to Government regulations you will need to supply us with immunisation history statement for each child)</i>			
Is the child undergoing assessment or diagnosed with a disability?	<b>YES/NO</b>	Is the child undergoing assessment or diagnosed with a disability?	<b>YES/NO</b>
<p><b>*If yes, your child's position may be contingent to our service accessing adequate support from Inclusion Support Services (ISS). risk assessment will need to be completed PRIOR to your child's enrolment to determine support required. Please discuss this with Coordinator. Please be advised ISS approval may take up to 8 weeks following submission of application.</b></p>			

<u>CHILD 1</u>		<u>CHILD 2</u>																																																																							
<p><b>Has the child been diagnosed with any of the following?</b>  <b>NO (Please circle if YES)</b></p>		<p><b>Has the child been diagnosed with any of the following?</b>  <b>NO (Please circle if YES)</b></p>																																																																							
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**\*If your child has any of these conditions, you will be required to complete the following and attach it to the enrolment form: (if relevant).\***

<u>CHILD 1:</u>			<u>CHILD 2:</u>		
*Complete a Risk Minimisation Plan	<b>YES</b>	<b>N/A</b>	Complete a Risk Minimisation Plan	<b>YES</b>	<b>N/A</b>
*Complete a Risk Communication Plan	<b>YES</b>	<b>N/A</b>	Complete a Risk Communication Plan	<b>YES</b>	<b>N/A</b>
*Provide Action Plan	<b>YES</b>	<b>N/A</b>	Provide Action Plan	<b>YES</b>	<b>N/A</b>
*Provide Medical Health Plan	<b>YES</b>	<b>N/A</b>	Provide Medical Health Plan	<b>YES</b>	<b>N/A</b>
<b>Is prescribed medication required?</b> Medication will only be administered if it is in the original container with the original label and instructions that can be	<b>YES</b>	<b>NO</b>	<b>Is prescribed medication required?</b> Medication will only be administered if it is in the original container with the original label and instructions that can	<b>YES</b>	<b>NO</b>



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<p>clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>The label must contain the child's name and</li> <li>Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i></p>			<p>be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>The label must contain the child's name and</li> <li>Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i></p>		
Hand all medications to staff <b>*No medication is to be left child's bag</b>	<b>YES</b>	<b>N/A</b>	Hand all medications to staff <b>*No medication is to be left child's bag</b>	<b>YES</b>	<b>N/A</b>
Provide Asthma inhalers, Epipen and any other needed to staff.	<b>YES</b>	<b>N/A</b>	Provide Asthma inhalers, Epipen and any other needed to staff.	<b>YES</b>	<b>N/A</b>
<b>*Complete a Medication Authorisation Form</b>	<b>YES</b>	<b>N/A</b>	<b>*Complete a Medication Authorisation Form</b>	<b>YES</b>	<b>N/A</b>

### Health Care Information QA- 7

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

<b>CHILD 1:</b>	<b>CHILD 2:</b>
Medicare Number:	Medicare Number:
Ref. Number:	Ref. Number:
Expiry Date:	Expiry Date:
Doctors name:	Doctors name:
Doctors Phone No:	Doctors Phone No:
Doctors Address:	Doctors Address:
Dentists name:	Dentists name:
Dentists Phone No:	Dentists Phone No:
Dentists Address:	Dentists Address:
Private Health Fund(If applicable):	Private Health Fund(If applicable):
Membership Number:	Membership Number:







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Parent / Guardian QA- 7									
Parent/Guardian 1-ACCOUNT HOLDER-CCS CLAIMER:					Parent/Guardian 2:				
<b>Family Name:</b>					<b>Family Name:</b>				
<b>Given Names:</b>					<b>Given Names:</b>				
<b>Relationship to the child:</b>					<b>Relationship to the child:</b>				
<b>DOB:</b> ___ / ___ / ___		<b>Gender: (Please circle)</b> Male / Female/ Other			<b>DOB:</b> ___ / ___ / ___		<b>Gender: (Please circle)</b> Male / Female/ Other		
<b>CRN:</b>					<b>CRN:</b>				
<b>PHONE:</b>					<b>PHONE:</b>				
<b>(Home):</b>					<b>(Home):</b>				
<b>(Work):</b>					<b>(Work):</b>				
<b>(Mobile)</b>					<b>(Mobile)</b>				
<b>Email:</b>					<b>Email:</b>				
<b>Authority to collect :</b>				<b>YES</b>	<b>Authority to collect :</b>				<b>YES</b>
<b>Address:</b>					<b>Address:</b>				
<b>Postcode:</b>					<b>Postcode:</b>				
<b>Does the child/ren live with you?</b>				<b>YES / NO</b>	<b>Does the child/ren live with you?</b>				<b>YES / NO</b>
<b>Are you an Australian Resident?</b>				<b>YES / NO</b>	<b>Are you an Australian Resident?</b>				<b>YES / NO</b>
<b>Languages spoken at home:</b>					<b>Languages spoken at home:</b>				
<b>Please provide any relevant cultural background details:</b>					<b>Please provide any relevant cultural background details:</b>				
<b>Occupation:</b>					<b>Occupation:</b>				
<b>Employer:</b>					<b>Employer:</b>				
<b>Ambulance cover :</b>			<b>YES</b>	<b>NO</b>	<b>Ambulance cover :</b>			<b>YES</b>	<b>NO</b>



# MOOSH (Muswellbrook Out of School Hours Care)

## Emergency Contacts / Authorised Nominees QA- 7

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.  
Please list the name(s) (other than parent(s)/guardian(s) authorised to collect your child  
Any person that is not on the list **WILL NOT** be able to collect your child unless the centre receives a written or verbal permission.

**Please obtain the person’s consent before listing them as an emergency contact**

<b>FIRST Emergency Contact -Authorised Nominee:</b>		<b>SECOND Emergency Contact- Authorised Nominee:</b>	
Family Name:		Family Name:	
Given Names:		Given Names:	
Email Address:		Email Address:	
Relationship to the child:		Relationship to the child:	
Phone: Home- Work- Mobile-		Phone: Home- Work- Mobile-	
Address:		Address:	
Given authorisation to collect child/ren	<b>YES</b>	Given authorisation to collect child/ren	<b>YES</b>
Is authorised to consent to medical treatment and administration of Panadol.	<b>YES</b>	Is authorised to consent to medical treatment and administration of Panadol.	<b>YES</b>
Authorised Nominee can provide written authorisation for the child to attend an excursion.	<b>YES/NO</b>	Authorised Nominee can provide written authorisation for the child to attend an excursion.	<b>YES/NO</b>
Given authorisation to provide written permission to attend excursions.	<b>YES/NO</b>	Given authorisation to provide written permission to attend excursions.	<b>YES/NO</b>
Authorise to contact in an event of an emergency where we are unable to contact Parent or Carer.	<b>YES</b>	Authorise to contact in an event of an emergency where we are unable to contact Parent or Carer.	<b>YES</b>
Is authorised to give permission for an Educator to take the child outside of the MOOSH premises.	<b>YES/NO</b>	Is authorised to give permission for an Educator to take the child outside of the MOOSH premises.	<b>YES/NO</b>





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## Child Care Subsidy Information (CCS) QA- 7

Will you be claiming Child Care Subsidy? \* IF NO FEES WILL APPLY\*

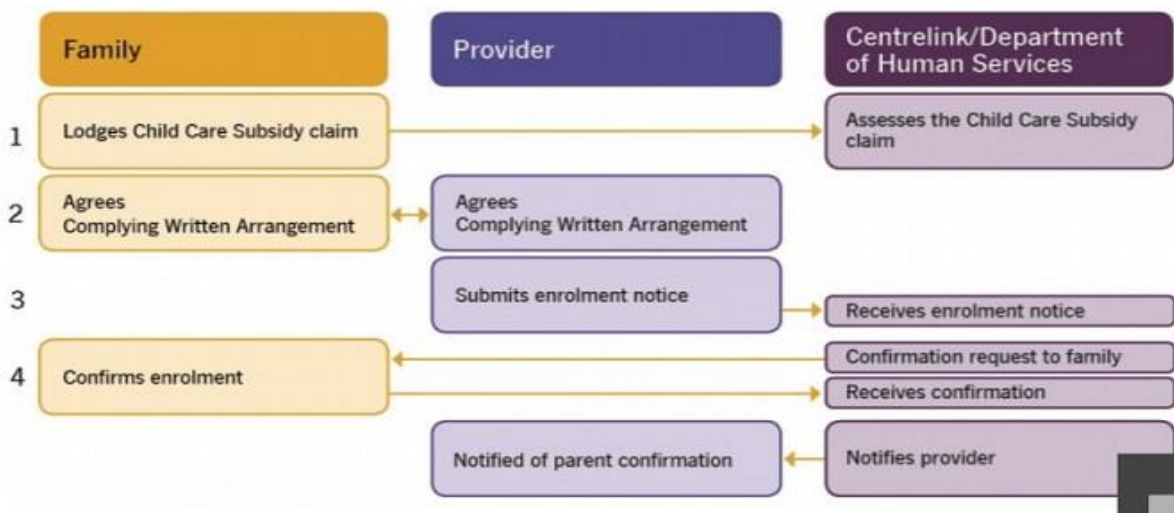
YES / NO

**FULL FEES WILL BE CHARGED UNTIL CCS IS APPLIED**

**How to register for CCS:**

1. Go to your myGov online account and select Child Care Subsidy from the menu.
2. Once MOOSH has submitted your enrolment details into our HubWorks Software you will need to confirm these before CCS will be paid.
3. Upon enrolment, you will be required to sign a Complying Written Arrangement (CWA).  
A CWA is a written agreement between MOOSH and Families to give care in return for fees.
4. Please ensure correct details are provided to MOOSH, if there is a digit wrong or different information to what the CCSS has, it will not allow us to create an enrolment.

*Figure 2: Summary of the four main steps to enrol a child with a child care provider when claiming the Child Care Subsidy from Centrelink*



**HOW DID YOU HEAR ABOUT US?**

Word of Mouth	Internet Search
Advertisement	Social Media
Website	Other: _____



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## Permanent Booking Details QA- 6

Permanent Booking Details QA- 6						
Before School Care(BSC)	Days required (please circle)					Requested start dates
Child 1	Mon	Tues	Wed	Thur	Fri	
Child 2	Mon	Tues	Wed	Thur	Fri	
After School Care (ASC)	Days required (please circle)					Requested start dates
Child 1	Mon	Tues	Wed	Thur	Fri	
Child 2	Mon	Tues	Wed	Thur	Fri	
Casual Care	An additional \$2 per session					Requested start dates
Please book with staff as required						
Roster Care	Booking must be provided at least a month ahead.					Requested start dates
Please provide booking requirements in writing						
Vacation Care (VC)	Please note that this booking is a separate booking for each VC period. This will be emailed to families prior to each VC.					Requested start dates
Please book with staff as required						

<b>Absences from MOOSH</b>	Fees are payable for public/bank holidays, family holidays and sick periods if those days fall on a day that your child is booked onto MOOSH.	<b>YES</b>
<b>Centre Closures:</b>	No fees are charged while the centre is closed over the Christmas period.	<b>YES</b>
<b>Child Absence:</b>	I agree to notify MOOSH if my child is absent from the centre on the day they are booked in. Should I not notify the centre of my child being absent, I will incur a search fee.	<b>YES</b>
<b>Late Fee:</b>	MOOSH is open BSC 6.30am-9.00am, ASC 3.00pm-6.00pm and Vacation Care 7.00am-6.00pm. A late fee will be charged if children are not collected before closing time, \$10 per 5 minutes or part thereof. There will be no waiver of this late fee policy.	<b>YES</b>
<b>Payment of Fees:</b>	I understand that the fees must be paid on time, that my child's place at MOOSH may be terminated If fees are not up to date, and that I may be liable for any additional costs incurred in recovery of outstanding fees. Fees <b>MUST</b> be kept two weeks in advance at all times.	<b>YES</b>

## Permission and Consents QA -7

The following permission and consents are for:			
		<u>CHILD 1:</u>	<u>CHILD 2:</u>
<b>Information Handbook:</b>	I have read and understand the information in the Handbook.	<b>YES</b>	<b>YES</b>
<b>Behaviour Policy:</b>	I have read and understand the information in the Behaviour Policy.	<b>YES</b>	<b>YES</b>
<b>Photography and Facebook:</b>	I agree to my child/ren being photographed at the service and all photographs may be used:		
	Inside the building	<b>YES / NO</b>	<b>YES / NO</b>





# MOOSH (Muswellbrook Out of School Hours Care)

	For promotional material on UHCS Facebook	YES / NO	YES / NO
	On Community Facebook pages	YES / NO	YES / NO
	In Newspaper Articles relating to MOOSH	YES / NO	YES / NO
<b>Face Painting/ Hair spray:</b>	I allow my child/ren to have their face painted.	YES / NO	YES / NO
	I allow my child/ren to have coloured hair sprays on their hair.	YES / NO	YES / NO
<b>Videos/ Movies/ Games:</b>	I agree to my children watching videos/ movies/ games at the service with a G or PG rating.	YES	YES
<b>Transport and Travel:</b>	I agree to the staff at the service to transport my child/ren to and from the service to excursions/ activities or school by mini bus or personal vehicle.	YES	YES
<b>Sunscreen</b>	I agree to the use of sunscreen applied on my child/ren at the service. If not, I agree to provide sunscreen.	YES / NO	YES / NO
<b>Play on Bowman Park Oval</b>	I give permission for my child/ren to have supervised play on Bowman Park Oval, which backs onto MOOSH.	YES / NO	YES / NO
<b>Medical Assistance:</b>	I agree to the staff at the service seeking medical treatment for my child/ren from a registered medical practitioner, hospital or Ambulance Service AND transportation by Ambulance Service as required. If an ambulance is called and the child/ren transported, I agree to pay all medical costs in this instance.	<b>Signature:</b> <b>Date:</b>	
<b>Final Permission:</b>	I hereby give permission for my child/ren to attend MOOSH and agree to abide by all relevant policies and procedures, pay all fees on time and 2 weeks in advance and follow all operating hours.	<b>Signature:</b> <b>Date:</b>	
<b>First Aid Treatments:</b>	In the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.	<b>Signature:</b> <b>Date:</b>	
<b>Administration of Medication in case of emergency:</b>	I hereby authorise the staff to administer an age/weight appropriate dose of Panadol to my child, should he/ she have a fever, while awaiting my arrival to seek medical treatment.	<b>Signature:</b> <b>Date:</b>	
	Give permission to apply Band-Aids	YES / NO	YES / NO
	Give permission to apply Stingoes as required	YES / NO	YES / NO
<b>Child Absences:</b>	I agree to notify the MOOSH if my child is absent from the centre on a day that they are booked in and agree to pay all search fees associated should I not make contact with the centre.	YES	YES
<b>Notification of arrival and departure at MOOSH.</b>	I agree to sign my child in and out on the appropriate documentation at the centre on arrival and departure each day they attend the MOOSH.	YES	YES
<b>Child Belongings:</b>	I agree that MOOSH is not responsible for damage, lost or stolen items.	YES	YES
<b>Electronic Devices:</b>	I agree to adhere to this policy. Children will only be allowed to be on their own devices when completing homework tasks or permission is given by staff. Staff will have the right to check the content to make sure it is appropriate.	YES	YES
<b>CCS PAYMENTS</b>	I agree it is my responsibility to register for Child Care Subsidy (CCS) and that full fees are to be paid in advance until CCS has been confirmed.	YES	YES
<b>FEES</b>	I am aware full fees for a permanent booking are per child: <ul style="list-style-type: none"> <li>• Before School Care: \$21-00 (Includes bus fare)</li> </ul>	YES	YES





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	<ul style="list-style-type: none"> <li>• After School Care: \$25-00 (Includes bus fare if not in possession of a paid pm bus pass)</li> <li>• \$2 surcharge for casual attendance</li> <li>• Vacation Care and Pupil free days \$53.00 (From 19/12/2019)</li> </ul>			
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**Your Permission:**  
 I, \_\_\_\_\_ (Parent / Guardian Name) have read and understood the above information and agree to give my permission.  
**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. I have read and understand the centre's procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (which may be by notice from time to time by the centre at its sole discretion).	<b>YES</b>
2. The Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child/ren.	<b>YES</b>
3. I must strictly comply with the policies and procedures at all times.	<b>YES</b>
4. The information provided in this enrolment record is to the best of my knowledge correct.	<b>YES</b>
5. I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record	<b>YES</b>
6. When caring for my child/ren the centre will rely on the information provided by me in this enrolment record, in any notice of change and any other instructions and information I give to the centre.	<b>YES</b>
7. I am totally responsible for the accuracy of the information and my compliance with the policies and procedures.	<b>YES</b>
8. I am totally responsible for any other persons about the policies and procedures whom I authorise to visit, deliver and or collect my child/ren to/from the centre or any other place.	<b>YES</b>
9. I must inform any other person/s about the policies and procedures and that they must strictly comply with them	<b>YES</b>
10. I understand that MOOSH is a NO NUT Centre and I will adhere to this policy	<b>YES</b>

**DECLARATION:**  
 A person with Lawful Authority of the child/ren referred to in this enrolment form: Declare that the information in this enrolment form is true and correct

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.  
 Parent / Guardian's Full Name (PLEASE PRINT) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please don't hesitate to contact us if you have any questions or concerns.

Thank you for choosing MOOSH





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<u>Office Use Only</u>			
Enrolment Date:     /     /			
Start Date:         /     /			
Enrolment Processed in full:	YES	NO	
<b>Accompanied with the attachments:</b>			
Copy of immunisation history statement- obtained through Medicare	YES	NO	
Copy of birth certificate	YES	NO	
Any relevant court orders or custodial orders	N/A	YES	NO
Copy of proof of address	YES	NO	
Families CRN's	YES	NO	
Signed CWA Forms	YES	NO	
Medication Administration Form (If your child has a conditions )	N/A	YES	NO
Completed Risk Minimisation Plan (If your child has a conditions )	N/A	YES	NO
Completed a Risk Communication Plan (If your child has a conditions )	N/A	YES	NO
Provide Action Plan (If your child has a conditions )	N/A	YES	NO
<b>Signed:</b> _____ <b>Date:</b> _____	<b>Comments:</b>		