



Dubbo Neighbourhood Centre Inc.  
 31-33 Church Street, DUBBO NSW 2830  
 P: 02 6883 2300 or 1800 319 551  
 E: oosh@dnc.org.au W: www.dnc.org.au



# Outside of School Hours Care (OSHC): Before & After School and Vacation Care

## Enrolment Form 2021

### Contact Information

Dubbo Neighbourhood Centre Inc.  
 Phone: 1800 319 551 OR 02 6883 2300  
 Web: [www.dnc.org.au](http://www.dnc.org.au) Email: [oosh@dnc.org.au](mailto:oosh@dnc.org.au)

North Before & After School Care North Dubbo Primary School Hall Fitzroy Street, Dubbo Mobile: 0448 304 227	South Dubbo After School Care South Dubbo Primary School Hall Fitzroy Street, Dubbo Mobile: 0448 303 364
East Dubbo After School Care Buninyong Public School Myall Street, Dubbo Mobile: 0448 298 938	West Dubbo After School Care West Dubbo Primary School Hall East Street, Dubbo Mobile: 0409 608 737
St Laurence's After School Care St Laurence's Primary School Hall Fitzroy Street, Dubbo Mobile: 0409 818 341	MAGS After School Care Macquarie Anglican Grammar School Currawong Road, Dubbo Mobile: 0490 550 512



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## Outside of School House Care Information

Dubbo Neighbourhood Centre Inc. provides quality Before and After School Care and Vacation Care to families for children ages 5 years to 12 years who are K-6 enrolled. We have been accredited through the Department of Education for all centres. Outside School Hours Care is a safe, secure and stimulating environment for children that provides education and care through a variety of activities.

### FEES 2021

<b>Before School Care session fees</b>			
<b>Service</b>	<b>Hours</b>	<b>Permanent Fee</b>	<b>Casual Fee</b>
North Before School Care	6:00am-9:30am	\$30.00	\$35.00
<b>After School Care session fees</b>			
<b>Service</b>	<b>Hours</b>	<b>Permanent Fee</b>	<b>Casual Fee</b>
North Dubbo After School Care	3:00pm-6:00pm	\$27.00	\$31.00
South Dubbo After School Care	3:15pm-6:00pm	\$27.00	\$31.00
East Dubbo After School Care	2:30pm-6:00pm	\$27.00	\$31.00
West After School Care	3:00pm-6:00pm	\$27.00	\$31.00
St Laurence's After School Care	2:30pm-6:00pm	\$27.00	\$31.00
MAGS After School Care	2:30pm-6:00pm	\$27.00	\$31.00
<b>Vacation Care session fees</b>			
Vacation care	\$65 per child/per day (Early Bird \$60, Late Booking \$70).		
<b>Additional Fees and Charges</b>			
Late collection/pick up fee (after 6pm)	\$15 per 15 minutes (minimum charge of \$15)		
Location fee / Failure to notify of absence fee (ASC only)	\$15 per occurrence if you fail to notify the service that your child will be absent and phone calls need to be made to locate your child.		
Debt recovery cost	Failure to pay fees on time may result in recovery costs including administration fees, debt recovery fees, solicitor fees and disbursements incurred by DNC being added to the overdue account.		
Resources fees are included in the daily fee and will not be changed in addition each term. Any excursion or special outings fees if applicable such as during vacation care will be advised in advance.			

Fees and charges above are before any eligible Child Care Subsidy (CCS) reductions.

Parents/carers may view statements through Xplor 24/7. See the OSHC Family Handbook for more details.

### Payments

Methods of payment include: Direct Debit (setup through Xplor), Direct Deposit, Eftpos, cheque and cash payments that can be made at the Dubbo Neighbourhood Centre office between the hours of 9am – 5pm.

#### **Direct Deposit details:**

Account Name: Dubbo Neighbourhood Centre Inc.  
 BSB: 062 534  
 Account Number: 2800 2117

Please leave your child's full name and service attending as reference E.g. John Glen Smith, North ASC.



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## Programs

Each morning and afternoon there are programmed activities in which the children are encouraged to participate. These activities include art/craft, cooking and games. The program can be viewed on site at each centre. Vacation Care is based upon a program prepared specifically for each school holidays.

## Meals provided

- Breakfast (6am – 8.15am) for Before School Care.
- Afternoon Tea (3:30-4pm) and Late Afternoon Tea (5pm) for After School Care.
- There will be fresh fruit available for children each day.

The menu follows the Australian Dietary Guidelines, which can be viewed at each Centre.

Diagnosed Dietary requirements are catered for, e.g. Gluten Free.

During Vacation Care, it is the responsibility of the parent/caregiver to provide a nutritional morning tea, lunch and afternoon tea unless specified in the program.

## OSHC ENROLMENT FORM CHECKLIST

Before submitting your OSHC Enrolment forms please double check that you have:

- provided a current email address for all guardians
- attached any relevant documentation including (circle below):

PLEASE INDICATE THE FOLLOWING:

Management Plans	Child 1	Child 2	Date document/plan created	Date of Review
Asthma Plans	Yes / No / N/A	Yes / No / N/A		
Allergy Plans	Yes / No / N/A	Yes / No / N/A		
Medical Management plan	Yes / No / N/A	Yes / No / N/A		
Behavioural management plan	Yes / No / N/A	Yes / No / N/A		
Court Orders	Yes / No / N/A	Yes / No / N/A		
Any documentation regarding additional needs or support from your child/rens specialist or GP	Yes / No / N/A	Yes / No / N/A		

If you have questions, please do not hesitate to contact us on 02 6883 2300 or [oosh@dnc.org.au](mailto:oosh@dnc.org.au)

## **Out of School Hours behaviour management procedure**

At Out of School Hours Care, all staff model and support children in positive behaviours in accordance to our behaviour management policy.

We expect children to:

- Abide by and respect all rules set out by the School and OSHC Service
- Speak politely and use appropriate language
- Never use swear words, rude words, signs or hurtful remarks
- Take care of our equipment
- Take care of other children and treat them as they wish to be treated
- Adhere to the centre rules (as displayed in each room)
- Treat staff with respect and kindness
- If you attend After School Care go directly to After School Centre or meeting spot from class dismissal

If children do not meet expectations the following may occur:

- The supervisor will talk with you regarding your child/children's behaviour
- If the child's behaviour continues, the supervisor will call the parent to collect the child.
- Parents will be asked to talk over any issues with children and list ways to improve. The centre may need to develop a behaviour management plan for your child.
- If poor behaviour continues and the above strategies have not worked, the issue will be taken to the management for consultation. Suspension or expulsion from the centre may be considered.

We \_\_\_\_\_ (Parent/Guardian Names) acknowledge that we have read the above behaviour management procedures for attending Out of School Hours Care.

We have discussed this procedure with (Child/ren's Name) \_\_\_\_\_ and he/she understand that there are consequences for unacceptable/inappropriate behaviour.

Parent/Guardian Signature:

Date:

## Booking Form

Required Starting Date: \_\_\_\_\_ (DD/MM/YY)

Please write full name of child/ren that you are making OSHC booking.

Child Name 1:	
Child Name 2:	
Child Name 3:	
Child Name 4:	

### Before School Care - North only

Please tick days you require **Permanent Care**

Monday	Tuesday	Wednesday	Thursday	Friday
Please tick: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>				

**Casual Care**

Note: To make casual bookings use Xplor Care app, text the centre mobile or contact the office.

### After School Care

Please tick days you require **Permanent Care**

Monday	Tuesday	Wednesday	Thursday	Friday	
<b>Select Centre (please tick): If you require your child to go to different centres on different days – please clearly print the day of the week under the centre name.</b>					
<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> St Laurence's	<input type="checkbox"/> MAGS
Please tick: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>					

**Casual Care**

Note: To make casual bookings use Xplor Care app, text the centre mobile or contact the office.

### Vacation Care

**Please ask for separate form for Vacation Care bookings.**

**THIS ENROLMENT IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

**Child 1**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

CRN: \_\_\_\_\_ Sex: M  / F

School: \_\_\_\_\_ Year at school: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary carer: Mother / Father / Carer Primary Language: \_\_\_\_\_

Is your child in the care of the State: Yes / No Religion: \_\_\_\_\_

Does your child identify as: Aboriginal  Torres Strait Islander  Not Aboriginal or TS Islander

Program: Primary enrolled in K-Yr6  Pre-kindergarten (MAGS only)

**Are there any court orders/custody arrangements regarding your Child/ren? Yes  No**   
**If yes, please provide a copy of the court orders/custody arrangements.**

**Does your child have a need for additional assistance in any of the following areas?**

- |  |   |
|--|---|
| <input type="checkbox"/> Learning & applying knowledge, education  | <input type="checkbox"/> Communication  |
| <input type="checkbox"/> Mobility                                  | <input type="checkbox"/> Speech   |
| <input type="checkbox"/> Hearing                                   | <input type="checkbox"/> Self-care  |
| <input type="checkbox"/> Interpersonal interactions & relationship | <input type="checkbox"/> Other including general tasks, community & social life etc |

**Please note details:**

**Does any of the following apply to your child?**

- |  |   |
|--|---|
| <input type="checkbox"/> From a culturally & linguistically diverse background | <input type="checkbox"/> Has experienced trauma |
| <input type="checkbox"/> Refugee or humanitarian background                    | <input type="checkbox"/> Other                  |

**Please note details:**

**Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional attention? For example: ADHD, ODD, etc.**

**Please note details:**

Potential triggers to escalated behaviour:

Identified strategies to assist de-escalation:

## **Child 1 Medical Details:**

Child's name: \_\_\_\_\_

### **1. Child's Immunisation Status:**

- Fully immunised** for their age (AIR Immunisation History Statement as words '**up to date**' recorded)
- Not** fully immunised for their age (AIR Immunisation History Statement as words '**not up to date**')
- Has a **medical reason** not to be vaccinated (details noted in the 'Notice/s' section of AIR Immunisation History Statement)
- Is on a **recognised catch-up schedule** if the child has fallen behind with their immunisations (AIR Immunisation History Form completed by GP/nurse and 'catch up' schedule initiated).

While students can still be enrolled if not fully immunisation, these children may be excluded from care if there is an outbreak of a vaccine-preventable disease OR if they come into contact with a person with a vaccine preventable disease, even if there is not an outbreak at the school.

**2. Is your child on regular medication:** Yes  No

**3. Does your child require medication to be administered at our service?** Yes  No

**Note:** If yes, you will be provided with additional forms that will need to be completed prior to attendance.

**Please note details of medication:**

**4. Does your child have any Health Conditions and/or Disabilities?** Yes  No

**Please note details:**

**5. Does your child have Asthma?** Yes  No

**Note:** If yes please provide a current asthma management plan. **Please note details:**

**6. Does your child have a diagnosed Food Intolerance?** Yes  No

**Please note details:**

**7. Does your child have an Allergy?** Yes  No

**Note:** If yes please provide a current allergy/anaphylaxis management plan. **Please note details:**

**Education and Care Services Regulations:** A child with diagnosed asthma and/or anaphylaxis, food allergy requires parents to provide the service with a Medical Management Plan in consultation with a doctor.

### **Additional Information**

Please place additional information below that will assist educators in caring for your child/ren.

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## Child 1 Authorisation and Approval (permission)

Child Name: \_\_\_\_\_

<p>Doctors Details:</p> <p>Family Doctor's</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>Family Medicare No: _____</p>	<p>Health Fund:</p> <p>Private Health fund? Yes      No</p> <p>Name of health fund: _____</p> <p>Member No: _____</p> <p>Ambulance Cover: Yes      No</p>
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**1. Permission to seek medical assistance in an emergency. Mandatory YES**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby consent to any emergency medical treatment for my child deemed necessary by a qualified Medical Practitioner including Medical, Dental, Hospital and Ambulance Service and transportation of my child by Ambulance and understand that any Costs incurred will be at my expense.

**2. Permission to carry out appropriate first aid treatment in an emergency Mandatory YES**

That 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 to my child/ren.

**3. Permission for Transport. Mandatory YES**

I hereby give permission for my child to be transported using DNC Vehicles accompanied by OSHC educators. This includes to and from schools and services as well as excursions upon notification.

**4. Notification of arrival and departure of children at the centre. Mandatory YES**

I agree to have my child signed in and out at the centre on arrival and departure each day they attend.

**5. Child Absence. Mandatory YES**

I agree to notify the Centre if my child is absent from the Centre prior to the session start time. Failure to inform the service of an absence will incur a \$15 location fee.

**6. Permission for the application of sunscreen / insect repellent. YES  NO**

I hereby give permission for staff to apply sunscreen / insect repellent to my child as required. If no. please provide an alternative. Please notify centre if child has allergies to sunscreen or insect repellent.

**7. Permission for the application of band-aids or sticking plasters. YES  NO**

I give permission for staff to apply latex (e.g. band aids) to my child. If no, please provide an alternative. If permission is not provided (i.e. latex allergy). The parent/carer is requested to provide suitable product to be stored at the service.

**8. Permission for photographs/videos to be taken:**

**8a.** I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion. Media may be used in Learning Story observations to provide visual documentation, and be shared with staff and families attending DNC services to see what children do during the day and to assist with program evaluations. I consent for photos of my child to appear in photo books displayed at the centre and if my child appears in a photo with other children, that photo may be shared electronically via xplor with the families of other children in the photo. I agree that I will not share or publish a photo provided by DNC, such as on social media, which contains images of other children.

**Opted-in for photos/videos (for learning stories) YES  NO**

**8b.** I consent for photos/videos of my child to be used as part of promotion and publicity for the centre, such as on the service website, service flyers, newsletters, advertisements and social media. YES  NO

Signed: \_\_\_\_\_ Name (parent/guardian) : \_\_\_\_\_

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



**THIS ENROLMENT IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL**

**Child 2**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

CRN: \_\_\_\_\_ Sex: M  / F

School: \_\_\_\_\_ Year at school: \_\_\_\_\_

Home Address: \_\_\_\_\_

Primary carer: Mother / Father / Carer Primary Language: \_\_\_\_\_

Is your child in the care of the State: Yes / No Religion: \_\_\_\_\_

Does your child identify as: Aboriginal  Torres Strait Islander  Not Aboriginal or TS Islander

Program: Program: Primary enrolled in K-Yr6  Pre-kindergarten (MAGS only)

**Are there any court orders/custody arrangements regarding your Child/ren? Yes  No**   
**If yes, please provide a copy of the court orders/custody arrangements.**

**Does your child have a need for additional assistance in any of the following areas?**

- |  |   |
|--|---|
| <input type="checkbox"/> Learning & applying knowledge, education  | <input type="checkbox"/> Communication  |
| <input type="checkbox"/> Mobility                                  | <input type="checkbox"/> Speech   |
| <input type="checkbox"/> Hearing                                   | <input type="checkbox"/> Self-care  |
| <input type="checkbox"/> Interpersonal interactions & relationship | <input type="checkbox"/> Other including general tasks, community & social life etc |

**Please note details:**

**Does any of the following apply to your child?**

- |  |   |
|--|---|
| <input type="checkbox"/> From a culturally & linguistically diverse background | <input type="checkbox"/> Has experienced trauma |
| <input type="checkbox"/> Refugee or humanitarian background                    | <input type="checkbox"/> Other                  |

**Please note details:**

**Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional attention? For example: ADHD, ODD, etc.**

**Please note details:**

Potential triggers to escalated behaviour:

Identified strategies to assist de-escalation:

## **Child 2 Medical Details:**

Child's name: \_\_\_\_\_

### **1. Child's Immunisation Status:**

- Fully immunised** for their age (AIR Immunisation History Statement as words '**up to date**' recorded)
- Not** fully immunised for their age (AIR Immunisation History Statement as words '**not up to date**')
- Has a **medical reason** not to be vaccinated (details noted in the 'Notice/s' section of AIR Immunisation History Statement)
- Is on a **recognised catch-up schedule** if the child has fallen behind with their immunisations (AIR Immunisation History Form completed by GP/nurse and 'catch up' schedule initiated).

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**2. Is your child on regular medication:** Yes  No

**3. Does your child require medication to be administered at our service?** Yes  No

**Note:** If yes, you will be provided with additional forms that will need to be completed prior to attendance.

**Please note details of medication:**

**4. Does your child have any Health Conditions and/or Disabilities?** Yes  No

**Please note details:**

**5. Does your child have Asthma?** Yes  No

**Note:** If yes please provide a current asthma management plan. **Please note details:**

**6. Does your child have a diagnosed Food Intolerance?** Yes  No

**Please note details:**

**7. Does your child have an Allergy?** Yes  No

**Note:** If yes please provide a current allergy/anaphylaxis management plan. **Please note details:**

**Education and Care Services Regulations:** A child with diagnosed asthma and/or anaphylaxis, food allergy requires parents to provide the service with a Medical Management Plan in consultation with a doctor.

## **Additional Information**

Please place additional information below that will assist educators in caring for your child/ren.

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## Child 2 Authorisation and Approval (permission)

Child Name: \_\_\_\_\_

<p>Doctors Details:</p> <p>Family Doctor's</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Address: _____</p> <p>Family Medicare No: _____</p>	<p>Health Fund:</p> <p>Private Health fund? Yes      No</p> <p>Name of health fund: _____</p> <p>Member No: _____</p> <p>Ambulance Cover: Yes      No</p>
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**1. Permission to seek medical assistance in an emergency. Mandatory YES**

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby consent to any emergency medical treatment for my child deemed necessary by a qualified Medical Practitioner including Medical, Dental, Hospital and Ambulance Service and transportation of my child by Ambulance and understand that any Costs incurred will be at my expense.

**2. Permission to carry out appropriate first aid treatment in an emergency Mandatory YES**

That 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 to my child/ren.

**3. Permission for Transport. Mandatory YES**

I hereby give permission for my child to be transported using DNC Vehicles accompanied by OSHC educators. This includes to and from schools and services as well as excursions upon notification.

**4. Notification of arrival and departure of children at the centre. Mandatory YES**

I agree to have my child signed in and out at the centre on arrival and departure each day they attend.

**5. Child Absence. Mandatory YES**

I agree to notify the Centre if my child is absent from the Centre prior to the session start time. Failure to inform the service of an absence will incur a \$15 location fee.

**6. Permission for the application of sunscreen / insect repellent. YES  NO**

I hereby give permission for staff to apply sunscreen / insect repellent to my child as required.  
If no. please provide an alternative. Please notify centre if child has allergies to sunscreen or insect repellent.

**7. Permission for the application of band-aids or sticking plasters. YES  NO**

I give permission for staff to apply latex (e.g. band aids) to my child. If no, please provide an alternative. If permission is not provided (i.e. latex allergy). The parent/carer is requested to provide suitable product to be stored at the service.

**8. Permission for photographs/videos to be taken:**

**8a.** I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion. Media may be used in Learning Story observations to provide visual documentation, and be shared with staff and families attending DNC services to see what children do during the day and to assist with program evaluations. I consent for photos of my child to appear in photo books displayed at the centre and if my child appears in a photo with other children, that photo may be shared electronically via xplor with the families of other children in the photo. I agree that I will not share or publish a photo provided by DNC, such as on social media, which contains images of other children.

**Opted-in for photos/videos (for learning stories) YES  NO**

**8b.** I consent for photos/videos of my child to be used as part of promotion and publicity for the centre, such as on the service website, service flyers, newsletters, advertisements and social media. YES  NO

Signed: \_\_\_\_\_ Name (parent/guardian) : \_\_\_\_\_

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

## Parent/Guardian Information

Parent/Guardian/Caseworker – (Primary Account Holder)

Parent/Guardian

<p><b>Full name:</b> _____</p> <p>Title (Mr, Mrs, Miss, Dr): _____</p> <p>Relationship to child: _____</p> <p>DOB: _____</p> <p>Address: _____</p> <p>Suburb: _____ PC: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>Work Phone: _____</p> <p>Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/></p> <p>Are you of Aboriginal? Yes <input type="checkbox"/> No <input type="checkbox"/> and/or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Full name:</b> _____</p> <p>Title (Mr, Mrs, Miss, Dr): _____</p> <p>Relationship to child: _____</p> <p>DOB: _____</p> <p>Address: _____</p> <p>Suburb: _____ PC: _____</p> <p>Home Phone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>Work Phone: _____</p> <p>Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/></p> <p>Are you of Aboriginal? Yes <input type="checkbox"/> No <input type="checkbox"/> and/or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Child Care Subsidy</b></p> <p>Will you be claiming CCS? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Full name of person registered for CCS: _____</p> <p>Account holder's CRN: _____</p> <p>If you are claiming the child care subsidy you will need to provide an individual Customer Reference Number (CRN) E.g.123 456 789A for the primary guardian registered through Centrelink as well as each individual child.</p> <p>Siblings attending another childcare Centre? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many: _____</p>	

## **Emergency Contact (other than Parent/Guardian) – Authorised Nominees**

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. Please nominate **at least two people** who are authorised to be contacted in case of an emergency (**who are 18 years or over**) and/or are authorised to collect your child (**who are 16 years or over**). Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Contacts	Contact 1 (> 18 yrs old)	Contact 2 (> 18 yrs old)	Contact 3 (> 16 yrs old)
Full Name			
Date of Birth			
Relationship to child			
Phone (H)			
Phone (W)			
Phone (M)			
Authorised to collect (must be 16 years or more)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Authorised to give medical consent (must be 18 years or more)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Excursion authorisation (must be 18 years or more)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Child's Interests

We use it as a guide to assist in developing our program with activities that have individual interest

**Child 1 Name:** \_\_\_\_\_

Things that make your child happy?	Tell us at least three thing you are good at doing?
What are your Favourite activities? Inside: Outside:	Would you like us to encourage your child to do their homework?
When you want time alone what do you like to Do?	What is your Favourite Toy/Game?
Any phobias or fears?	What is your favourite music/song?
If you went home after school what would you Do?	What is your favourite animal?
Do you play sport or have a weekend activity? If Yes, what is it?	Do you have a pet? If yes, what is it?

**Child 2 Name:** \_\_\_\_\_

Things that make your child happy?	Tell us at least three thing you are good at doing?
What are your Favourite activities? Inside: Outside:	Would you like us to encourage your child to do their homework?
When you want time alone what do you like to Do?	What is your Favourite Toy/Game?
Any phobias or fears?	What is your favourite music/song?
If you went home after school what would you Do?	What is your favourite animal?
Do you play sport or have a weekend activity? If Yes, what is it?	Do you have a pet? If yes, what is it?

### PAYMENT OF FEES

Fees are to be paid within **14 days of being invoiced**. If invoices are not paid within 14 days, parents will be sent a letter requesting payment. Alternative arrangements for payment of outstanding debt can include a payment plan (where the child continues to attend) and an acceptable reduction of the debt is set up.

If the debt is still **outstanding after 28 days** and the payment plan is not being adhered to the parent/carer is to be contacted and advised that the child/children are excluded from OSHC services until the full debt is recovered/or payment plan is in place.

Any debt collection costs incurred recovering overdue fees are the responsibility of the parent/carer concerned.

Note if the account is in one parent/carer/guardian's name only and we are unable to contact this person to receive payment, than the other parent/carer/guardian is also liable for the debt (the exception being if there is a court order/legal document declaring you are separate Entities).

### COSTS OF DEBT RECOVERY

I, \_\_\_\_\_ (full name) agree that I, and the second parent/guardian if named in this enrolment, are liable for any recovery costs including administrative fees, debt recovery fees, solicitor fees and disbursements incurred by the Dubbo Neighbourhood Centre Inc. (Trading as Connecting Community Services) as a result of my failure to pay the fees and charges for the service provided within the terms of payment specified in this agreement.

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

### DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this Enrolment Form and Family Handbook, which forms part of this agreement (and which may be changed by notice from time to time by the Centre at its sole discretion).
- The Policies and Procedures incorporate any relevant legislation imposed on the centre.
- I must comply with the Policies and Procedures at all times.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the Centre its employees or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the Acts or omissions of the Other Person's.

### DECLARATION

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Primary Account Holder's Full Name (please print): \_\_\_\_\_

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