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Enrolment Form 2025

Before School Care, After School Care, Vacation Care

Prestons

Address: 163 Kurrajong Rd. Prestons NSW 2170

Tel: 0407 909 884

Call us between:

Monday – Friday 7:00am to 6:30pm

Email:

ladybugoosh@gmail.com

Auburn

Address: 26-28 Kerr Parade

Auburn NSW 2144

Tel: 0497 777 767

Call us between:

Monday – Friday 7:00am to 9:00am 3:00pm to 6:30pm

Email: ladybugoosh@gmail.com

Number of Children:

Date:/..../....

Location:

Enrolling Staff:

Signature:

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Please choose the centre your child/o	children will enrol i	n			
Prestons			Auburn		
Who's Attending?		•			
Family Name:					
Child 1 Full Name:			Gend	er M /	' F
Date of birth:	Age:		Grade	9:	
Child's CRN:	Med	dicare Number	:		
What school does your child attend?					
Child 2 Full Name:			Gend	er M /	F
Date of birth:	Age:		Grade) :	
Child's CRN:	Med	dicare Number	:		
What school does your child attend?					
Child 2 Full Name			Cand	D. D. A.	/ F
Child 3 Full Name:			Gend		<u> </u>
Date of birth:	Age:		Grade		
Child's CRN:	Med	dicare Number	:		
What school does your child attend?					
Background Information Are any of the children you are enrolli	ng Aboriginal or To	rroc Strait Islan	nd background	YES	NO
If YES, please circle child below,	ing Aboriginal of To	TIES Strait Islai	ia background	11.5	INO
ii 123, please circle critic below,					
Child 1 Ch				Chile	d 3
What languages are spoken at home?					
Parent/Guardian Details					
Primary Parent/ Guardians Full Name	:				
Relationship of Child:		CRN Numb	<mark>er:</mark>		
Date of Birth:		Gender	M / F		
Home Address:					
Home Phone:	Mobile:		Work:		
Email address:	1				
Driver Licence Number:			State:		
Are you a single parent?			YES		NO
Is English your first language?			YES		NO
Parent cultural background:					
If NO, what languages do you speak?			<u> </u>		
Occupation:		Place of Emplo	yment:		
Home Address:					
Suburb:		Postcode:			
·		riace or citipic	yment.		
Suburb:		Postcode:			

Other Parent/ Guardians Full Name:					
Relationship of Child:		CRN Number:			
Date of Birth:			M / F		
Parent cultural background:		Gender	101 / 1	<u></u>	
Home Address:					
Suburb:	_	Postcode:		_	
	8.4 = l=:1 a.	Posicoue.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Home Phone: Emergency Person Authorisation	Mobile:		Work:		
In case of an emergency educators will make every attempt to contact parents\guardians. However if this is unsuccessful, you are asked to provide details below of any 2 persons who can act on your behalf. person below will be able to: 1. give consent to the service to administer medications 2. give consent to the service to seek medical treatment for your child 3. collect the child from the service 4. give consent to nominee to authorize Ladybug OOSH to transport my child or arrange transportation for my child 5. give consent to nominee to authorize Ladybug OOSH to take my child outside the premises I give permission to the below persons to authorise the emergencies listed above. Please list details of any persons you authorise to collect your child from the service. Please be sure to bring their ID (eg: driver license) for conformation, otherwise your child would not be allowed to leave with them.					
Emergency Contact 1 Full Name:		Relationship	Relationship to child:		
Home Phone: Mobile:		Work:			
Home Address:		Suburb:		Postcode:	
Emergency Contact 2 Full Name:		Relationship	to child:	. I	
Home Phone: Mobile:		Work:			
Home Address:		Suburb:		Postcode:	
Emergency Contact 3 Full Name:		Relationship	to child:		
Home Phone: Mobile:		Work:			
Home Address:		Suburb:		Postcode	
Consent for Medical Treatment & Am	bulance Service & En		ations		
I give consent to the medical treatment of my child/children, for the approved provider, a nominated supervisor or an educator to seek: i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and ii) transportation of the child by an ambulance service I acknowledge that in the event of an emergency my child will be required to evacuate the Ladybug OOSH centre premise under the care and supervision of educators.					
Sign:	ir or cadeators.	Date:			
Court Orders					
Are any of the children you are enrolling court order?	ng involved in a		YES	NO	
If YES, please provide a copy of the cou	urt order with this enr	rolment.			
Bookings					
Please note that a "bookings adjustme obtain this form from centre managem		ed out to chang	e any Routine or Casual	booking, please	

Please spe	cify the type of car	e required below:			
Permanent		Casual			
		Please circle t	he days you require belo	ow	
Before Sch	ool Care: Prestons	(6:30am-9am) Auburn	(7:00am-9:00am)		
For Child A	<u> </u>		,		
Monday	Tuesday	Wednesday	Thursday	Friday	
For Child B			1		
Monday	Tuesday	Wednesday	Thursday	Friday	
For Child C		T 144 1 1	T -1 1	5.1	
Monday	Tuesday	Wednesday	Thursday	Friday	
		2:10pm/3:00pm-6:30pr	m) Auburn (2:45pm-6:30	ipm)	
For Child A		Moderanday	Thursday	Fridov	
Monday For Child B	Tuesday	Wednesday	Thursday	Friday	
Monday	Tuesday	Wednesday	Thursday	Friday	
For Child C		vvcuricsday	Thursday	Triday	
Monday	Tuesday	Wednesday	Thursday	Friday	
	are (7:00am-6:00p		1111111111111		
		espond with NSW scho	ol holidays from 7:00am urther information.	-6:00pm. Please see centre management	
Starting Da	ites:				
What date	will your child/child	dren be starting?			
Medical In					
•			· ·	be at risk of allergic reaction/anaphylaxis	
			or medical authority for		
Are the children you are enrolling immunized? YES NO					
Please provide a copy of immunization certificate					
Have any of the children you are enrolling been diagnosed with a disability or are they undergoing diagnosis/ assessment?					
YES NO				NO	
Please specify what kind of disability, how it affects your child and what management plans are in place to support you child.					
Have any o	f the children been	diagnosed with a modi	ical condition? E.g. Acth	nma fits/seizures allergies ananhylavis	
Have any of the children been diagnosed with a medical condition? E.g., Asthma, fits/seizures, allergies, anaphylaxis YES NO					
For children		sthma or Alleraics, plac	se provide a conv of act		
For children with diagnosed Asthma or Allergies, please provide a copy of asthma/ anaphylaxis action plans on enrolment.					
	he children you are	enrolling have diagnos	sed or undiagnosed heha	avioural conditions?	
Do any of the children you are enrolling have diagnosed or undiagnosed behavioural conditions? E.g., ADHD, ODD.					
0,,	YES			NO	
Please specify what medical condition					
Please specify how this condition affects your child and what (if any) management plans are in place to support your child? (Psychologists, Behaviour management plans, Interventions)					
Medical De	etails				
Doctor:					
Medical ce	ntre:				

Phone number:	
Medicare Details	
Medicare number:	Valid to Date:
Dental Details	
Dentist Name:	
Address:	
Phone number:	
Dietary Details	
Please specify if your child requires special die	tary requirements:
YES	NO
What are these dietary requirements?	
Are these dietary requirements due to cultura	I/religious proclivities?
YES	NO NO
Special Requirements	
· · · · · · · · · · · · · · · · · · ·	notified by a parent of the child (such as requirements relating to the
	d in relation to any disability that the child has)
	· · · · · · · · · · · · · · · · · · ·
Fears and Phobias	
Do any of the children you are enrolling suffer	
YES	NO
Please specify what fears or phobias your child	d/ren suffers from and now to manage them:
Permission Notes	
Videos/DVDs	
I / We give my child/ren permission to watch (G rated and PG rated movies with the supervision of Staff
YES	NO
Photo	
	iary) and photos about my child's morning, afternoon and day to be
displayed on social media, used for our publication	· · · · · · · · · · · · · · · · · · ·
YES	NO
Centre Publications	
I/We give permission for my child/ren to be pl	notographed video recorded at the centre and during excursions. I also
give permission for photos, videos and my chil	d's art work to be displayed for other children and parents at the centre.
YES	NO
Internet	
	ernet for homework and interest, research purposes. I understand that
there will be close staff supervision (staff men	
YES	NO
First aid/ medical	ducatava ta avaluu
I /We provide permission for Ladybug OOSH eFirst Aid strips- such as band aids	ducators to apply:
YES	NO
Antiseptic cream- such as Dettol	l INO
YES	NO
Pick Up / Drop Off Permissions	NO
	I up from school and dropped to Ladybug OOSH Services at Ladybug
	d /or dropped to home from Ladybug OOSH Services.
YES	NO
Arriving at the Centre / Leaving the Centre	

I / We give permission for Ladybug OOSH educ	ators to allow				
 my child/ren to walk from the centre to the car park or to walk from car park to the centre in the morning 					
YES	NO				
 my child/ren to walk from the centre to the car park where I will pick her/him/them up 					
YES	NO				
my child/ren to walk from class to the centre					
YES	NO				
 my child/ren to leave the centre at 8:30am and go play with their peers in the playground 					
YES	NO				
Signod	Data				
my child/ren to leave the centre at 8:3	Oam and go play with their peers in the playground				

This service agreement is between the und	dersigned and Ladybug OOSH Services.
, ,	give permission for the children named in this enrolment form to attende by the Ladybug OOSH Services policies and procedures (available on ing in and out procedures, absence charges and payment of fees.

These include but are not limited to, late fees and suspensions due to program disruptions or safety issues.

I acknowledge that there will be no refunds or credits given if I cancel any of the children's enrolments.

I understand that I need to give 2 weeks' notice for cancellation of services.

I understand that Ladybug OOSH Services will provide a safe, secure and supportive environment for my children that complies with the National Law and Regulations and operates within the National Quality Framework, copies of which are all available on request.

I understand that providing direct debit details is a condition of enrolment and enrolment may be declined if these details are not provided.

I acknowledge that all absences will be charged for.

I acknowledge that late fees will apply at a rate of \$2 per minute for the first 5 minutes, then \$5 per minute thereafter

I give permission for my children to attend Ladybug OOSH Services and will not hold Ladybug OOSH Services, its staff or volunteers responsible for any damage and/or loos of property, and/or accident that occurs.

I give permission for Ladybug OOSH Services to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child.

I authorise Ladybug OOSH Services to seek medical treatment from my registered practitioner, hospital or ambulance services agree to pay all incurred costs.

I understand that Ladybug OOSH Services may disclose my personal information to any credit reporting agency should I default on my fees.

I understand staff are on site until 9:00am to tidy the centre and prepare for the afternoon session.

This agreement commences from the date signed and ends when terminated in writing by either party.

Parent/Guardian Name (Print):	
Parent/Guardian Signature:	Date:

Complying Written Arrangement (Must be fully completed)

This Written Arrangement is an ongoing agreement between the ECEC Service provider, **Ladybug OOSH Services** and the **Parent/Guardian**, **to** provide care in return for fees. This Written Arrangement contains the minimum amount of information specified in subsection 200B (3) of the Family Assistance Administration Act.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future	
Relevant	RA	A RA is an enrolment type used for families not wishing to claim CCS	
Arrangement			
Additional Child Care	ACCS	ACCS is used when a child care provider identifies that a child is at risk of	
Subsidy		serious abuse or neglect but the reason individual identified to pay the child	
		care fees	
Arrangement with	Arrangement with an organization is where the organization is liable for the fees for		
an organisation	the care of the child		

Arrangement Type:	CWA	RA	ACCS	Arrangeme organi	
lacksquare					
Name of Service:	Ladybug OOSH	Services			
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent/Guardian CRN:					
Date the arrangement was entered:					
Full Name of Child A					
Child A's Date of Birth://_		C	CRN:		
Full Name of Child B					
Child B's Date of Birth://		C	CRN:		
Full Name of Child C					
Child C's Date of Birth: //_		C	RN:		
Expected Session of Care:	Mon	Tue	Wed	Thu	Fri
BSC Session Time (Prestons)	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am
ASC Session Time (Prestons)	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm
BSC Session Time (Auburn)	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am	7:00-9:00am
ASC Session Time (Auburn)	2:45-6:30pm	2:45-6:30pm	2:45-6:30pm	2:45-6:30pm	2:45-6:30pm
Care Arrangement:	Routine	e Care		Casual Care	
Before School Care					
After School Care					

Note: It is understood that fees may vary from time to time.				
Parent/Guardian Name:				
Parent/Guardian Signature:	Date://	_		
Ladybug OOSH Services Representative Name:				
Ladybug OOSH Services Representative Signature:	Date: / /			