

**Before School Care (BSC)** 7:00am – 9:00am    **After School Care (ASC)** 3:00pm – 6:00pm  
**Vacation Care and Student Free Days** 7:00am – 6:00pm (SFD if enrolments permit)  
*All Services Exclude Public Holidays*

**PLEASE NOTE:** Enrolment for your child/children cannot be confirmed until Enrolment Form and initial payment has been received using one of the nominated payment options. Please ensure all areas have been completed and signed before submitting. Fees for BSC and ASC are to be paid in full, two weeks in advance and every week thereafter.

General enquiries to Children's Services – Phone: 9205 8569 Fax: 9345 9985 Email: [children@stirling.wa.gov.au](mailto:children@stirling.wa.gov.au)  
 Visit or Post: City of Stirling Children's Services, Mirrabooka Community Hub, 21 Sudbury Road, Mirrabooka WA 6061.

Enrolment forms can be submitted/emailed direct to the Centre Supervisor – [Fae.Mohamed@stirling.wa.gov.au](mailto:Fae.Mohamed@stirling.wa.gov.au)

Flat rates - Per child, Per day: Before School Care \$24.00 / After School Care \$34.00 / Student Free Day \$78.00, less any Child Care Subsidy (CCS) eligibility.

**Please ✓ how payment will be made:**

- Internet (please email proof of payment)     In person at 25 Cedric Street, Stirling  
 Credit Card     Cheque by mail

Child's First Name	Child's Surname	Child's Age	School Year	Swimming Level

School: \_\_\_\_\_ Primary School

Please tick ✓ the days your child/children will be attending Before School Care (BSC) and/or After School Care (ASC):

<b>BSC</b>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday
<b>ASC</b>	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday

Please tick ✓ and sign if you give permission for your child/children to visit the Inglewood Library and/or Bob Daniel's centre at any given time under the supervision of OSHC staff during OSHC hours:

Inglewood Library     Bob Daniel's Centre    Signed: \_\_\_\_\_

**Additional Requirements** – Do any of the children listed above have any additional health requirements such as asthma, diabetes, autism, ADHD, epilepsy, allergies (anaphylaxis) or special dietary requirements? **YES**  **NO**

If yes, please list below:

Child's First Name	Child's Surname	Additional Health Requirements	Emergency Action Plan Completed	Minimisation Form Completed

**TERMS AND CONDITIONS:** It is the responsibility of parents/guardians to be familiar with the contents of the Information for Families/Family Handbook. A hardcopy is available from the centre or at [www.stirling.wa.gov.au](http://www.stirling.wa.gov.au)

**Administration of medication**

- I/we understand that for all medications I must complete and sign an Authority to Administer Medication Form on the days that the medication is to be administered.
- I/we have read and agreed to follow the centre policy on **Administration of Medication**.

Signature of parent/guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 1 \_\_\_\_\_ *(Please print)*

Signature of parent/guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 2 \_\_\_\_\_ *(Please print)*

**Medical or hospital attention and emergency transport**

- In the event of accident or illness (when centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child/children.
- In the case of emergency I/we agree for my child/children to be transported by private car/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

Signature of parent/guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 1 \_\_\_\_\_ *(Please print)*

Signature of parent/guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 2 \_\_\_\_\_ *(Please print)*

**Payment of fees**

- I/we have read and understand the **Payment of Fees (7)** as outlined in Information for Families/Family Handbook.

Signature of parent/guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 1 \_\_\_\_\_ *(Please print)*

Signature of parent/guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 2 \_\_\_\_\_ *(Please print)*

**Authorisation to participate in all activities:**

- I am willing for my child/children to participate in all activities offered in the BSC/ASC program. I agree it is my responsibility to familiarise myself with the program and advise the centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of parent/guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 1 \_\_\_\_\_ *(Please print)*

Signature of parent/guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 2 \_\_\_\_\_ *(Please print)*

**Photographs**

- I agree to photos being taken of my child/children and understand that they may be used for the purpose of marketing materials, promotion of the program or as part of a program activity.

Signature of parent/guardian 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 1 \_\_\_\_\_ *(Please print)*

Signature of parent/guardian 2 \_\_\_\_\_ Date \_\_\_\_\_

Name of parent/guardian 2 \_\_\_\_\_ *(Please print)*

Parent/Guardian 1 Details	Is this parent/guardian liable for payment of the fees? YES / NO (Please circle)
First Name _____ Surname _____ Gender: <b>Male / Female</b>	
Relationship to Child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____ / ____ / ____	
Home Address _____ Postcode _____ Child lives with Parent 1? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Parent/Guardian 2 Details	Is this parent/guardian liable for payment of the fees? YES / NO (Please circle)
First Name _____ Surname _____ Gender: <b>Male / Female</b>	
Relationship to child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____ / ____ / ____	
Home Address _____ Postcode _____ Child lives with Parent 2? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Child 1 Details
First Name _____ Surname _____ Gender: <b>Male / Female</b>
Child CRN _____ - _____ - _____ Date of Birth ____ / ____ / ____ Swimming Level _____
School: <b>Inglewood PS</b> <input type="checkbox"/> / <b>Mount Lawley PS</b> <input type="checkbox"/> / <b>St Peters PS</b> <input type="checkbox"/> School Year _____ Immunisation <b>Yes / No</b> (Please circle)
Allergies _____ / NIL
Medical Conditions _____ / NIL
Dietary Needs _____ / NIL
Country of Birth _____ Languages Spoken At Home _____
Is there any relevant information we should know about your child? For eg: <i>cultural, religion, habits etc</i> _____

Child 1 Medical Information
Family Doctor/Clinic _____ Telephone: _____
Address _____ Post Code _____
Health Fund Cover / Number: _____ / _____
Ambulance Cover: _____ / <b>Same as Health Fund</b> Medicare No _____

**Emergency and/or Pick-Up Contact Details (other than parent/guardian included above)**

Emergency Contact 1	Emergency Contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

**Emergency Action Plan and Minimisation Plan**

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

**Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.**

**Custody or Access Arrangements**

Are there any court orders relating to the guardianship, custody or access to the child/children

YES  NO

If YES please attach and provide details: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1 Details	Same as Child 1 YES / NO (Please circle)
First Name _____ Surname _____ Gender: <i>Male / Female</i>	
Relationship to child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____/____/____	
Home Address _____ Postcode _____ Child lives with Parent 1? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Parent/Guardian 2 Details	Same as Child 1 YES / NO (Please circle)
First Name _____ Surname _____ Gender: <i>Male / Female</i>	
Relationship to child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____/____/____	
Home Address _____ Postcode _____ Child lives with Parent 2? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Child 2 Details
First Name _____ Surname _____ Gender: <b>Male / Female</b>
Child CRN _____ - _____ - _____ Date of Birth ____/____/____ Swimming Level _____
School: <b>Inglewood PS</b> <input type="checkbox"/> / <b>Mount Lawley PS</b> <input type="checkbox"/> / <b>St Peters PS</b> <input type="checkbox"/> School Year _____ Immunisation <b>Yes / No</b> (Please circle)
Allergies _____ / NIL
Medical Conditions _____ / NIL
Dietary Needs _____ / NIL
Country of Birth _____ Languages spoken at home _____
Is there any relevant information we should know about your child? <i>For eg: cultural, religion, habits etc</i> _____

Child 2 Medical Information
Family Doctor/Clinic _____ Telephone: _____
Address _____ Post Code _____
Health Fund Cover / Number: _____
Ambulance Cover: _____ / <b>Same as Health Fund</b> Medicare No _____

**Emergency and/or Pick-Up Contact Details (other than parent/guardian included above).**

**Emergency Contacts same as Child 1 – YES / NO** (please circle)

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

**Emergency Action Plan and Minimisation Plan**

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

**Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.**

**Custody or Access Arrangements**

Are there any court orders relating to the guardianship, custody or access to the child/children

YES  NO

If YES please attach and provide details: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1 Details	Same as Child 1 YES / NO (Please circle)
First Name _____ Surname _____ Gender: <i>Male / Female</i>	
Relationship to child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____/____/____	
Home Address _____ Postcode _____ Child lives with Parent 1? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Parent/Guardian 2 Details	Same as Child 1 YES / NO (Please circle)
First Name _____ Surname _____ Gender: <i>Male / Female</i>	
Relationship to child 1 _____ Parent CRN _____ - _____ - _____ Date of Birth ____/____/____	
Home Address _____ Postcode _____ Child lives with Parent 2? <b>Yes / No</b>	
Home Phone _____ Mobile _____ Email _____	
Work Address _____ Postcode _____ Work Phone _____	
Languages Spoken At Home _____ Driver's Licence No _____	

Child 3 Details
First Name _____ Surname _____ Gender: <b>Male / Female</b>
Child CRN _____ - _____ - _____ Date of Birth ____/____/____ Swimming Level _____
School: <b>Inglewood PS</b> <input type="checkbox"/> / <b>Mount Lawley PS</b> <input type="checkbox"/> / <b>St Peters PS</b> <input type="checkbox"/> School Year _____ Immunisation <b>Yes / No</b> (Please circle)
Allergies _____ / NIL
Medical Conditions _____ / NIL
Dietary Needs _____ / NIL
Country of Birth _____ Languages spoken at home _____
Is there any relevant information we should know about your child? <i>For eg: cultural, religion, habits etc</i> _____

Child 3 Medical Information
Family Doctor/Clinic _____ Telephone: _____
Address _____ Post Code _____
Health Fund Cover / Number: _____
Ambulance Cover: _____ / <b>Same as Health Fund</b> Medicare No _____

**Emergency and/or Pick-Up Contact Details (other than parent/guardian included above).**

**Emergency Contacts same as Child 1 – YES / NO (please circle)**

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

**Emergency Action Plan and Minimisation Plan**

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

**Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.**

**Custody or Access Arrangements**

Are there any court orders relating to the guardianship, custody or access to the child/children

YES  NO

If YES please attach and provide details: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian 1 Details		Same as Child 1 YES / NO (Please circle)	
First Name _____	Surname _____	Gender: <i>Male / Female</i>	
Relationship to child 1 _____	Parent CRN _____ - _____ - _____	Date of Birth ____/____/____	
Home Address _____	Postcode _____	Child lives with Parent 1? <b>Yes / No</b>	
Home Phone _____	Mobile _____	Email _____	
Work Address _____	Postcode _____	Work Phone _____	
Languages Spoken At Home _____	Driver's Licence No _____		

Parent/Guardian 2 Details		Same as Child 1 YES / NO (Please circle)	
First Name _____	Surname _____	Gender: <i>Male / Female</i>	
Relationship to child 1 _____	Parent CRN _____ - _____ - _____	Date of Birth ____/____/____	
Home Address _____	Postcode _____	Child lives with Parent 2? <b>Yes / No</b>	
Home Phone _____	Mobile _____	Email _____	
Work Address _____	Postcode _____	Work Phone _____	
Languages Spoken At Home _____	Driver's Licence No _____		

Child 4 Details		
First Name _____	Surname _____	Gender: <b>Male / Female</b>
Child CRN _____ - _____ - _____	Date of Birth ____/____/____	Swimming Level _____
School: <i>Inglewood PS</i> <input type="checkbox"/> / <i>Mount Lawley PS</i> <input type="checkbox"/> / <i>St Peters PS</i> <input type="checkbox"/>	School Year _____	Immunisation <b>Yes / No</b> (Please circle)
Allergies _____		/ NIL
Medical Conditions _____		/ NIL
Dietary Needs _____		/ NIL
Country of Birth _____	Languages spoken at home _____	
Is there any relevant information we should know about your child? For eg: <i>cultural, religion, habits etc</i> _____		

Child 4 Medical Information	
Family Doctor/Clinic _____	Telephone: _____
Address _____	Post Code _____
Health Fund Cover / Number: _____	
Ambulance Cover: _____	/ <b>Same as Health Fund</b> Medicare No _____

**Emergency and/or Pick-Up Contact Details (other than parent/guardian included above).**

**Emergency Contacts same as Child 1 – YES / NO** (please circle)

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

**Emergency Action Plan and Minimisation Plan**

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

**Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.**

**Custody or Access Arrangements**

Are there any court orders relating to the guardianship, custody or access to the child/children

**YES**  **NO**

If **YES** please attach and provide details: \_\_\_\_\_

## PAYMENT OF FEES

Fees payments are centrally managed at the City of Stirling Administration Centre (rather than individual centres). Families are most welcome to contact our Children Development Officer on 9205 8569 for enquiries regarding fees and/or assistance with processing payments.

**After School Care fees are to be paid in full TWO WEEKS in advance to secure a place and every week thereafter. Vacation Care and On the Bus fees must be paid in full before the start of the program.**

FEES (current to 30 June 2021)	Cost Per Day – Based on number of children per family			
	1 child	2 children	3 children	4 children
<b>After School Care - Flat Rate includes transport</b>	\$34.00	\$68.00	\$102.00	\$136.00
<b>Before School Care – Flat Rate</b>	\$24.00	\$48.00	\$72.00	\$96.00
<b>Half Day – For eg, Early Close, Kindy Transition Period</b>	\$48.00	\$96.00	\$144.00	\$192.00
<b>Student Free Day / General Vacation Care / On the Bus</b>	\$78.00	\$156.00	\$234.00	\$312.00
<b>Annual Administration Fee</b>	\$10.50	\$21.00	\$31.50	\$42.00
<b>Late Collection Fee</b>	\$10.50 per child at 6.01pm and \$1.00 per minute thereafter			
<b>Late Payment Fee</b>	\$50.00			

## CHILD CARE SUBSIDY

The portion of the fee for After School care and Vacation care that you pay will depend on the amount of **Child Care Subsidy (CCS)** you are eligible to receive. To determine eligibility, families must register with the Family Assistance Office (Centrelink) **urgently** on 136150. City of Stirling requires the following information at the time of enrolment, otherwise full fee will be charged. We need to know:

- Parent's and child's CCS registration number – also known as CRN (customer reference number)
- Parent's and child's date of birth
- Commencement date
- If you have additional children in care at other services

To retain your CCS percentage you must not exceed 42 absent days in a year otherwise full fees will apply.

Additional Child Care Subsidy (ACCS) – if you are a grandparent looking after a grandchild you may qualify for this benefit. Contact Family Assistance Office on 13 61 50.

## OUTSTANDING FEES

The centre/s will be unable to accept children into their care if fees are outstanding. Please refer to Section 7 "Payment of Fees" in "Information for Families / Family Handbook" booklet. **\$50.00 late payment fee applies.** Should there be outstanding fees, the City of Stirling will make every effort to contact the parent/guardian to correct the outstanding amount, if no payment is made the child's place may be cancelled and they will not be accepted into Outside School Hours Care until payment is made. Legal action may be taken.

## PAYMENT OPTIONS

Families can access the following options for fee payments:

- Cheque or money order by post to City of Stirling Admin Centre, 25 Cedric St, Stirling.
- Payment in person at the City of Stirling Admin Centre, including cash payments, where a receipt will be issued.
- Credit card payment over the phone by calling 9205 8569 during office hours, or
- Internet Banking

### City of Stirling account details:

Westpac Banking Corporation

City of Stirling Municipal Fund

BSB: 036073

Account: 000022

If you pay fees via internet banking, please ensure that you include the following in the details field:

- Centre name abbreviated; Inglewood Vacation Care would be 'IVC'
- Inglewood After School Care would be 'IASC'
- Child's name – first initial and surname (as much as description space allows)

Example: 'IVC P. Smith' or 'IASC P. Smith'

### Inglewood OSHC

Before & After School Care and Vacation Care

Inglewood Children's Centre – Cnr Ninth Avenue & Beaufort Street, Inglewood WA 6052

**Phone:** 9205 7760 **Mobile:** 0427 595 282 / 0419 857 945

### On the Bus (During School Holidays)

Mobile Bus Program for 11-15 year olds

Bus Pick Up Points: Balga Community Centre and Inglewood Children's Centre

**Phone:** 9205 8569

### Children's Services Office

Mirrabooka Community Hub

21 Sudbury Road, Mirrabooka WA 6061

Children's Development Officer – *Ashlea Kukura*: 9205 8569

Team Leader (Children and Youth) – *Tracey Freeman*: 9205 8567

City of Stirling Family Services aims to strengthen families and communities through a range of family based initiatives that enhance health and wellbeing, build positive relationships, connect families to their communities and enhance access to responsive family support services.

To receive a free monthly e-newsletter with a selection of different activities, events and programs running within City of Stirling please email your name and address to [familyservices@stirling.wa.gov.au](mailto:familyservices@stirling.wa.gov.au)

This information is available in alternative formats on request. Please contact The City of Stirling Customer Service Team on (08) 9205 8555.