



Dubbo Neighbourhood Centre Inc. 1/80 Gipps Street DUBBO NSW 2830
 P: 02 6883 2300 or 1800 319 551
 E: info@dnc.org.au W: www.dnc.org.au
 FaceBook: After/Before School & Vacation Care



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

Enrolment Form 2018-2019

Contact Information

Dubbo Neighbourhood Centre Inc.

Phone: 1800 319 551 OR 02 6883 2300

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

Find us on Facebook: *After/Before School & Vacation Care*

<p><i>Central <u>Before</u> School Care</i> Dubbo Neighbourhood Centre Kennedy Street, Dubbo Mobile: 0429 595 509</p>	<p><i>Central <u>After</u> School Care</i> Dubbo Neighbourhood Centre Kennedy Street, Dubbo Mobile: 0407 936 891</p>
<p><i>St Laurence's After School Care</i> St Laurence's Primary School Hall Fitzroy Street, Dubbo Mobile: 0409 818 341</p>	<p><i>South Dubbo After School Care</i> South Dubbo Primary School Hall Fitzroy Street, Dubbo Mobile: 0448 303 364</p>
<p><i>West Dubbo After School Care</i> West Dubbo Primary School Hall East Street, Dubbo Mobile: 0409 608 737</p>	<p><i>East Dubbo After School Care</i> Buninyong Public School Myall Street, Dubbo Mobile: 0448 298 938</p>
<p><i>MAGS After School Care</i> Macquarie Anglican Grammar School Currawong Road, Dubbo Mobile: 0490 550 512</p>	<p><i>North Dubbo After School Care</i> North Dubbo Primary School Hall Fitzroy Street, Dubbo Mobile: 0448 304 227</p>



2018 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 who are k-6 enrolled. Our MAGS centre also offers Pre-kinder. We have been accredited through Department Of Education for all centres. Outside School Hours is a safe, secure and stimulating environment for children that provides education and care through a variety of activities.

Hours

<i>Before School Care:</i>	<i>6:00am – 9:15am</i>
<i>After School Care:</i>	<i>2:30pm – 6:00pm</i>
<i>Vacation Care Days:</i>	<i>7:30am – 6:00pm</i>
<i>Pupil Free Days:</i>	<i>7:30am – 6:00pm</i>

FEES

Daily Fees:

Before & After School Care: \$24.00 per child Casual \$26.00

*Vacation Care & Pupil Free Day:
\$55 per child, per day (Covers activities & excursions)*

**Child Care Subsidy 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 \$15 per family per term.*

Weekly Fees: *Payments are processed weekly and statements and receipts are emailed weekly to account holders.*

Parents/carers may view statements through Xplor 24/7

Payments

Direct Deposit:

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

Please leave your child's full name as reference E.g. John Glen Smith

Programs

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. The program can be viewed on site at each centre. Vacation Care is based upon a program prepared specifically for each school holidays.

Menu

Afternoon Tea (3:30-4pm) and Late Afternoon Tea (5pm) are available each day. The menu follows the Australian Dietary Guidelines, which can be viewed at each Centre.

*There will be fresh fruit available for children each day.
 Diagnosed Dietary requirements are catered for. E.G. Gluten Free*

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 all guardians
 Centrelink completion including activity test through <https://my.gov.au/> to be eligible for CCS (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. Contact Centrelink if having difficulties.*

Ensure that you have attached the required documentation including:

<i>Asthma Plans</i>	Yes	No	N/A
<i>Allergy Plans</i>	Yes	No	N/A
<i>Medical Management plan</i>	Yes	No	N/A
<i>Behavioural management plan</i>	Yes	No	N/A
<i>Court Orders</i>	Yes	No	N/A
<i>Any documentation regarding additional needs or support from your child/rens specialist or GP</i>	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 the best contact to receive, emails, text messages and reminders

Name: _____

Contact Number: _____

Relationship to child/s: _____

If you have questions, please do not hesitate to contact us on 1800 319 551 or oosh@dnc.org.au
 Thank you

Dubbo Neighbourhood Centre
Out of school hour's behaviour management procedure

At the Dubbo Neighbourhood Centre out of school hour's care we practice and encourage kindness and cooperation. When everyone does this, it makes for a more enjoyable time!

We expect child to:

- Abide by and respect all school rules
- 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

Unfortunately, from time to time children do not adhere to these expectations. 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 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 Dubbo Neighbourhood Centre out of school hours 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: _____

Booking Form 2018/2019

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

Name: _____

I would like Permanent Care on (Please Tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>After School Care</i>					

Is this care on a weekly or fortnightly basis? (please Tick)

Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
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Please note that attendance charges will commence Term 1, Day 1 2019

Name: _____

I would like permanent Care on (please Tick)

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Before School Care</i>					

Weekly <input type="checkbox"/>	Fortnightly <input type="checkbox"/>
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I would like to be registered for Casual Care	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Required Starting Date: _____

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

Please ask for separate booking form for Vacation Care Bookings.

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

Child 1

Name: _____

CRN: _____

School: _____

Date Started School (MM/YY) _____

DOB: _____ **Child Sex:** M / F

Address:

Primary carer: Mother / Father / carer

Primary Language: _____

Are you aboriginal or Torres strait Islander Descent? Yes / No

Program Please Tick:

Pre Kindy - ASC (Mags only)

Primary enrolled in K-Yr6

Child's Interests

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

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?

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

Child 2

Name: _____

CRN: _____

School: _____

Date Started School (MM/YY) _____

DOB: _____ **Child Sex:** M / F

Address:

Primary carer: Mother / Father / carer

Primary Language: _____

Are you aboriginal or Torres strait Islander Descent? Yes / No

Program Please Tick:

Pre Kindy - ASC (Mags only)

Primary enrolled in K-Yr6

Child's Interests

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?

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

Child 3

Name: _____

CRN: _____

School: _____

Date Started School (MM/YY) _____

DOB: _____ **Child Sex:** M / F

Address:

Primary carer: Mother / Father / carer

Primary Language: _____

Are you aboriginal or Torres strait Islander Descent? Yes / No

Program Please Tick:

Pre Kindy - ASC (Mags only)

Primary enrolled in K-Yr6

Child's Interests

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

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

Child 4

Name: _____

CRN: _____

School: _____

Date Started School (MM/YY) _____

DOB: _____ **Child Sex:** M / F

Address:

Primary carer: Mother / Father / carer

Primary Language: _____

Are you aboriginal or Torres strait Islander Descent? Yes / No

Program Please Tick:

Pre Kindy - ASC (Mags only)

Primary enrolled in K-Yr6

Child's Interests

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?



Parent/Guardian 1

Parent/Guardian 2

Title & Name: _____

Title & Name: _____

CRN: _____ DOB: _____ Address: _____ Suburb: _____ PC: _____ Home Phone: _____ Mobile: _____ Email: _____ Employer: _____ Occupation: _____ Work Phone: _____ Employment: Full Time Part Time Casual Are you of Aboriginal or Torres Strait Islander Descent? Yes NO	CRN: _____ DOB: _____ Address: _____ Suburb: _____ PC: _____ Home Phone: _____ Mobile: _____ Email: _____ Employer: _____ Occupation: _____ Work Phone: _____ Employment: Full Time Part Time Casual Are you of Aboriginal or Torres Strait Islander Descent? Yes NO
Child Care Subsidy Will you be claiming CCS? Yes NO Siblings attending another childcare Centre? Yes NO How Many _____ Child's Name: _____ DOB _____ CRN _____	

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)			
Authorised to collect	Yes/No	Yes/No	Yes/No

List at least 2 people who are authorized to collect your child (**who are 18 or over**) that we may contact if we cannot contact you in an emergency

Is there any court orders/custody arrangements regarding your Child/ren?

Yes No

If yes, legal Documentation must be submitted to the services

<p><i>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)</i></p> <ul style="list-style-type: none"> - Learning & applying knowledge, education - Communication - Mobility - Speech - Hearing - Self-care - Interpersonal interactions & relationship - Other – including general task, domestic life, community & social life <p><i>Please note any details:</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Child 1 yes/No</p> <p>Child 2 Yes/No</p> <p>Child 3 Yes/No</p> <p>Child 4 Yes/No</p>
<p><i>Does your Child have any additional needs in following areas? (please Circle or add any other areas)</i></p> <ul style="list-style-type: none"> - Children from culturally & linguistically diverse backgrounds - Children with a refugee background who have been subjected to trauma - The child is in the care of the state, or other forms of out of home care <p><i>Please note any details:</i></p> <hr/> <hr/> <hr/> <hr/>	<p>Child 1 yes/No</p> <p>Child 2 Yes/No</p> <p>Child 3 Yes/No</p> <p>Child 4 Yes/No</p>
<p><i>Does your child experience any behavioural concerns or have a diagnosed behavioural condition that may require additional attention whilst at the service. E.G. ADHD, ODD</i></p> <p><i>Please note any details:</i></p> <hr/> <hr/> <hr/> <hr/> <p><i>Does your child take medication for this conditions? Yes/No</i></p>	<p>Child 1 yes/No</p> <p>Child 2 Yes/No</p> <p>Child 3 Yes/No</p> <p>Child 4 Yes/No</p>

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: _____

Please note any details:

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 food allergy, parents are required to provide the services with an **Allergy (ASCIA) Action Plan** completed by a doctor.

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 7 and 8 are compulsory.

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

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. YES/NO

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. YES/NO

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 Transport. YES/NO

I hereby give permission for my child to be transported to school using DNC Vehicles accompanied by OOSH educators.

5. Permission for the application of sunscreen. YES/NO

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

6. Permission for photographs/videos to be taken. YES/NO

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. Mandatory

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

8. Child Absence. Mandatory

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 \$30 location fee.

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 \$15 per family per term Resource Levy. This levy is non-refundable.

FEE PAYMENT

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

PAYMENT OPTIONS

Direct Deposit:

Account Name: Dubbo Neighbourhood Centre Inc.

BSB: 062 534

Account Number: 2800 2117

Please Childs Full Name as reference E.g. John Glen Smith

*Cash or EFTPOS can be made at Dubbo Neighbourhood Centre Office, 80 Gipps Street
Direct deposit and credit card payments can be made through Xplor (Childcare management system software.).*

If invoices are not paid within 14 days a letter will be sent advising that fees are 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 after 21 days . Any costs incurred in the recovery of outstanding fees will become the responsibility of the parent/caregiver concerned.

Parents/carers wanting to make arrangements for instalment for outstanding fees need to do so by contacting our OOSH Admin Team. Any agreement for time payments will be put in writing and agreed to by OOSH Manager. 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 Cancellation OF ATTENDANCE:

If you wish to discontinue and terminate your child care place at the centre you are required to complete a "Cancellation of booking form" giving two weeks' notice, or you are liable to pay the equivalent of two weeks full child care fees to the centre.

ABSENCES FROM BEFORE / AFTER SCHOOL AND VACATION CARE CENTRE:

Fees are payable for 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

Our Centres open from 6am to 9.15am for Before School Care, 2.30pm to 6.00pm for After School Care and 7.30am 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 \$30 per 15 minutes will apply (minimum charge of \$30). There will be no waiver of this late fee policy.

LOCATION FEE – ASC / Failure to notify of absence

If you fail to notify the service that your child will be absent and phone calls need to be made to locate them, a \$30.00 charge will be added to your account. Notification is accepted in person, via phone call, email or text message.

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.
- DNC reserves the right to exclude any child/ren for any reason
- 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.

Signed: _____ Date: _____

DECLARATION

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

Parent and/or Guardian's Full Name (please Print): _____

Signed: _____ Date: _____

Any additional information regarding your Child/ren:

