

Ladybug OOSH Services



Enrolment Form 2026

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 6:00pm
Email: ladybugoosh@gmail.com

Number of Children:

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

Location:

Enrolling Staff:

Signature:

Please choose the centre your child/children will enrol in		
Prestons <input type="checkbox"/>	Auburn <input type="checkbox"/>	
Who's Attending?		
Family Name:		
Child 1 Full Name:		Gender M / F
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Child 2		
Child 2 Full Name:		Gender M / F
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Child 3		
Child 3 Full Name:		Gender M / F
Date of birth:	Age:	Grade:
Child's CRN:	Medicare Number:	
What school does your child attend?		
Background Information		
Are any of the children you are enrolling Aboriginal or Torres Strait Island background	YES	NO
If YES, please circle child below,		
Child 1	Child 2	Child 3
What languages are spoken at home?		

Parent/Guardian Details		
Primary Parent/ Guardians Full Name:		
Relationship of Child:	CRN Number:	
Date of Birth:	Gender M / F	
Home Address:		
Home Phone:	Mobile:	Work:
Email address:		
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?		
Occupation:	Place of Employment:	
Home Address:		
Suburb:	Postcode:	

Other Parent/ Guardians Full Name:		
Relationship of Child:	CRN Number:	
Date of Birth:	Gender	M / F
Parent cultural background:		
Home Address:		
Suburb:	Postcode:	
Home Phone:	Mobile:	Work:
Emergency Person Authorisation		
<p>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:</p> <ol style="list-style-type: none"> 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 authorise Ladybug OOSH to transport my child or arrange transportation for my child 5. give consent to nominee to authorise Ladybug OOSH to take my child outside the premises <p>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.</p>		
Emergency Contact 1 Full Name:		Relationship to child:
Home Phone:	Mobile:	Work:
Home Address:	Suburb:	Postcode:
Emergency Contact 2 Full Name:		Relationship to child:
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 & Ambulance Service & Emergency Evacuations		
<p>I give consent to the medical treatment of my child/children, for the approved provider, a nominated supervisor or an educator to seek:</p> <ol style="list-style-type: none"> 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 <p>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.</p>		
Sign:	Date:	
Court Orders		
Are any of the children you are enrolling involved in a court order?	YES	NO
If YES, please provide a copy of the court order with this enrolment.		
Bookings		
Please note that a "bookings adjustment form" must be filled out to change any Routine or Casual booking, please obtain this form from centre management.		

Please specify the type of care required below:				
Permanent	<input type="checkbox"/>	Casual	<input type="checkbox"/>	
Please circle the days you require below				
Before School Care: Prestons (6:30am-9am) Auburn (7:00am-9:00am)				
For Child A				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child B				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child C				
Monday	Tuesday	Wednesday	Thursday	Friday
After School Care: Prestons (3:00pm-6:30pm) Auburn (3:00pm-6:00pm)				
For Child A				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child B				
Monday	Tuesday	Wednesday	Thursday	Friday
For Child C				
Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care (7:00am-6:00pm)				
Vacation care programs correspond with NSW school holidays from 7:00am-6:00pm. Please see centre management for further information.				
Starting Dates:				
What date will your child/children be starting?				
Medical Information				
If your child requires any regular medication, has a medical condition or may be at risk of allergic reaction/anaphylaxis please provide further details and see management for medical authority forms				
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		
Please specify what kind of disability, how it affects your child and what management plans are in place to support your child.				
Have any of the children been diagnosed with a medical condition? E.g., Asthma, fits/seizures, allergies, anaphylaxis				
YES		NO		
<i>For children with diagnosed Asthma or Allergies, please provide a copy of asthma/ anaphylaxis action plans on enrolment.</i>				
Do any of the children you are enrolling have diagnosed or undiagnosed behavioural conditions? E.g., ADHD, ODD.				
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 Details				
Doctor:				
Medical centre:				
Address:				

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 dietary requirements:	
YES	NO
What are these dietary requirements?	
Are these dietary requirements due to cultural/religious proclivities?	
YES	NO
Special Requirements	
Any special requirements concerning the child notified by a parent of the child (such as requirements relating to the child's culture or religion or to the child's need in relation to any disability that the child has)	
Fears and Phobias	
Do any of the children you are enrolling suffer from any fears of phobias?	
YES	NO
Please specify what fears or phobias your child/ren suffers from and how 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	
I / We give permission for information (daily diary) and photos about my child's morning, afternoon and day to be displayed on social media, used for our publications, termly newspaper or on our website.	
YES	NO
Photo	
I/We give permission for the service to take, use and store images and videos of my children on only their service phone in line with their <i>Safe Use of Digital Technologies and Online Environments Policy</i>	
YES	NO
Centre Publications	
I/We give permission for my child/ren to be photographed video recorded at the centre and during excursions. I also give permission for photos, videos and my child's art work to be displayed for other children and parents at the centre.	
YES	NO
Internet	
I / We give permission child/ren to use the internet for homework and interest, research purposes. I understand that there will be close staff supervision (staff member with child using the internet at all times).	
YES	NO
First aid/ medical	
I /We provide permission for Ladybug OOSH educators to apply:	
<ul style="list-style-type: none"> First Aid strips- such as band aids 	
YES	NO
<ul style="list-style-type: none"> Antiseptic cream- such as Dettol 	

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

Arrangement Type:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: / ____ / ____					CRN:
Full Name of Child B					
Child B's Date of Birth: / ____ / ____					CRN:
Full Name of Child C					
Child C's Date of Birth: / ____ / ____					CRN:
Expected Session of Care:	Mon	Tue	Wed	Thu	Fri
BSC Session Time (Prestons)	6:30-9:00am	6:30-9:00am	6:30-9:00am	6:30-9:00am	6:30-9:00am
ASC Session Time (Prestons)	3:00-6:30pm	3:00-6:30pm	3:00-6:30pm	3:00-6:30pm	3:00-6:30pm
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)	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm	3:00-6:00pm
Care Arrangement:	Routine Care			Casual Care	

Before School Care <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:** __/__/__