

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 <input type="checkbox"/>	Auburn <input type="checkbox"/>	
Who's Attending?		
Family Name:		
Child 1 Full Name:	Gender M / F	
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Child 2 Full Name:	Gender M / F	
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Child 3 Full Name:	Gender M / F	
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Background information		
Are any of the children you are enrolling Aboriginal or Torres Strait Island background	YES	NO
If YES, please circle child below,		
Child 1	Child 2	Child 3
What languages are spoken at home?		

Parent/Guardian Details		
Primary Parent/ Guardians Full Name:		
Relationship of Child:	CRN Number:	
Date of Birth:	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:				
Home Address:				
Suburb:		Postcode:		
Home Phone:		Mobile:		Work:
Emergency person Authorisation				
<p>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:</p> <ol style="list-style-type: none"> 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 <p>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.</p>				
Emergency Contact 1 Full Name:		Relationship to child:		
Home Phone:	Mobile:	Work:		
Home Address:		Suburb:	Postcode:	
Emergency Contact 2 Full Name:		Relationship to child:		
Home Phone:	Mobile:	Work:		
Home Address:		Suburb:	Postcode:	
Emergency Contact 3 Full Name:		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.				
Bookings				
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:				
Permanent	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Flexible <input type="checkbox"/>
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				

Monday	Tuesday	Wednesday	Thursday	Friday
After School care: 3:00pm-6:00pm				
For Child A				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child B				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child C				
Monday	Tuesday	Wednesday	Thursday	Friday
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		
<i>For children with diagnosed Asthma or Allergies, please provide a copy of asthma/ anaphylaxis action plans on enrolment.</i>				
Do any of the children you are enrolling have diagnosed or undiagnosed behavioural conditions? E.g., ADHD, ODD.				
YES		NO		
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)				
Medical Details				
Doctor:				
Medical centre:				
Address:				
Phone number:				
Medicare Details				
Medicare number:			Valid to Date:	
Dental Details				
Dentist Name:				
Address:				
Phone number:				
Dietary Details				

Please specify if your child requires special dietary requirements:	
YES	NO
What are these dietary requirements?	
Are these dietary requirements due to cultural/religious proclivities?	
YES	NO
Special Requirements	
Any special requirements concerning the child notified by a parent of the child (such as requirements relating to the child's culture or religion or to the child's need in relation to any disability that the child has)	
Fears and Phobias	
Do any of the children you are enrolling suffer from any fears of phobias?	
YES	NO
Please specify what fears or phobias your child/ren suffers from and how to manage them:	
Permission Notes	
Videos/DVDs	
I / We give my child/ren permission to watch G rated and PG rated movies with the supervision of Staff	
YES	NO
Photo	
I / We give permission for information (daily diary) and photos about my child's morning, afternoon and day to be displayed on social media, used for our publications, termly newspaper or on our website.	
YES	NO
Centre Publications	
I/We give permission for my child/ren to be photographed video recorded at the centre and during excursions. I also give permission for photos, videos and my child's art work to be displayed for other children and parents at the centre.	
YES	NO
Internet	
I / We give permission child/ren to use the internet for homework and interest, research purposes. I understand that there will be close staff supervision (staff member with child using the internet at all times).	
YES	NO
First aid/ medical	
I /We provide permission for Ladybug OOSH educators to apply:	
<ul style="list-style-type: none"> First Aid strips- such as band aids 	
YES	NO
<ul style="list-style-type: none"> Antiseptic cream- such as Dettol 	
YES	NO
Pick Up / Drop Off Permissions	
I give permission for my child/ren to be picked up from school and dropped to Ladybug OOSH Services at Ladybug OOSH Before and After School Care Centre and /or dropped to home from Ladybug OOSH Services.	
YES	NO
Arriving at the centre / Leaving the centre	
I / We give permission for Ladybug OOSH educators to allow	
<ul style="list-style-type: none"> my child/ren to walk from the centre to the car park or to walk from car park to the centre in the morning 	
YES	NO
<ul style="list-style-type: none"> my child/ren to walk from the centre to the car park where I will pick her/him/them up 	
YES	NO
<ul style="list-style-type: none"> my child/ren to walk from class to the centre 	
YES	NO

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

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

Arrangement Type: <input checked="" type="checkbox"/>	CWA <input type="checkbox"/>	RA <input type="checkbox"/>	ACCS <input type="checkbox"/>	Arrangement with an organisation <input type="checkbox"/>	
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: /____/____				CRN:	
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 Care		Flexible Care		Casual Care
Before School Care <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
After School Care <input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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 Representative Signature: _____ **Date:** ____/____/____