

School Age Care Program Enrolment form



Belconnen
Community
Service

Please complete all sections in BLOCK LETTERS

Charnwood School Age Program

Charnwood Primary School
Bettington Cct, Charnwood, 2615
Phone: 0408 449 173
Monday to Friday

After School Care
3.00pm - 6.00pm

Florey School Age Program

Florey Primary School
Ratcliffe Crs, Florey 2615
Phone: 0401 045 215
Monday to Friday

Before School Care 7.30am - 9am
After School Care 3.00pm - 6.00pm

St Matthews School Age Program

St Matthews Primary School
Stutchbury St, Page, 2615
Phone: 0434 352 180
Monday to Friday

Before School Care 7.30am - 9am
After School Care 3.00pm - 6.00pm

Hours of care:

Before School Care 7.30am to 9.00am Monday to Friday (excluding public holidays) (Limited Programs)
After School Care 3.00pm to 6.00pm Monday to Friday (excluding public holidays).

Bookings:

An enrolment form is required each year your child attends a Belconnen Community Service School Age Care Program. If personal details or enrolment information changes please update with our Children's Services Administration team as soon as possible. Once completed enrolments have been received your booking will be confirmed once processed by our Children's Services Administration Team. Please allow up to one week for your enrolment to be processed.

Confirmation and Cancellations:

Once Enrolment has been processed, confirmation will be given via email or phone. No refunds will be given on any amendments or cancellations after confirmation. No Enrolments will be accepted if money is still owing to any Belconnen Community Service programs.

Fees

	7.30am – 9.00am		3.00pm – 6.00pm
Permanent Booking	\$22.00	Permanent Booking	\$31.00
Casual Booking	\$24.50	Casual Booking	\$34.50

Eligibility:

Our School Age Care programs cater for children aged Kindergarten to Year Six, attending Primary school.

We currently are able to cater for up to four children with high support needs at Each Program on any given day. Allowing a greater number of children with high support needs than this is beyond the capabilities of staff and the environment.

Attendance:

If your child/ren are unable to attend the program due to illness or other reasons you need to contact the School Age Care program Coordinator on the phone number listed above or Children's Services Administration Team on (02) 6264 0200 or email csat@bcsact.com.au

Sun Protection:

Belconnen Community Service children's programs implement a "no hat, play in the shade policy" when the UV rating is 3 or above. Children attending the program through the months of August to May are required to wear a wide brimmed hat for all outdoor activities.

In the best interests of all children, we have a duty of care to protect and provide a safe and secure environment. Children should wear comfortable clothes and suitable footwear to the program (thongs and flip flop type footwear are discouraged as they can limit children's ability to participate fully in active play). A change of clothes is advisable.

Behaviour Guidance

School Age Care program educators will work with the families to positively guide children's behaviour at the program. Please refer to our Behaviour Guidance Policy and Procedure. We do however reserve the right to cease the child enrolment (in consultation with parents/guardians) when the behaviour continually threatens the safe environment of the program and children in attendance.

Meals and Snacks

A nutritious morning (limited programs) and afternoon tea and water is provided by the program for your child/ren. Please see each your program's menu or speak to the Director.



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Child Care Subsidy

Assessment for Child Care Subsidy is available by application to the Department of Human Services by phoning 13 61 50. Should you require assistance for languages other than English, phone 13 12 02. Families are responsible for the payment of full fees until the assessment is lodged and processed. CRN numbers and date of births are required for both yourself and your child on this form. Once processed, a booking will be issued to your myGov account for approval. Without the CRN's or a confirmed booking on myGov, account holders are unable to claim childcare subsidies.

Child Details

Child 1 Name: _____ Male Female Date of Birth: ___/___/___ CRN: _____

School: _____ Year Level: _____ Teacher's name: _____

Child 2 Name: _____ Male Female Date of Birth: ___/___/___ CRN: _____

School: _____ Year Level: _____ Teacher's name: _____

Child 3 Name: _____ Male Female Date of Birth: ___/___/___ CRN: _____

School: _____ Year Level: _____ Teacher's name: _____

Parent/Legal Guardian 1

Relationship to Child: _____

Mr/Mrs/Ms/Miss First name: _____ Surname: _____ CRN: _____

Date of Birth: _____ Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____

Home Address: _____ Suburb: _____ Post Code: _____

Parent/Legal Guardian 2

Relationship to Child: _____

Mr/Mrs/Ms/Miss First name: _____ Surname: _____ CRN: _____

Date of Birth: _____ Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____

Home Address: _____ Suburb: _____ Post Code: _____

For the children listed in this enrolment is there any custody or special access arrangements? No Yes

If yes please attach details (to be enforced documents must be provided)

Emergency Contacts and people authorised to collect your child/children

(please note that we will not under any circumstances allow any person other than those on the list to collect your child unless proper notification is received from you in writing. This authority may be revoked in writing at any time.)

First name: _____ Surname: _____ Relationship to Child: _____

Authorised to Collect: Yes No

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

First name: _____ Surname: _____ Relationship to Child: _____

Authorised to Collect: Yes No

Home Phone: _____ Mobile Phone: _____ Work Phone: _____



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Medical Details (please copy this page if enrolling a third and subsequent child)

Child 1 Does your child have any allergies or food/drug sensitivities? No Yes If **YES** please complete Allergy and Intolerance Form attached:

.....

Does your Child have an Action Plan? No Yes If **YES**, please provide a copy

Has your child been diagnosed as at risk of Anaphylaxis? No Yes If **YES**, please attach Medical Plan

Does your child take any regular medication? E.g. Ventolin, etc No Yes If **YES**, please provide Asthma Action Plan

.....

Is there any other information, including cultural or religious requirements you feel staff should be aware of regarding your child?

.....

.....

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment?

E.g. ADHD, Autism, Behaviour etc. No Yes If Yes, please provide details and attach a copy of diagnosis/Health care card.

.....

.....

Does your child suffer from fears or phobias? No Yes If **YES**, please provide details

.....

.....

Does your child have need for additional assistance in any of the following areas? (please tick)

Learning Needs Mobility Needs Communication Needs Interpersonal

Needs Other needs

Has your child received all immunisation requirements including Tetanus? No Yes – **Attach Immunisation Record**

.....



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Please complete all sections in **BLOCK LETTERS**

Child 2 Does your child have any allergies or food/drug sensitivities? No Yes If **YES** please complete Allergy and Intolerance Form attached:

.....

Does your Child have an Action Plan? No Yes If **YES**, please provide a copy

Has your child been diagnosed as at risk of Anaphylaxis? No Yes If **YES**, please attach Medical Plan

Does your child take any regular medication? E.g. Ventolin, etc No Yes If **YES**, please provide Asthma Action Plan

.....

Is there any other information, including cultural or religious requirements you feel staff should be aware of regarding your child?

.....

.....

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment?

E.g. ADHD, Autism, Behaviour etc. No Yes If Yes, please provide details and attach a copy of diagnosis/Health care card.

.....

.....

Does your child suffer from fears or phobias? No Yes If **YES**, please provide details

.....

.....

Does your child have need for additional assistance in any of the following areas? (please tick)

Learning Needs Mobility Needs Communication Needs Interpersonal

Needs Other needs

Has your child received all immunisation requirements including Tetanus? No Yes – **Attach Immunisation Record**

.....

If enrolling a third and subsequent child, please copy this page.



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Medicare Number: _____ Ambulance Scheme: _____	
Family Doctors Information: Doctors Name: _____ Doctors Phone No: _____ Address: _____	
For our statistics... Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Your family's Country/Countries of Origin? Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No Languages spoken at home, if other than ENGLISH _____	
<u>Booking Sheet</u>	
Childs Name 1: Childs Name 2: Childs Name 3:	
<input type="checkbox"/> Charnwood School Care Program , Bettington Circuit, Charnwood ACT 2615 (After School Care Only) <input type="checkbox"/> Florey School Care Program , Ratcliffe Crescent, Florey ACT 2615 <input type="checkbox"/> St Matthews School Care Program , Stutchbury Street, Page ACT 2615	
<u>Conditions of Booking</u>	
I/We understand the program opens at 7.30am (limited programs) and closes at 6pm. I/We give permission for my/our child/ren to participate in the following activities/excursions should they be attending on that day. I/We understand that excursions are a compulsory part of the program. Please note: The chartered bus may or may not have seat belts provided I/We understand refunds will not be available upon commencement of the program.	
<u>Booking Information Sheet</u>	
Permanent Bookings	For Children attending a program on specific days. (Please circle days below)
Casual Bookings	For Children who do not attend consistently on the same days.
Before school Care only available at Florey and St Matthews OSHC programs.	
Permanent Booking Child 1 Start Date	
Before School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
After School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Permanent Booking Child 2 Start Date	
Before School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
After School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Permanent Booking Child 3 Start Date	
Before School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
After School Care	Week 1: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Week 2: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri



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Authorisations and conditions of care

A Parent or Legal Guardian must sign the following Authorisations form and all sections must be completed. If not, care cannot commence.

Parent/Guardian Declaration

I/We give permission for my child/ren to watch (PG) rated movies **No** **Yes**

I/We give permission for my child/ren to go on walks with the program in the local area. **No** **Yes**

I/We give permission for staff to administer Paracetamol (e.g. Panadol) to my/our child/ren according to the directions if my/our child/ren develops a high temperature. **No** **Yes**

I/We understand I/We will be notified before administering, or if non-contactable, as soon as possible afterwards.

I/We give permission for the staff of Belconnen Community Service Out of School Hours Care Program to give basic first aid treatment in the event of any minor injury to my/our child/ren.

In the event of accident or serious illness of my/our child/ren, I/We give permission for the staff to seek medical attention or arrange ambulance transport to hospital if considered necessary for the welfare and safety of my/our child/ren. I/We understand that I/We will be required to pay for any costs associated with transport and/or treatment of my/our child/ren.

I/We agree to comply with all Government requirements in relation to the Centre and its service.

I/We agree to have my/our account paid in full at the end of each term in order to be offered a place in the following school term.

I/We agree to pay by direct debit on Thursdays either weekly or fortnightly and agree to ensure that the funds are available in my/our account this day. An occurrence of a direct debit dishonour is subject to a dishonour fee of \$11.00

I/We agree that if my/our direct debit regularly defaults, my/our care may be cancelled effective immediately.

I am/We are aware that it is my/our responsibility to maintain my/our account and keep payment up to date.

I am / We are aware that late payment of accounts are subject to a \$10 late payment fee

I am/We are aware that it is my/our responsibility to maintain a current Family Assistance Income Assessment Notice for Child Care Subsidy purposes.

I am/We are aware that Fourteen (14) days notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.

I am/We are aware that if my child/ren do not attend the last day of care when cancellation of care notice has been given, Centrelink will not pay any CCS entitlements as per DEEWR's guidelines

I am/We are aware that if a booking is made and cancelled within 2 weeks prior to school holidays commencing, A \$75.00 administration fee will be charged.

I am/We are aware that my/our child/ren will be excluded from care at the Centre if he/she has contracted a contagious disease or condition.

I/We understand that the child/ren will be accepted back into the Centre upon provision of 'clearance certificate' for the child/ren from a medical practitioner.

I am/We are aware that sickness and non-attendance days including public holidays are payable to ensure our child's place at the Centre.

I/We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff.

I am/We are aware that I am/We are obliged to pick up my/our child/ren as negotiated with the Centre. Any late collection will result in a fee being imposed of \$2.00 per minute, per child.

I/We agree to provide the Centre with all information regarding the health of my/our child/ren and any other information required by the Centre.

I am/We are aware that the Centre may occasionally have visitors to the Centre and have volunteers that may assist at the Centre.

I/We give consent to my/our child/ren being in the presence of visitors or volunteers, with the Centre's appropriate supervision.

I/We agree to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including late payment fees, mercantile agents fees, court costs and legal fees reasonably incurred, will be added to the total amount due.

Please sign to acknowledge that it is your (the parent/guardian) responsibility to ensure the food brought into the centre by you (the parent/guardian) is prepared and kept/refrigerated in a safe and proper manner before bringing to the centre to minimise the risk of your child becoming ill from consuming food brought into the centre by you (the parent/guardian)

(Conditions continue over page)



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Authorisations and conditions of care continued

A Parent or Legal Guardian must sign the following Authorisations form and all sections must be completed. If not, care cannot commence.

I give permission for BCS to take and use photographs/video footage of my child/ren for publicity, promotional, and reporting activities in print and online media. **Please tick** No Yes

I give permission for BCS educators to take and use photographs of my child/ren for the purpose of recording observations and displaying images for use at the service including OSHC Newsletters: **Please Tick** No Yes

By signing this agreement, you provide permission for Belconnen Community Service to use your story and/or images as described above

All file, photographs and recordings become the property of Belconnen Community Service and may be used in any of the above agreed media types

Belconnen Community Service will not pay you or compensate you for the use or reuse of your child's image.

You agree that in the event you wish to withdraw your consent for Belconnen Community Service to use your child's images / story in publications and media, it is your responsibility to advise Belconnen Community Service in writing immediately.

Parent/Guardian Declaration

The information I have provided in this form is correct.

The continuation of all enrolments for School Age Care Services is subject to fees being paid in accordance with Belconnen Community Services payment terms. Enrolments and accounts are reviewed regularly and BCS reserves the right to cancel an enrolment if fees are not up to date. An enrolment for a new term or vacation care program will not be renewed where an account remains in arrears.

I/We agree to abide by the conditions of use of the Centre and this Agreement.

I/We agree that the Childrens Programs Parent Handbook has been received and read

I/We agree to be responsible for payment of Belconnen Community Service outside School Hours Care account for the children named in this enrolment.

This form must be signed by a Parent/Legal Guardian

Parent/Legal Guardian 1:

Signature Date

Parent/Legal Guardian 2:

Signature Date

Please return Completed enrolments to:

Children's Services Administration Team
26 Chandler Street, Belconnen ACT 2615

Phone: (02) 6264 0200

Fax: (02) 6253 2901

Enquires: csat@bcsact.com.au

Website: www.bcsact.com.au

Belconnen Community Service | Swanson Court, Belconnen

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BCS Children's Programs Allergy and Intolerance Record

Photo ID Here

Program			
<input type="checkbox"/> Belconnen Early Childhood Centre	<input type="checkbox"/> Charnwood School Age Program		
<input type="checkbox"/> Bruce Early Childhood Centre	<input type="checkbox"/> Florey School Age Program		
<input type="checkbox"/> Ginninderra Early Childhood Centre	<input type="checkbox"/> St. Matthews School Age Program		
Family Details			
Child's Name		Date of Birth	
Emergency Contact		Phone Number	
Emergency Contact		Phone Number	
Details			
Allergy or Intolerance Details			
What are the food/drinks that your child must avoid?			
What are the symptoms of your child's food allergy or intolerance?			
How quickly do the symptoms appear?			
Is your child at risk of a life threatening reaction?			
Please Provide Action Plan (Asthma or Anaphylaxis)			
Parents Name		Signature	
Directors Signature		Date	

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DIRECT DEBIT REQUEST

Please return completed with your enrolment form.

I/We request you **Belconnen Community Service Inc** and **User ID 408576** to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name

Address

Postcode

Name and Branch of
Financial Institution

BSB No.

Account Number

Commencing: Immediately on the next debit cycle; or
 from the next debit cycle after ___ / ___ / ___

Please debit:
 the balance owing at billing date (the amount owing on Thursday)
 the balance owing at end of the billing week (the amount owing on invoice)

Week Fortnight

Signature 1:
Printed Name:
Signature 2:
Printed Name:

If debiting from a joint bank account, both signatures are required

Date



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Your rights

Changes to the arrangement

If you want to make changes to the drawing arrangements, including:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

You must contact us at least 14 working days prior to the next scheduled drawing date and notification must be received in writing. Please refer to the contact details for the Children's Services Administration at the end of this agreement.

Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 14 working days prior to the next scheduled drawing date. All communication addressed to us should include your customer reference number.

All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting contact Belconnen Community Service Inc, Children's Services Administration Team. All disputes will be responded to within 3 working days. In the event that we cannot substantiate the reason for the drawing, you will receive a refund of the drawing amount. Contact details are provided below.

How to contact us

If you need to contact us to discuss any aspect of this agreement, vary this agreement in any way or dispute a drawing that has been initiated by us, you contact the Children's Services Administration Team via the following methods:

- ☎ 02 6264 0200 (Phone)
- 📠 02 6253 2901 (Fax)
- ✉ csat@bcsact.com.au
- 📦 PO Box 679, Belconnen ACT 2616
- 📍 In person at our office located at 26 Chandler Street Belconnen.

Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will contact you by phone or in writing notifying of the returned payment. Arrangements need to be made to pay the dishonoured amount within 3 days to avoid any disruption to your child care arrangements. Any transaction fees payable by us in respect of the above will be added to your account and will need to be settled with the payment of the returned payment.

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