Ladybug OOSH Services



Enrolment form 2024

Before School Care, After School Care, Vacation Care

Prestons

163 Kurrajong rd.
Prestons NSW 2170
TEL: 0423 617 277
0407 909 884
Call us between:
Monday – Friday
7:00am to 6:30pm

Email: ladybugoosh@gmail.com

Auburn

26-28 Kerr Parade
Auburn NSW 2144
Tel: 0423 617 277
0497 777 767
Call us between:
Monday – Friday
7:00am to 9:00am
3:00pm to 9:00pm
Email:ladybugoosh@gmail.com

Number of children:
Date/
Location:
Enrolling Staff:
Signature:

Centre? Please chose the centre your	child/children will	enrol				
Prestons			Auburn			
Who's Attending?						
Family Name:						
Child 1Full Name:			Gend	der M/	F	
Date of birth:	Age	:	Grad	le:		
Child's CRN:	Me	dicare Number	:			
What school does your child attend?						
					_	
Child 2Full Name:			Gend	•	F	
Date of birth:	Age		Grad	le:		
Child's CRN:	Me	dicare Number	:			
What school does your child attend?						
Child 3Full Name:			Gend	der M /	E	
Date of birth:	Δσο		Grad	•	<u> </u>	
Child's CRN:	Age	dicare Number		ie.		
What school does your child attend?	IVIE	uicare Number	•			
Background information						
Are any of the children you are enrolli	ng Aboriginal or To	rres Strait Islan	d background	YES	NO	
If YES, please circle child below,						
Child 1		Child 2		Chile	1 2	
What languages are spoken at home?		Cilila 2		Cilii	13	
The tanguages are opened at memorial						
Parent/Guardian Details						
Primary Parent/ Guardians Full Name	:					
Relationship of Child:	CRN Numb	CRN Number:				
Date of Birth: Gen			Gender M / F			
Home Address:						
Home Phone: Mobile:			Work:			
Email address:						
Driver Licence Number: State:						
Are you a single parent?			YES NO			
Is English your first language?		YES		NO		
Parent cultural background:						
If NO, what languages do you speak?						
Occupation: Place of Employment:						
Home Address:						
Suburb:		Postcode:		· · · · · · · · · · · · · · · · · · ·		

Other Parent/ Guardians Full Name:						
Relationship of Child:		CRN Number:				
Date of Birth:		Gender M / F				
Parent cultural background:		Gender IVI / I				
Home Address:						
		D				
Suburb:		Postcode:				
Home Phone:	Mobile:	Work:				
In case of an emergency educators will make every attempt to contact parents\guardians. However if this is unsuccessful, you are asked to provide details below of any 2 persons who can act on your behalf. person below will be able to: 1. give consent to the service to administer medications 2. give consent to the service to seek medical treatment for your child 3. collect the child from the service 4. give consent to nominee to authorize Ladybug OOSH to transport my child or arrange transportation for my child 5. give consent to nominee to authorize Ladybug OOSH to take my child outside the premises I give permission to the below persons to authorise the emergencies listed above. Please list details of any persons you authorise to collect your child from the service. Please be sure to bring their ID (eg: driver license) for conformation, otherwise your child would not be allowed to leave with them.						
Emergency Contact 1 Full N	ame:	Relationship to child:				
Home Phone:	Mobile:	Work:				
Home Address:		Suburb:	Postcode:			
Emergency Contact 2 Full N	ame:	Relationship to child:				
Home Phone:	Mobile:	Work:				
Home Address:		Suburb:	Postcode:			
Emergency Contact 3 Full N	ame:	Relationship to child:				
Home Phone:	Mobile:	Work:				
Home Address:		Suburb:	Postcode			
Court Orders						
Are any of the children you are enrolling involved in a court order?		YES	NO			
If YES, please provide a copy of the court order with this enrolment.						
Please note that a "bookings adjustment form" must be filled out to change any Routine or Casual booking, please obtain this form from centre management. Please specify the type of care required below:						
	Casual	Flexible				
Please circle the days you require below						
Before School care: 7:00am-9am						
For Child A						
Monday Tuesday	Wednesday	Thursday	Friday			
For Child B Monday Tuesday	Wednesday	Thursday	Friday			
For Child C						

child? (Psychologists, Behaviour management plans, Interventions) Medical Details Doctor: Medical centre:						
For Child A Monday Tuesday Wednesday Thursday Friday Wednesday Thursday Friday Friday Vacation care Vacat		•	·	Thursday	Friday	
Monday Tuesday Wednesday Thursday Friday			pm			
For Child B Monday Tuesday Wednesday Thursday Friday For Child C Monday Tuesday Wednesday Thursday Friday Monday Tuesday Wednesday Thursday Friday Vacation Care Vacation care Vacation care programs correspond with NSW school holidays from 7:00-6:00pm. Please see centre management for further information. Starting Dates: What date will your child/children be starting? Medical Information If your child requires any regular medication, has a medical condition or may be at risk of allergic reaction/anaphylaxis please provide further details and see management for medical authority forms Are the children you are enrolling immunized? YES NO Please provide a copy of immunization certificate Have any of the children you are enrolling been diagnosed with a disability or are they undergoing diagnosis/ assessment? YES NO Please specify what kind of disability, how it affects your child and what management plans are in place to support your child. Have any of the children been diagnosed with a medical condition? E.g., Asthma, fits/seizures, allergies, anaphylaxis YES NO Please specify what kind of disability, how it affects your child and what management plans are in place to support your child. Have any of the children been diagnosed with a medical condition? E.g., Asthma, fits/seizures, allergies, anaphylaxis YES NO Please specify what medical condition For children with diognosed Asthma or Allergies, please provide a copy of asthma/ anaphylaxis action plans on enrolment. Do any of the children you are enrolling have diagnosed or undiagnosed behavioural conditions? E.g., Abthma, fits/seizures, allergies, anaphylaxis YES NO Please specify what medical condition Please specify what medical condition Please specify how this condition affects your child and what (if any) management plans are in place to support your child? (Psychologists, Behaviour management plans, Interventions) Medicar Details Medicare Details Please that the did to Date: Please Please Please Please Please				T		
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Address: Phone number:						
Phone number:						
	Address:					
Dietary Details	Phone nu	mber:				
	Dietary D	etails				

Please specify if your child requires special die	etary requirements:
YES	NO
What are these dietary requirements?	
Are these dietary requirements due to cultura	al/religious proclivities?
YES	NO
Special Requirements	
	notified by a parent of the child (such as requirements relating to the
child's culture or religion or to the child's need	d in relation to any disability that the child has)
Fears and Phobias	
Do any of the children you are enrolling suffer	r from any fears of phobias?
YES	NO
Please specify what fears or phobias your chil	d/ren suffers from and how to manage them:
Provide Alexander	
Permission Notes	
Videos/DVDs	G rated and PG rated movies with the supervision of Staff
YES	NO
Photo	hadian Nandahaka ahadan ahada karan ahiidi da marani an aftan aran and da da
	ly diary) and photos about my child's morning, afternoon and day to r publications, termly newspaper or on our website.
YES	NO
Centre Publications	
	e photographed video recorded at the centre and during excursions. and my child's art work to be displayed for other children and parents
YES	NO
Internet	
	internet for homework and interest, research purposes. I pervision (staff member with child using the internet at all times).
YES	NO
First aid/ medical	
I /We provide permission for Ladybug OO First Aid strips- such as band aids	SH educators to apply:
YES	NO
Antiseptic cream- such as Dettol	
YES	NO
Pick Up / Drop Off Permissions	
, , , , , , , , , , , , , , , , , , , ,	d up from school and dropped to Ladybug OOSH Services at Ladybug
	d /or dropped to home from Ladybug OOSH Services.
YES	NO
Arriving at the centre / Leaving the cen	
I / We give permission for Ladybug OOSH edu	cators to allow
	to the car park or to walk from car park to the centre in the morning
YES	NO NO
<u> </u>	to the car park where I will pick her/him/them up
YES	NO
my child/ren to walk from class to the	centre
YES	NO

 my child/ren to leave the centre at 8:3 	30am and go play with their peers in the playground				
YES	NO				
Signed:	Date:				
This service agreement is between the unders	signed and Ladybug OOSH Services.				
giv	ve permission for the children named in this enrolment form to attend				
Ladybug OOSH Services and agree to abide by	the Ladybug OOSH Services policies and procedures (available on in and out procedures, absence charges and payment of fees.				
These include but are not limited to, late fees	and suspensions due to program disruptions or safety issues.				
I acknowledge that there will be no refunds or	r credits given if I cancel any of the children's enrolments.				
I understand that I need to give 2 weeks' noti	ce for cancellation of services.				
,	provide a safe, secure and supportive environment for my children lations and operates within the National Quality Framework, copies of				
I understand that providing direct debit detail details are not provided.	s is a condition of enrolment and enrolment may be declined if these				
I acknowledge that all absences will be charge	ed for.				
I acknowledge that late fees will apply at a rat thereafter	e of \$2 per minute for the first 5 minutes, then \$5 per minute				
	dybug OOSH Services and will not hold Ladybug OOSH Services, its e and/or loos of property, and/or accident that occurs.				
I give permission for Ladybug OOSH Services to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child.					
I authorise Ladybug OOSH Services to seek medical treatment from my registered practitioner, hospital or ambulance services agree to pay all incurred costs.					
I understand that Ladybug OOSH Services may disclose my personal information to any credit reporting agency should I default on my fees.					
I understand staff are on site until 9:00am to tidy the centre and prepare for the afternoon session.					
This agreement commences from the date signed and ends when terminated in writing by either party.					
Parent/Guardian Name (Print):					

Complying Written Arrangement (Must be fully completed)

Parent/Guardian Signature:

This Written Arrangement is an ongoing agreement between the ECEC Service provider, **Ladybug OOSH Services** and the **Parent/Guardian**, **to** provide care in return for fees. This Written Arrangement contains the

Date:

minimum amount of information specified in subsection 200B (3) of the Family Assistance Administration Act.

Complying Written	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in			
Arrangement		the future			
Relevant	<mark>RA</mark>	A RA is an enrolment type used for families not wishing to claim CCS			
Arrangement					
Additional Child Care	<mark>ACCS</mark>	ACCS is used when a child care provider identifies that a child is at risk of			
Subsidy		serious abuse or neglect but the reason individual identified to pay the child			
		care fees			
Arrangement with	Arrangement with an organization is where the organization is liable for the fees for				
an organisation	the care of the child				

Arrangement Type:	CWA RA		ACCS	Arrangement with an organisation	
lacksquare				Organi.	
Name of Service:	Ladybug OOSH	Services	-		
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent/Guardian CRN:					
Date the arrangement was entered:					
Full Name of Child A					
Child A's Date of Birth: //		(CRN:		
Full Name of Child B					
Child B's Date of Birth://_		(CRN:		
Full Name of Child C					
Child C's Date of Birth: //		C	RN:		
Expected Session of Care:	Mon	Tue	Wed	Thu	Fri
BSC Session Time	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am
ASC Session Time	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm
Care Arrangement:	Routine	e Care	Flexible Care		Casual Care
Before School Care					
After School Care					
Note: It is understood that fees may vary from time to time.					
Parent/Guardian Name:					
Parent/Guardian Signature:/Date:/					
Ladybug OOSH Services Representative Name:					
Ladybug OOSH Services Represen	tative Signature	e:		Date:/	