Bindoon
OUT OF SCHOOL HOURS CARE

Phone - 0494 764 083
Email - admin@bindoonoshc.com.au
Address - 19 Learners Way, Bindoon, WA, 6502
Bindoon Primary School

Child's Information

Surname: _____ First Name: _____

Address: _____ Post Code: _____

DOB: _____ Gender at Birth M/F: _____ Child's CRN: _____

School Attending: _____ Year level/classroom: _____

Cultural background: _____

Country of birth: _____ Languages spoken: _____

Does your child have any medical needs? ☐ YES ☐ NO
If Yes Please Specify Medical Need -

Does your child have any allergies? ☐ YES ☐ NO
If Yes Please Specify Allergy -

Does your child have any dietary requirements? ☐ YES ☐ NO
If Yes Please Specify Dietary Requirement-

Does your child have any other additional needs? ☐ YES ☐ NO
If Yes Please Specify Additional Needs -

If you have answered YES, to any of the above, please provide more details regarding information that staff need to be aware of:

Action Plans may be requested for specific Medical Conditions or needs.

Service Checklist

Medical action plan attached: ☐

Health Risk Minimisation Plan and Communication Plan: ☐

Inclusion support plan completed with parent/guardian: ☐

Birth Certificate sighted/copied: ☐

Immunisation (up to date details): ☐
Please attach copied documents for our records.

Information to help with your child's needs, e.g. Friends who attend the centre already. Activities or interests they like to do such as drawing, playing with cars, board games or construction.

Care Type

Start Date:	Please Tick Care Types Below
Casual Booking, Including Vacation Care	☐
Permanent Booking:	☐
Regular fortnightly Booking:	☐
Roster Booking: (Nursing, Mines etc)	☐

For Rostered Bookings, please email through your required days – This can be sent through as a term booking, year booking or a few weeks at a time.

NOTE: All permanent bookings require 2 weeks' notice to cancel care.
Casual bookings require minimum of 24hrs notice to cancel booking

Please tick required permanent days

Table 1
Permanent Weekly Booking

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Please tick required Fortnightly days

Table 2
Permanent Fortnightly Booking – Week 1

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday
After School					

Permanent Fortnightly Booking – Week 2

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
	Monday	Tuesday	Wednesday	Thursday	Friday

Parent/Guardian Information:

The details of each known parent/guardian must be provided (National regulations 102, 106-162)

Parent/Guardian (Person who CCS will be applied under)	**Parent/Guardian**
Full Name:	Full Name:
DOB:	DOB:
CRN No:	CRN No:
Medicare No: Expiry	Medicare No: Expiry
Address:	Address:
PC:	P/C:
Home phone:	Home phone:
Mobile:	Mobile:
Email:	Email:
Occupation:	Occupation:
Work Email:	Work Email:
Work phone:	Work Phone:
Place of Work/Study:	Place of Work/Study:
Address:	Address:
PC:	P/C:
Country of birth:	Country of birth:
Languages spoken:	Languages spoken:
Cultural Considerations:	Cultural Considerations:
Care required for (work/study/respite/other):	Care required for (work/study/respite/other):
Talents/Hobbies that can be shared with children:	Talents/Hobbies that can be shared with children:

Custody arrangements

Are there any of the following court orders in place for your child? Is YES, please tick the orders that are in place and provide the service centre with a copy of the order.

Parenting Plans	☐ YES ☐ NO
Residence	☐ YES ☐ NO
Access to People	☐ YES ☐ NO
Contact with Parent	☐ YES ☐ NO

Medical Information – This is a requirement

Medical Centre:	
Doctors Name:	
Address:	
Telephone No:	Medicare No: Expiry Date:

NOTE: We regret that we are unable to provide care for children who are unwell or who have a communicable or infectious illness. In such an event if we are unable to contact you or your emergency contacts, we may deem it necessary to call an ambulance.

Siblings

Name:	DOB:	Year/Teacher:

Authorised Emergency Contacts – (Different to Parent/Guardian)

In case of an emergency, Staff will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

Emergency Contact One – (Different to Parent/Guardian)

Name:	
Relationship to child:	
Phone Number: (Required)	
Email Address of this person to Access Software, to Sign in and Out when Collecting your child:	
Please tick each box that you give the emergency contact authorisation for.	
Collect child from service centre	☐ YES ☐ NO
Medical Treatment	☐ YES ☐ NO
Administration of medication	☐ YES ☐ NO
Ambulance to be called	☐ YES ☐ NO
Educator to accompany child in ambulance (if required)	☐ YES ☐ NO
Excursion permission	☐ YES ☐ NO

AUTHORISED EMERGENCY PERSONS MUST BE OF GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE SERVICE, AND CAPABLE OF DEALING WITH EMERGENCIES.

Authorised Emergency Contacts– (Different to Parent/Guardian)

In case of an emergency, Staff will contact the parents/guardian initially. If they are unable to be contacted immediately, we will contact the following people in the order that they are listed.

Emergency Contact Two – (Different to Parent/Guardian)

Name:

Relationship to child:

Phone Number:
(Required)

Email Address of this person to Access Software, to Sign in and Out when Collecting your child:

Please tick each box that you give the emergency contact to authorise.

Collect child from service centre	☐ YES ☐ NO
Medical Treatment	☐ YES ☐ NO
Administration of medication	☐ YES ☐ NO
Ambulance to be called	☐ YES ☐ NO
Educator to accompany child in ambulance (if required)	☐ YES ☐ NO
Excursion permission	☐ YES ☐ NO

Authorised Persons - to deliver/collect child

Persons who have permission to collect children from the service centre must be 18 years of age. They will be required to show photo identification (Driver's License) when collecting child. Child will not be released if there is no photo identification of person collecting child. Child will not be released to an intoxicated person.

Contact One

Name:

Relationship to child:

Phone Number:
(Required)

Email Address of this person to Access Software, to Sign in and Out when Collecting your child

Collect child from service centre:	☐ YES ☐ NO
Excursion Permission:	☐ YES ☐ NO

Contact Two

Name:

Relationship to child:

Phone Number:
(Required)

Email Address of this person to Access Software, to Sign in and Out when Collecting your child

Collect child from service centre:	☐ YES ☐ NO
Excursion Permission:	☐ YES ☐ NO

Permissions – Authorisations I give my permission for: Please Circle	Please circle YES or NO
My child to participate in all activities offered in the education and care service. I agree it is my responsibility to familiarise myself with the program and to advise the service in writing if I do not wish my child to participate in a particular activity.	**YES / NO**
For educators at the service to take my child on incursions/excursions by foot within the school boundaries but not beyond.	**YES / NO**
My child being observed by educators and students for programming purposes. (Programming for individual children is a requirement)	**YES / NO**
My child's photograph, to be taken or recorded at the service for use within the service (Photo only used for our programming records or Centre Activities).	**YES / NO**
I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me, they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise them to seek further medical treatment for my child.	**YES / NO**
If the Service deem it necessary, I agree for them to call an ambulance to take my child to hospital and agree to meet any expenses incurred.	**YES / NO**
Staff are permitted to apply sunscreen to my child, if my child has sensitive skin, I will provide their own sunscreen for them to use.	**YES / NO**
Accounts and correspondence to be sent to me electronically (to the email address provided on this enrolment form).	**YES / NO**

Signature of Parent/Guardian (1) _____ Date: _____

Signature of Parent/Guardian (2) _____ Date: _____

The following information is to be read in conjunction with the Service Agreement and the Fee Schedule FY 2026/2027 which together, form the **Compliant Written Agreement** consistent with the guidelines for Child Care Subsidy.

Compliant Written Agreement

Child's Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

Childcare Provider

Company: **Bindoon Out of School Hours Care**
Phone: **0494 764 083**
Email: **admin@bindoonoshc.com.au**
Address: 1**9 Learners Way, Bindoon, WA 6502 - Bindoon Primary School**
Website: **www.bindoonoshc.com.au**
ABN: **897 440 152 92**
Service Centre ID: **TBA**

MyGov / Childcare Subsidy	
Have you obtained a MyGov?	☐ YES ☐ NO
Have you completed a Child Care Subsidy Assessment?	☐ YES ☐ NO

Type of Care	
What type of care are you seeking?	☐ Before School Care ☐ After School Care ☐ Casual Care Only

Dates of Care

Planned date that care will commence: _____

Planned date that care will cease (if known): _____

Daily Schedule of Fees

For the 2026/2027 Financial Year

Bindoon Out Of School Hours Care

Service Type	Normal Session Period	Rate
Before School Care	2.5 hours	$37.00
After School Care	3 hours	$47.00
Vacation Care	11.5 hours	$120.00

Care Schedule and Sessions

Please circle your routine care days.
Duration of Before School Care is 2.5 hours.
Duration of After School Care is 3 hours.
Duration of Vacation Care is 11.5 hours and minutes.

Type of care and opening hours	Days of the week				
Before School Care – 6:30am – 9:00am	Mon	Tue	Wed	Thur	Fri
After School Care – 3:00pm – 6:00pm	Mon	Tue	Wed	Thur	Fri
Vacation Care – 6:30am – 6:00pm	Mon	Tue	Wed	Thur	Fri

The actual cost incurred by parents/guardians are decreased by any Child Care Subsidy to which your family is entitled (calculated based on hours worked, family income, daily fees incurred and hours of sessional childcare per day). Your Child Care Subsidy is paid directly to Bindoon OSHC for ease of administration. You should be charged only the net amount of fees incurred. Estimate your Child Care Subsidy by using the calculator at www.education.gov.au/sites/education/files/sch/index.html.

Privacy Agreement

Bindoon OSHC, located at 19 Learners Way, Bindoon maintains enrolment details and records of attendance, fee payment, medication administered and information about the development, well-being and health of each child while attending the service. This enables us to plan and program for your child's needs and ensure we meet all our legislative and regulatory responsibilities.

Information provided by you for this purpose will be treated respectfully and confidentially. All personal, sensitive and health information is kept in a secure place to protect it from unauthorised access, modification, or disclosure.

Failure to provide the required information may result in non-acceptance of your child's enrolment.

Only authorised staff members who directly require your information for professional purposes will have access to it. Families are able to access their information upon request.

Information may be disclosed to relevant authorities to confirm our compliance with Childcare and Child Care Subsidy laws.

Declaration

I/We hereby declare that all the information given is accurate and agree to abide by the conditions of the enrolment at the centre.

Parent/Guardian (1) Name: _____ Signature_____ Date: _____

Parent/Guardian (2) Name: _____ Signature_____ Date: _____

Registration Agreement – Please tick all boxes of Consent This is a requirement	
☐	I agree to pay my fees. I am aware that non-payment could result in cancellation of my child's enrolment and recovery action may be taken at my expense.
☐	I agree to pay my fees one week in advance as determined by the fee payment policy.
☐	I have received and read the family hand book and I understand any updates to policies will be displayed on the notice board for families. Please ask for Copy if you did not receive one on enrolment.
☐	I understand that I need to comply with all Government requirements in relation to the Centre and its service.
☐	I am aware it is my responsibility to inform the service should my contact details, emergency contact details or parenting orders (if applicable) change.
☐	I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS).
☐	I am aware that fees will be reviewed annually, and I will receive a minimum of two (2) weeks' notice of any changes being made.
☐	I am aware that two weeks' notice in writing for cancellation of care must be given in advance for all permanent bookings.
☐	I understand that I must pay fees for any booked days that I have not cancelled at least 24 hours in advance for any casual bookings.
☐	I understand that a late fee for late collection operates at the Service and that I am responsible for the payment of any fees incurred.
☐	I am aware of the services opening and closing times BSC-6:30am-9:00am. - ASC-3.00pm – 6.00pm - Vac-6:30am-6:00pm
☐	I am aware that my child will be excluded from care at the Service if they have a communicable or infectious disease. I understand that my child will be accepted back into the Service once the exclusion guidelines have been met.
☐	I consent to my child being in the presence of volunteers, visitors and students with due notice given, with the appropriate supervision by the Service staff.
☐	I have presented the Service with a copy of my child's current immunisation details.
☐	I have read and understand the Privacy Statement.
☐	The Service reserves the right to cancel care if it considers doing so would be in the best interest of the Service. Two weeks' notice of cancellation of care will be provided and any outstanding fee credits reimbursed up to the conclusion of care at the Service.

I have read the registration agreement and agree to adhere to the above conditions and policies.

Parent/Guardian (1) Name: _____ Signature_____ Date: _____

Parent/Guardian (1) Name: _____ Signature_____ Date: _____