

Before School Care 2017

A safe & secure environment for students in Kindergarten to Year 6 to join our qualified educators in activities from 6am to 8.30 am.

Our students enjoy a supplied Breakfast followed by a range of games and activities.

2017 Enrolment Form

Children Name: _____

Contact Name: _____

Contact Phone Number: _____

School Attending: _____

Centre for before school care:

Central (DNC building) MAGS

Office Use Only

Received by <small>(staff name & signature)</small> :
Date:

Any changes are updated in QK			Staff Sign	
Action Plans are In date			Staff Sign	
Attendance is ended for 2016 & activated for 2017			Staff Sign	
Risk Management Plans are completed			Staff Sign	
CCMS enrol & 'School Age' is correct			Staff Sign	
Email address is correct in survey monkey			Staff Sign	
Contact details are correct in contacts cards (Phone)			Staff Sign	
Behaviour Management procedure signed			Staff Sign	
Confirmation email sent to Parents			Staff Sign	



2016 INFORMATION SHEET

Dubbo Neighbourhood Centre Inc. provides quality Before and After School Care and Vacation Care to families for children ages 4 years to 12 years. We are been accredited through Department Of Education for all 6 centres. Outside School Hours is a safe, secure and stimulation environment for children that provides education and care through a variety of activities.

HOURS

Before School Care:	6:00am – 8:30am
After School Care:	2:30pm – 6:00pm
Vacation Care:	7:30am – 6:00pm
Pupil Free Days:	7:30am – 6:00pm

FEES

Daily Fees (as at 1/1/16):

Before and After School Care:

Pre kindy

(4-6years enrolled in preschool): \$21.00 per child Casual \$23.00

Primary school

(Kindergarten- year 6): \$19.00 per child Casual \$21.00

Vacation Care:

\$50 per child –
covers activities and excursions

Pupil Free Day:

\$50 per child

**CCR & CCB rebates available for eligible families may reduce fees. Fees may also be applied for Late Notification, Late Collection or Late Payment of Fees. See Centre Handbook for more details.*

Resource Levy: A resource levy of \$10 per child per term is charged at the beginning of each school term.

Weekly Fees: Payments are processed weekly and invoices are emailed weekly to parents.

PAYMENTS

QikPay

DNC prefer all parents sign up and pay through Qikpay Direct Debit method:

Direct Deposit:

Account Name: Dubbo Neighbourhood Centre Inc.

BSB: 062 534

Account Number: 2800 2117

Please leave surname and name of centre as reference E.g. Smith Central ASC

Cash or EFTPOS can be made at Dubbo Neighbourhood Centre Office, 80 Gipps Street Dubbo

PROGRAM

Each morning and afternoon there are programmed activities in which the children are encouraged to participate. These activities include art/craft ideas, cooking and games.

MENU

Any meals supplied in our program are healthy and follow nutrition guidelines.

There will be fresh fruit available for children throughout the program.

CONTACT INFORMATION

Dubbo Neighbourhood Centre Inc

Phone: 6882 2100 Fax: 6884 3994

Web: www.dnc.org.au Email: oosh@dnc.org.au

Find Us on Facebook

DNC Before School Care Centres

Central Before School Care
Dubbo Neighbourhood Centre
Kennedy Street, Dubbo
Mobile: 0407 936 891

MAGS Before School Care
Macquarie Anglican Grammar School
Currawong Road, Dubbo





Dubbo Neighbourhood Centre Before School Care 2017

A safe & secure environment for students in Kindergarten to Year 6 to join our qualified educators in activities from 6am to 8.30am. Our students enjoy a supplied light breakfast followed by a range of games and activities.

OOSH ENROLMENT FORM CHECKLIST

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

- Completed one OOSH Enrolment form per family including all children to be enrolled.
- Ensure a current email address is provided for invoices to be emailed out.
- Fully completed all Centrelink: Child Care Benefit/Rebate details (if applicable) There should be one CRN (Customer Reference Number e.g. 123 456 789A) for the registered parent, and a separate number for each child.
- Ensure that you have attached the required documentation including:

Asthma Plans	Yes	No	N/A
Allergy Plans	Yes	No	N/A
Medical Management Plans	Yes	No	N/A
Behavioural Management Plan	Yes	No	N/A
Court Orders	Yes	No	N/A
Any documentation regarding additional needs or support from your child/rens specialist or GP	Yes	No	N/A

Once forms are fully completed, please return:

Either by email: oosh@dnc.org.au

At the OOSH Office: Dubbo Neighbourhood Centre, 80 Gipps Street Dubbo

Please nominate a the best contact to receive, emails, text messages and reminders

Name:

Contact Number:

Relationship to child/s:

If you have any questions, please do not hesitate to contact us on 02 6882 2100.or oosh@dnc.org.au

Thank you



Dubbo Neighbourhood Centre
Out Of School Hours BEHAVIOUR MANAGEMENT
PROCEDURE

At Dubbo Neighbourhood Centre Before School Care we practice and encourage kindness and cooperation. When everyone does this, it makes for a much more enjoyable time!

We expect children to:

- Keep all school rules
- Speak politely and use good language
- Never use swear words, rude words, signs or hurtful remarks
- **Come straight to After School from class dismissal??**
- Take care of Before School Care equipment
- Take care of other children at Before School Care 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

Unfortunately, from time to time children do not adhere to these simple rules. Any issues whether "one-off" or ongoing, will be addressed and dealt with in line with our policies and procedures but we ask that parents to be aware that the following may occur:

- The Supervisor will talk with you regarding your child/children's behaviour
- If the children'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 Committee for consultation. Suspension or expulsion from the centre may be considered.

We _____(Parent/ Guardian Names) acknowledge that we have read the above Behaviour Management Procedure for attending Dubbo Neighbourhood Centre Before School Care.

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

Parent/Guardian Signature_____

Date _____



DUBBO NEIGHBOURHOOD CENTRE INC
OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM 2017
 Please complete and return to Dubbo Neighbourhood Centre: 1/80 Gipps Street

BOOKING FORM 2017

I would like to request my child's attendance to the following sessions.

When enrolled with the service you are automatically enrolled to use the service for casual care,

Name:					
I would like Permanent Care on (please tick)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
Is this care on a weekly or fortnightly basis? (please tick)					
Weekly			Fortnightly		
Please note that attendance charges will commence Term 1, Day 1 2017					

I would like to be registered for Casual Care	YES	NO
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Required Starting Date: ___/___/___

Is this care on a weekly or fortnightly basis? **Weekly** **Fortnightly**

Please note: To cancel your child's enrolment we require two weeks notice in writing.



THE ENROLMENT FORM IS A LEGAL DOCUMENT AND MUST BE COMPLETED IN FULL

<p>Child 1 Name: _____</p> <p>Child's CRN: _____</p> <p>Child's School: _____</p> <p>Date Started School(MM/YY): ____/____</p> <p>DOB: ____/____/____ Child Sex: M F</p> <p>Address: Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/></p> <p>Child resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Primary Language: _____</p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p> <p>Program please tick: <input type="checkbox"/> Pre Kindy <input type="checkbox"/> Primary enrolled in k- yr6 <input type="checkbox"/></p>	<p>Child 2 Name: _____</p> <p>Child's CRN: _____</p> <p>Child's School: _____</p> <p>Date Started School(MM/YY): ____/____</p> <p>DOB: ____/____/____ Child Sex: M F</p> <p>Address: Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/></p> <p>Child resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Primary Language: _____</p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p> <p>Program please tick: <input type="checkbox"/> Pre Kindy <input type="checkbox"/> Primary enrolled in k- yr6 <input type="checkbox"/></p>
<p>Child 3 Name: _____</p> <p>Child's CRN: _____</p> <p>Child's School: _____</p> <p>Date Started School(MM/YY): ____/____</p> <p>DOB: ____/____/____ Child Sex: M F</p> <p>Address: Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/></p> <p>Child resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Primary Language: _____</p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p> <p>Program please tick: <input type="checkbox"/> Pre Kindy <input type="checkbox"/> Primary enrolled in k- yr6 <input type="checkbox"/></p>	<p>Child 4 Name: _____</p> <p>Child's CRN: _____</p> <p>Child's School: _____</p> <p>Date Started School(MM/YY): ____/____</p> <p>DOB: ____/____/____ Child Sex: M F</p> <p>Address: Same as Mother <input type="checkbox"/> Same as Father <input type="checkbox"/></p> <p>Child resides with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/></p> <p>Primary Language: _____</p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p> <p>Program please tick: <input type="checkbox"/> Pre Kindy <input type="checkbox"/> Primary enrolled in k- yr6 <input type="checkbox"/></p>



Child's Interests

We use this as an aid in helping staff understand and relate to your child to encourage a feeling of security and wellbeing! We use it as a guide to assist in developing our program with activities that have individual interest to your child.

Child's Name: _____

What are your favourite foods?
What are your favourite activities? Inside: Outside:
When you want time alone what do you like to do?
What is the best time/part of the day? Why?
If you went home after school what would you do?
Do you play sport or have a weekend activity? If yes, what is it?
Are there some special things you'd like to learn or know about?
8

Tell us at least three things you are good at doing?
Is there a special place you would like to visit?
What is your favourite toy/game?
What is your favourite music/song?
What is your favourite animal?
Do you have a pet? If yes, What is it?
Things that make me sad are
When I'm sad I like to



DUBBO NEIGHBOURHOOD CENTRE INC
OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM 2017
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<p><u>Parent/ Guardian 1</u> Name: _____</p> <p>CRN: _____</p> <p>DOB: ____/____/____</p> <p>Address: _____</p> <p>Suburb: _____ PC: _____</p> <p>Home Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>Work Telephone: _____</p> <p>Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/></p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p>	<p><u>Parent/ Guardian 2</u> Name: _____</p> <p>CRN: _____</p> <p>DOB: ____/____/____</p> <p>Address: _____</p> <p>Suburb: _____ PC: _____</p> <p>Home Telephone: _____</p> <p>Mobile: _____</p> <p>Email: _____</p> <p>Employer: _____</p> <p>Occupation: _____</p> <p>Work Telephone: _____</p> <p>Employment: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/></p> <p>Are you of Aboriginal or Torres Strait Islander Descent? Yes No</p>
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CCB

Will you be claiming CCB? Yes No

Siblings attending another Childcare Centre? Yes No How many? _____

The Service cannot deal with Centrelink on any family's behalf. It is the family's obligation to provide all information required, such as Family CRN, Child CRN, date of birth for parent and child.

<u>Alternative Contact</u>	<u>Contact 1</u>	<u>Contact 2</u>	<u>Contact 3</u>
Person's Name			
Relationship to child			
Home Address			
Phone (H)			
Phone (W)			
Phone (M)			
Emergency Contact	Yes / No	Yes / No	Yes / No
Authority to pick up	Yes / No	Yes / No	Yes / No

Is there any court orders/custody arrangements regarding your child ?

Yes No

If yes, legal documentation must be submitted to the Service.

List at least 2 people who are authorized to collect your child and at least 2 people that we may contact if we cannot contact you in an emergency (they can be the same persons)



Parent's Information

These questions are being asked so that we can provide a consistency of care to your child and have a better understanding of their needs. Please feel free to answer as many or as few of these questions as you want. All information is kept confidential and is only used as a programming tool.

My families cultural background is _____

Is there any area of the program (art, sport, craft, cooking) that you would like us to encourage your child to participate in?

When my child is sad or upset they like to

What does your child like to do when they are at home

Would you like us to encourage your child to do their homework? _____

** Please note that although we can remind and encourage we will not enforce homework in the Before care setting. We pride ourselves on creating a recreation based learning environment.*

Are there any foods your child does not like?

Has your child any phobias or fears that you think we should know about? If yes, would you like help in addressing this phobia?

How would you describe your child's personality?

Extrovert Confident Shy Anxious Quiet talkative Trusting



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In the event of an **Emergency** including rising temperature above 30 centigrade, illness or accident concerning my child the Service will try to contact me or other person(s) authorized by me. If parent and all authorized persons on the emergency list are not contactable, the Service will keep the child comfortable and the Service will immediately contact the ambulance.

Parent/Guardian Signature: _____ Date: ____/____/____

<p>Does your child have a need for additional assistance in any of the following areas, compared to children of a similar age, that is related to an underlying long-term (lasting longer than 6 months) health condition or disability? (please circle or add any other areas)</p> <ul style="list-style-type: none">• Learning & applying knowledge, education• Communication,• Mobility,• Self-Care• Interpersonal interactions & relationships• Other – including general tasks, domestic life, community & social life <p>Please note any details:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No Child 4 Yes / No</p>
<p>Does your child have any special needs in following areas? (please circle or add any other areas)</p> <ul style="list-style-type: none">• Children from culturally & linguistically diverse backgrounds• Children with a refugee background who have been subjected to trauma• Indigenous children• The child/s place has been sought by a state or territory child protection worker• The child is in the care of the state, or other forms of out of home care. <p>Please note any details:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No Child 4 Yes / No</p>
<p>Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional attention whilst at the service.</p> <p>Please note any details:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No Child 4 Yes / No</p>



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<p><u>Doctor Details:</u></p> <p>Family Doctor's Name: _____ Telephone: _____ Address: _____ Family Medicare No.: _____</p>	<p><u>Health Fund:</u></p> <p>Private Health Fund? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Health Fund: _____ Member No.: _____ Ambulance Cover: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Medical Details:

Is your child on regular medication? Yes / No. If yes, please provide name of medication.
Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____
Please note any details:

Does your child have any disabilities? Yes / No. If yes, please provide diagnosis.
Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____
Please note any details:

Does your child have Asthma? Yes / No. If yes please provide a current asthma plan.
Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____

*According to regulations, for a child with Asthma, parents are required to provide the Service with an **Asthma Action Plan completed by their doctor**. This plan is available at www.allergy.org.au or copies are available at the Service.*

Please note: no child will be allowed to attend the Service without an Asthma Action Plan.

Allergy Information:

Does your child have a Food Intolerance? Yes / No. If yes please give details.
Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____

Does your child have an Allergy? Yes / No. If yes please give details including symptoms.
Child 1: _____ Child 2: _____
Child 3: _____ Child 4: _____

*According to regulations, for a child with a Food Allergy, parents are required to provide the Service with an **Allergy Action Plan** completed by a doctor. This plan is available at www.allergy.org.au or copies are available at the Service.*

Please note: no child will be allowed to attend the Service without an Allergy Action Plan.



AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: *Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. Please be advised that Points 8 and 9 are compulsory.*

1. Permission to seek medical assistance in an emergency.

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.

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.

3. Permission for staff to give medicine in case of emergency.

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

4. Permission for excursions.

I hereby give permission for my child to attend excursions or outings in the local area.

5. Permission for the application of sunscreen.

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

6. Permission for photographs/videos to be taken.

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion. **NOTE:** *There are a number of reasons the centre takes photographs/videos of the children, including: Providing visual documentation for families to see what their child does throughout the day to assist with evaluations of the program and to use as part of promotion and publicity for the centre.*

7. Notification of arrival and departure of children at the centre.

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

8. Child Absence.

I agree to notify the Centre if my child is absent from the Centre prior to the day that they are booked in (where possible). Failure to inform the service of an absence will incur a \$5 location fee. **NOTE:** *If your child is absent from the centre a medical certificate must be provided to explain absences. The Centre needs to record the amount of allowable and approved absences your child is entitled. This is a requirement from the Department of Family and Community Services. Each child receives a certain number of allowable absence days at the beginning of the financial year that is paid by Child Care Benefit (CCB).*

I have read the above information and agree to give my permission.

Signed: _____

Date: _____



PAYMENT OF FEES

Objectives:

To ensure that the centre is paid for services provided and to ensure parents do not run into debt.

Procedure:

RESOURCE LEVY

Upon being offered a place at the centre, parent(s) or guardian are also required to pay \$10 per child Resource Levy. This levy is charged at the beginning of each term.

This levy is non refundable.

FEE PAYMENT

Invoices are emailed to parents at the beginning of each week with the amount owing for that current week of care. Accounts are to be paid within 14 days of issue.

PAYMENT OPTIONS

QikPay Parent payment solution

Direct Deposit:

Account Name: Dubbo Neighbourhood Centre Inc.

BSB: 062 534

Account Number: 2800 2117

Please leave surname and name of centre as reference E.g. Smith Central ASC

Cash or EFTPOS can be made at Dubbo Neighbourhood Centre Office, 80 Gipps Street

If invoices are not paid within 14 days a letter will be sent advising that fees are 7 days overdue and the non payment of fees will now result in your child/children being excluded from OOSH services. These accounts will also be given to a Debt Collection Agency for further action. Any costs incurred in the recovery of outstanding fees will become the responsibility of the parent/caregiver concerned.

Parents/carers wanting to make time payment arrangements for outstanding fees need to do so by contacting the Centre Supervisor. Any agreement for time payments will be put in writing and agreed to by OOSH Supervisor. Time payment arrangements are to be based on payment of current debt (where the child/children continue to access the service) and an agreed amount to reduce the outstanding debt.

Where payment arrangements are not met as per the written agreement the parent/carer advised that their child/children will not be accepted into the centre. The outstanding account will then be given to a Debt Collection Agency for further action. Any costs incurred in the recovery of outstanding fees will become the responsibility of the parent/caregiver concerned.

NOTICE OF DISCONTINUATION OF ATTENDANCE

When you wish to discontinue and terminate your child care place at the centre you are required to provide two (2) weeks written notice to the Centre Coordinator, or you are liable to pay the equivalent of two weeks full child care fees to the centre.



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ABSENCES FROM BEFORE / AFTER SCHOOL AND VACATION CARE CENTRE

Fees are payable for bank/public holidays and sick periods if those days fall on a day that your child is booked into the Centre.

CENTRE CLOSURE

No fee is charged while the Centre is closed over the Christmas period and public holidays.

LATE FEE

The Centre is open from 2.30pm to 6.00pm for After School Care and 8.00am to 6:00pm for Vacation Care. Staff are unable to accept children in the centre outside of these hours. Should children be present after the 6.00pm closing time, a late fee of \$1.00 per minute will apply (minimum charge of \$15). There will be no waiver of this late fee policy.

PAYMENT OF FEES

I understand that fees must be paid once invoiced within the stated due date, that my child's place at the centre 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.

COSTS OF DEBT RECOVERY

I, _____(full name) expressly agree that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by the Dubbo Neighbourhood Centre Inc as a result of my failure to pay the fees and charges for the service provided within the strict terms of payment specified in this agreement.

I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.

Signed: _____ Date: _____

DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centres procedures, conditions and policies contained in this enrolment record and Parent 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 statutory obligations imposed on the centre and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record.
- When caring for my child/children the centre will rely on the information provided by me in this enrolment record and any other instructions/information I give to the Centre.
- I am totally responsible for the accuracy of the Information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and/or collect my child to/from the centre or any other place.
- I must first inform any Other Person/s about the Policies & Procedures and that they must strictly comply with them.

