

OOSH REGISTRATION FORM



- Re enrolment
- New enrolment
- Vacation Care only

Before and After School Care is for children between the ages of 5 years and 12 years attending school.

Please cross the required service:

- Before School Care
- After School Care
- Vacation Care

(Children cannot participate in January Vacation Care program prior to starting school)

Schools serviced by our centres include:

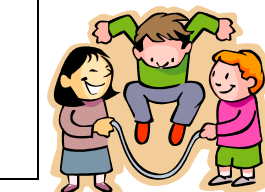
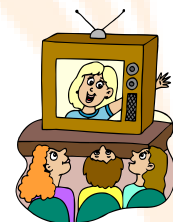
(Please cross the school your child(ren) attends)

- Hurstville Grove Infant School
- Mortdale Public School
- Penshurst Public School
- Penshurst West Public School
- St. Declan's Catholic Primary School
- Narwee Public School

Care Start day/date: _____

How did you find out about Pole Depot?

- Relative
- Friends/ Other parents
- Local School
- Local newspaper
- Local library
- Local Council
- Centrelink
- Local Radio
- Other: _____



For more information call:

POLE DEPOT OFFICE on (02) 9580 0688 between 9am and 5pm (local time) Monday to Friday or visit our website at www.poledepot.org
Pole Depot Community Centre Inc. is located at 23 St. Georges Rd, Penshurst NSW 2222.

PARENT(S)/CARER(S)'S DETAILS

Parent/ Carer 1

Relationship to child(ren): _____

First Name: _____ Last Name: _____

Gender: Male Female Country of birth: _____

How long have you been in Australia? (If born outside Australia): _____

CRN (FAO Registration): _____ - _____ - _____ Date of Birth: ___(dd)/___(mm)/_____(yyyy)

Street Address: _____

Suburb: _____ Post Code: _____

Local Govt. Area: _____ Home Phone No: _____

Mobile No: _____ Email : _____
(Your email will be used for all correspondence including invoices)

Living arrangement: Residential Setting:
 Living with Family Owned
 Living alone Mortgage
 Other: _____ Other: _____

Marriage Status: Married Living de facto Divorced Widowed Single

Are you a single supporting parent: Yes No

Work Status: Full Time Part-time Contracted Self Employed
 Actively seeking employment Studying Unemployed

Employer Name: _____

Occupation: _____ Work Phone No: _____

Income Range* \$0-\$20,000 \$20,000-\$40,000 \$40,000-\$80,000
 \$80,000-\$120,000 \$120,000+

Do you receive a pension or a benefit? Yes No

Are you of Aboriginal or Torres Strait Island Background? Yes No

What languages are spoken at home?	
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require assistance to complete this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently use any other service that Pole Depot offers? <i>If yes please specify below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note: Information collected in this form is for statistical purposes only, to help us identify areas of need and to support funding applications. The individual family information is not shared with any government departments, agencies or other organisations.

(*) Indicates this information is not mandatory.

Parent/ Carer 2**Relationship to child(ren):** _____

First Name: _____ Last Name: _____

Gender: Male Female Country of birth: _____

How long have you been in Australia? (If born outside Australia): _____

CRN (FAO Registration): _____ - _____ - _____ Date of Birth: ___(dd)/___(mm)/_____(yyyy)

Street Address: _____

Suburb: _____ Post Code: _____

Local Govt. Area: _____ Home Phone No: _____

Mobile No: _____ Email : _____
(Your email will be used for all correspondence including invoices)

Living arrangement: Residential Setting:

 Living with Family Owned
 Living alone Mortgage
 Other: _____ Other: _____
Marriage Status: Married Living de facto Divorced Widowed SingleAre you a single supporting parent: Yes No

Work Status: Full Time Part-time Contracted Self Employed
 Actively seeking employment Studying Unemployed

Employer Name: _____

Occupation: _____ Work Phone No: _____

Income Range* \$0-\$20,000 \$20,000-\$40,000 \$40,000-\$80,000
 \$80,000-\$120,000 \$120,000+

Do you receive a pension or a benefit? Yes NoAre you of Aboriginal or Torres Strait Island Background? Yes No

What languages are spoken at home?	
Do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require assistance to complete this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently use any other service that Pole Depot offers? <i>If yes please specify below</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note: Information collected in this form is for statistical purposes only, to help us identify areas of need and to support funding applications. The individual family information is not shared with any government departments, agencies or other organisations.

(*) Indicates this information is not mandatory.

CHILD(REN)'S DETAILS

Child 1:

First Name: _____ Last Name: _____

Preferred Name: _____ Country of birth: _____

CRN (FAO Registration): ____ - ____ - ____ Date of Birth: ____ (dd)/ ____ (mm)/ ____ (yyyy)

Gender: Male Female Grade/Class: _____

If Kindergarten, school start date (2011): ____ (dd)/ ____ (mm)/ ____ (yyyy)

School attending: _____

Care days (Please cross the required days):

Before School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

After School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

What are your child's interests and hobbies e.g. sport, art, cooking, games, books etc.?

Does your child suffer from any fears or phobias?

Yes

No

If yes, please specify:

Any other comments/ information about your child that might help us understand your child better and be able to provide better care. Please specify

Child 2:

First Name: _____ Last Name: _____

Preferred Name: _____ Country of birth: _____

CRN (FAO Registration): ____ - ____ - ____ Date of Birth: ____ (dd)/____ (mm)/____ (yyyy)

Gender: Male Female Grade/Class: _____

If Kindergarten, school start date (2011): ____ (dd)/____ (mm)/____ (yyyy)

School attending: _____

Care days (Please cross the required days):

Before School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

After School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

What are your child's interests and hobbies e.g. sport, art, cooking, games, books etc.?

Does your child suffer from any fears or phobias?

Yes
No

If yes, please specify:

Any other comments/ information about your child that might help us understand your child better and be able to provide better care. Please specify

Child 3:

First Name: _____ Last Name: _____

Preferred Name: _____ Country of birth: _____

CRN (FAO Registration): ____ - ____ - ____ Date of Birth: ____ (dd)/ ____ (mm)/ ____ (yyyy)

Gender: Male Female Grade/Class: _____

If Kindergarten, school start date (2011): ____ (dd)/ ____ (mm)/ ____ (yyyy)

School attending: _____

Care days (Please cross the required days):

Before School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

After School Care	<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday
	<input type="checkbox"/> Casual

What are your child's interests and hobbies e.g. sport, art, cooking, games, books etc.?	
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Does your child suffer from any fears or phobias?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If yes, please specify:

Any other comments/ information about your child that might help us understand your child better and be able to provide better care. Please specify

EMERGENCY CONTACTS

Must be 2 people other than parents/carers

Emergency Contact 1

Name:		Relationship to child(ren):	
Daytime Phone No:		Mobile:	
Authorised pick-up	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Emergency Contact 2

Name:		Relationship to child(ren):	
Daytime Phone No:		Mobile:	
Authorised pick-up	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Further Authorised Pick-up

Full Name - Person 1:	
Full Name - Person 2:	

Doctor Details:

Doctor's Name:			
Street Address:			
Suburb:		Postcode:	
Telephone No:			
Medicare No:		Valid Date:	

Reference number on Medicare card:

Please provide the reference number of the child/ren e.g. 1, 2, 3 – as shown below.

Child 1

Child 2

Child 3



ADDITIONAL INFORMATION

Is/Are the child(ren) immunised and is the immunisation up to date? If not, Please provide details	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Has the child(ren), you are applying for care been diagnosed with a special need or are they undergoing diagnosis/assessment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	
Please specify what kind of special need, who it was diagnosed by, how it affects your child and what management plans are in place including medication. Please supply documentation from a medical practitioner and a copy of the management plan including medication. Please note, if your child is medicated regularly, there is a separate form to complete.	

Do(es) your child(ren) use any specialised equipment ? If yes please specify below	Yes <input type="checkbox"/> No <input type="checkbox"/>

Has the child(ren), for whom you are applying for care, been diagnosed with an ongoing medical condition ? Example: Asthma, fits/seizures, allergies etc. especially anaphylaxis.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	
Please specify what medical condition and how it affects your child. Please supply documentation from a medical practitioner and a copy of the management plan including medication. Please note, if your child is medicated regularly, there is a separate form to complete.	

Do(es) child(ren), for whom you are applying for care, have any behaviour management issues and/or have a plan in place? Example: ADHD, non responsive, uncooperative etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	
Please specify what behavioural condition, how it affects your child and what management plans are in place including medication. Please supply documentation from a medical practitioner and a copy of the management plan including medication. Please note, if your child is medicated regularly, there is a separate form to complete.	

Is/Are the child(ren), for whom you are applying for care, not able to eat or participate due to lifestyle or religious choices ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	
Please specify what foods or activities your child cannot participate in.	

CONSENTS

I/We give the following consents for my/our child(ren):

Child 1 Name:

Child 2 Name:

Child 3 Name:

To **attend** Out of School Hours Care conducted by Pole Depot Community Centre Inc. as indicated by me on this form and any Vacation Care Program. I/We understand that all due care will be taken by Pole Depot Community Centre and that the Centre or supervisors will not be held responsible for any loss of or damage to property or injury occurring during any/all program components.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

To receive **medical, ambulance, hospital and dental attention** in an emergency and that the cost incurred will be borne by me.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

To watch **movies** evaluated by Children Services team as appropriate and of an Australian Censorship Board rating of either 'G' or 'PG', in centre and on excursions.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

To **contact** the 'Emergency contacts' to collect my/our child(ren) when I am/we are not contactable in the event of an emergency.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

To being **photographed or videoed** for the purpose of promoting Pole Depot Community Centre Inc.

Our centre's Duty of Care ensures that children's safety and privacy is of the highest priority at all times.

Child 1

Yes

No

Child 2

Yes

No

Child 3

Yes

No

To **travel** supervised by bus or walking, where necessary, to and from the school attended by my/our child(ren) and planned excursions during term and/or Vacation Care. I/We understand that due care will be taken at all times by Pole Depot team members and that the team members cannot be held responsible for any damage or injury occurring during the travel. I/We understand that in cases of emergency a team member's car may be used to transport my/our child(ren).

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

To participate in the regular **recreational activity program** operated by Pole Depot Community Centre Inc. during Out of School Hours Care, this may include the government's Active After School Communities initiative. There may be soccer, ball games, running games, dancing, skipping games, climbing, etc. I/We understand that some of the activities in which they may participate will be physically and emotionally demanding. My child/ren's participation in any activity is voluntary. The organisation and team members will duly exercise their 'Duty of Care'.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

To participate in the following activity where special knowledge/equipment or experience is necessary, as shown.

Swimming – my/our child(ren) is/are capable and confident to swim in deep water, they can adequately swim by themselves (supervised).

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

Bike Riding – my/our child(ren) is/are capable and confident to ride a push bike without assistance. My/our child(ren) understand(s) the necessity to wear protective equipment – helmet, gloves, and knee guards – at all times whilst on their bike, and will do so.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

I/We consent to my/our child(ren) having their **face painted** during centre activities.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

I/We consent to my/our child(ren) having their hair decorated with **coloured hairspray** during centre activities.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

I/We consent to my/our child(ren) being given **sunscreen** to apply before outside activities.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

To my/our child(ren) being **evacuated** from the centre under direct supervision of Children Services team members, in the event of an emergency.

Child 1	Child 2	Child 3
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
No <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATIONS

Is/Are the child(ren), you are applying for care, of Aboriginal or Torres Strait Island Background?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

Is/Are the child(ren), for whom you are applying for care, involved in a custody arrangement ? <i>(If yes, please supply a copy of court order for our records)</i>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
<input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3	

I/We have read the Code of Behaviour with my/our child(ren) and agree to abide by the guidelines. I/We understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my/our child(ren) is in breach of the guidelines.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

I/We acknowledge that the information provided herein, in other documents or given verbally by me/us, will be held in the strictest confidence and privacy by Pole Depot Community Centre Inc. for the sole purpose of providing OOSH Care Services for my/our child(ren) and that the information will only be released when legally required to do so.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

I/We have received, read and understood the OOSH Care Information Handbook and agree to be bound by the information and policies out lined by Pole Depot Community Centre Inc. therein, relating to all areas including opening hours, signing in and out of children, sickness, suspension due to program disruptions, safety issues and payment of fees – including late fee payments, collection of debts and suspension due to non-payment of fee.	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

<p>I/We hereby state that the above information supplied is correct and all information that may affect my/our child(ren)'s care at Pole Depot Community Centre Inc. has been included.</p> <p>I/We understand that enrolment in the service(s) is conditional on the accuracy of the information supplied by me and that my/our child(ren)'s participation may be terminated with no refund of costs incurred, if the information is found to be inaccurate or misleading.</p> <p>I/We understand that my/our responses to the above consents will be acted upon as I/We have directed and any alteration to these consents by me will need to be made in writing.</p>

Parent 1 / Carer 1

Parent Name:			
Parent Signature:		Date:	
Witness Name:			
Witness Signature:		Date:	

Parent 2 / Carer 2

Parent Name:			
Parent Signature:		Date:	
Witness Name:			
Witness Signature:		Date:	

CENTRE INFORMATION

Please help us to identify community needs by completing the following.

What difficulties have you or your family experienced in the last 12 months? Please tick the boxes under each heading that apply to you

➤ **FAMILY RELATIONSHIPS**

- Divorce / Separation
- Parenting
- Caring
- Domestic Violence
- Death

➤ **FINANCIAL**

- Centrelink Benefits
- Financial Skills
- Budgeting

➤ **EMPLOYMENT**

- Job search
- Training
- Interview / Resume skills

➤ **PHYSICAL HEALTH**

- Medication
- Dementia
- Sickness
- Access to services

➤ **MENTAL / EMOTIONAL HEALTH**

- Depression
- Stress
- Mental Illness

➤ **LEGAL ISSUES**

- Wills
- Entitlements
- Guardianships
- Legal advise

➤ **ACCOMMODATION**

- Public housing
- Tenant Issues
- Homelessness

➤ **CULTURAL & LINGUISTIC NEEDS**

- English lessons
- Interpreting
- Immigration

➤ **LACK OF SOCIAL SUPPORT**

- Outings
- Home visits
- Groups

➤ **DRUG & ALCOHOL ISSUES**

OTHER ISSUES *(please specify)*

What assistance could have helped you?

Pole Depot Community Centre is committed to responding to the needs of community by delivering relevant services and information and implementing community programs in response to identified needs.

All information collected in this registration form is private and confidential. If anonymity is required please detach this page from the rest of the form and return to us in a marked envelope.

CENTRE SURVEY

The information contain in this section helps Pole Depot keep up to date with how we can best serve the community.

Which of the following services did you know Pole Depot offered the community? (please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Exercise Classes |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |

Do you or anyone you know use any of these services? (please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Exercise Classes |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |

How did you know about Pole Depot? (please tick)

- | | |
|--|---|
| <input type="checkbox"/> Relative | <input type="checkbox"/> Friends/ other parents |
| <input type="checkbox"/> Bush Telegraph newsletter | <input type="checkbox"/> Local schools |
| <input type="checkbox"/> Local newspaper | <input type="checkbox"/> Local council |
| <input type="checkbox"/> Local libraries | <input type="checkbox"/> Centrelink |
| <input type="checkbox"/> Other (please specify) | |

What activities would you like to see offered to the St George community that may be of interest to you/ your family?

Would you be interested in receiving information or talking to a representative of Pole Depot?

If yes, please indicate below which services you are interested in.

Yes

No

- | | |
|---|--|
| <input type="checkbox"/> Carer's Support | <input type="checkbox"/> Chinese Community Support |
| <input type="checkbox"/> Senior Friendship Group | <input type="checkbox"/> Disabilities Group |
| <input type="checkbox"/> Before & After School Child Care | <input type="checkbox"/> Walking Club |
| <input type="checkbox"/> Vacation Care Child Care | <input type="checkbox"/> Exercise Classes |
| <input type="checkbox"/> Men's Group | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Youth Holiday Program | |