

PARENT SURVEY

Thank you for taking the time to complete our survey. Your comments and suggestions are of great value to us, and where possible we will endeavour to act on them. Our aim is to provide a service which meets your families' needs. We do need your input to help us achieve this. All information and suggestions you give us will be carefully considered and implemented wherever possible.

Please circle your response					
	1				5
	agree				disagree
1. Staff interact with children in a caring and friendly manner	1	2	3	4	5
2. Information is shared between families and the service	1	2	3	4	5
3. Community links are developed and maintained	1	2	3	4	5
4. The value of play is recognised	1	2	3	4	5
5. Diversity and equity are valued	1	2	3	4	5
6. The office staff are helpful and informative	1	2	3	4	5
7. Resources support children to make choices	1	2	3	4	5
8. The enrolment process is easy to understand	1	2	3	4	5

Comments: _____

Please note the criteria for Priority of Access

1. A child at risk
2. A child of a single parent family who satisfy the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999
3. A child of 2 parent family who satisfy the work/training/study test under section 14 of the A New Tax System (Family Assistance) Act 1999
4. Any other child

CONDITIONS OF ENROLMENT

The Federal Government sets Priority of Access guidelines and parents who are employed, studying or seeking work are given priority.

*A late fee of \$25 per **fifteen minutes** or part thereof will be charged for children not collected by 6.00pm SHARP. This policy will be strictly adhered to. Please call the centre on 9976 2147 if you are running late. This will not excuse the late fee charge. Payment must be made immediately.*

Every effort will be made to contact parents and or emergency contacts if a child has not been collected by 6.00pm SHARP. The Department of Community Services will be informed if a parent/guardian is late by more than 60 minutes.

Parents are required to notify the office on 9976 2147 no later than 2.00pm if a child will not be attending After School Care that day. Earlier notification if known would be appreciated.

Cancellations of casual bookings must be made at least 1 day prior to the booking or else these bookings will be charged. **Casual bookings will not be accepted more than 14 days in advance and after 12pm the same day.** Families must have a current annual enrolment to attend.

Children with infectious diseases or conditions may be excluded from the program for the period of time recommended by the Health Commission and if requested, a medical certificate stating clearance must be supplied to the office before the child resumes care.

A signed authorisation letter is required if your child is to leave the centre by him/herself.

Identification must be provided by anyone collecting your child other than those already authorised on the most recent annual enrolment form. A release form will be completed and signed by the supervisor and nominated carer.

Children under 9 years old will not be released into the care of anyone under 16 years old, nor permitted to leave the centre alone.

Children must be signed in at Before School Care and signed out at After School Care. Unsigned attendance registers will be recorded as absences which affect Child Care Benefit entitlements.

Custody Orders will only be enforced when we have seen and copied the original.

There are only 42 days allowable absences per year across all services your child attends. Once this is reached your Child Care Benefit ceases for any future absences within that financial year. Full fees will be charged for any extra absences.

Manly Council's responsibility begins when the child arrives at the centre or when staff meet the child at school. Centre rules are established for the wellbeing and safety of all children and staff. Children constantly breaking rules may be excluded after consultation with the Supervisor, parents and staff.

BEFORE & AFTER SCHOOL CARE

Our Philosophy

To provide the highest quality service for Out of School Hours Care in a fun and safe environment where children have the opportunity to learn, explore, develop and be creative while fostering respect, self esteem and the unique contribution of each individual. Play is seen as important in the development of children.

Our Goals

- Offer a mixture of structured and unstructured, interesting and creative activities, fun and free time
- Encourage physical, social, emotional and creative development
- Provide activities that are appropriate to children's age, needs, development and ability
- Offer programs that include art, craft, sport, games, reading and occasional excursions
- Promote multiculturalism, environmental awareness and healthy lifestyles
- Remain proactive in the fight against childhood obesity by promoting physical activity and providing healthy snacks

Venue

Manly Village Public School
10 Wentworth Street
Manly

Times

Before School Care: 7.00am – 9.00am
After School Care: 3.15pm – 6.00pm

Fees

Before School Care

\$13.00 per child per day (permanent)
\$14.00 per child per day (casual)

After School Care

\$19.00 per child per day (permanent)
\$20.00 per child per day (casual)

Fees are reviewed at the beginning of each financial year.

CHILD CARE BENEFIT

Child Care Benefit is a subsidy paid by the federal government to help reduce the cost of child care to parents. This reduction is dependent on the level of family income. All Australian resident parents are entitled to a reduction in their fees through the Family Assistance Office.

In order for our service to charge a lower fee families must register with the **Family Assistance Office** by telephoning **136 150** and quoting the reference number below **555 006 785A**.

Parents who have children in other approved child care services and receive Child Care Benefit may be entitled to a higher fee reduction. Please tell us when you enrol.

If you receive Child Care Benefit and your child has attended or attends another service such as Vacation Care, then you need to indicate the number of absences your child has taken during the current financial year. This is a reporting requirement of the Family Assistance Office.

Parent's Date of Birth ~ Child's CRN ~ Parent's CRN

We are required by DEEWR to collect this information from families whether or not they wish to receive the Child Care Benefit.

PAYMENT CONDITIONS

- Payments are to be made monthly once invoices have been issued and are the responsibility of the person who signs the enrolment form.
- All bookings are welcome however priority will be given to permanent weekly bookings.
- Fees will not be charged on Public Holidays or Pupil Free Days for your child's school.
- Permanent bookings take priority over casual bookings, even when the casual booking was made first.
- **2 weeks written notice is required for cancellations of permanent bookings. No transfers or swapping of permanent bookings.**
- Families who fall into arrears will be unable to use the service until their account is brought up to date.

Enrolment and payment at the Manly Council OOSH Office only.

Scan and email: oosh@manly.nsw.gov.au

Fax: 9977 2095

or post to Manly Council OOSH, PO Box 82 Manly NSW 1655

Payments may be made by cheque, money order, eftpos, cash, MasterCard or Visa. Casual credits should be used by the end of each financial year.

PRIVACY AND CONFIDENTIALITY

All information given remains private and confidential under the Privacy Act regulations.

The primary purposes for collection of information are to aid in the provision of developmentally appropriate programs and to fulfil the requirements necessary in the administration of Child Care Benefit or any standards, regulations and legislation that directly relate to the operation of the service.

Any information collected will only be disclosed to the appropriate staff.

Parent/guardian permission will be obtained before disclosing information to other professionals.

Parents/guardians have the right to access personal information collected, however this may be denied should access cause unreasonable impact on the privacy of others, or where access may result in a breach of the service's duty of care or where children have provided information in confidence.

No information collected will be passed on to third parties for any purposes without consent.

Access to the profile list containing child's name, age, specific needs and contact numbers is limited to the staff of the service.

Children's personal achievements, portfolios and photographs may be displayed within the centre.

Reasonable steps are taken to ensure information is accurate and up to date.

Please ensure you inform us of any changes to information you supply.

ACTIVE AFTER SCHOOL CARE

During 2010 we will be continuing with our Active After School Care program. This program is designed to engage children in structured physical activities whilst building links with community based sporting organisations.

OUR DIVERSE BACKGROUNDS

Please tell us if there are any religious or cultural observances we can make while your children are at our centre. We encourage you to contact us if you would like to share your culture with the children attending Before and After School Care

CHILDREN AND YOUNG PEOPLE (CARE AND PROTECTION) ACT 1998 (NSW)

All staff working at Manly Before and After School Care are mandatory reporters and are required to make a report to DoCS if there is a current concern that a child is at risk of harm.

SPECIAL NEEDS

Families and children with additional needs are welcome to apply to attend our service. We will try our best to accommodate children with additional needs by making decisions on an individual case by case basis. Restrictions to our Inclusion Support Funding, programmed activities and group dynamics will affect our decisions. Applications for new children requiring Inclusion Support Funding must be received at least two weeks prior to care.

Before & After School Care Annual Enrolment Form 2010

Child's Last Name: _____ School: _____

1. First Name: _____ DOB: _____ CRN: _____ Medicare No: _____

2. First Name: _____ DOB: _____ CRN: _____ Medicare No: _____

3. First Name: _____ DOB: _____ CRN: _____ Medicare No: _____

Allergies, Disabilities, Medical Conditions, Medication: _____

If necessary, have you given a copy of your child's Anaphylaxis and/or Asthma Action Plan (with photo) to the office? Yes ☐ No ☐ Please do so immediately

Parent/Guardian's Name: _____ Parent's Date of Birth: _____ CRN: _____

Address: _____ Suburb: _____ Postcode: _____

Phone (h): _____ (w): _____ (m): _____ Country of Birth: _____

Do you identify as ☐ Aboriginal ☐ Torres Strait Islander ☐ neither

Primary Language: _____ Email: _____

Work Status

☐ 2 parents – work/study ☐ 1 parent – work (paid or unpaid)/study ☐ 1 parent working and 1 not ☐ 1 parent – not working

Parent/Partner's Name: _____ Email: _____

Phone (h): _____ (w): _____ (m): _____ Date of Birth: _____

Other authorised and emergency contacts available during centre opening hours

1. Name: _____ Phone (h): _____ (w): _____ (m): _____

2. Name: _____ Phone (h): _____ (w): _____ (m): _____

3. Name: _____ Phone (h): _____ (w): _____ (m): _____

4. Name: _____ Phone (h): _____ (w): _____ (m): _____

Immunisation

Is your child's/children's immunisation completed? Yes ☐ No ☐ Copy of certificate provided to office? Yes ☐ No ☐

Excursions

Do you give your child/children permission to go on programmed excursions as well as short excursions within walking distance of the centre? Yes ☐ No ☐

Insect Repellent

Do you consent to your child/children applying insect repellent? Yes ☐ No ☐

PG Movies

Do you consent to your child/children watching PG movies at the Centre? Yes ☐ No ☐

Publicity

Do you consent to your child/children being photographed, filmed or audio taped for Council publicity, media or training purposes? Yes ☐ No ☐

Sunscreen

Do you consent to your child/children applying sunscreen? Yes ☐ No ☐

Barefoot In The Sand and Wading

Do you give your child/children permission to go barefoot in the sand and wade in the shallows at the beach? Yes ☐ No ☐

Asthma

Has your child ever been diagnosed with asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child's Name: _____
Has your child ever used a reliever puffer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Frequency: _____
Has your child ever been admitted to hospital with asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
Have you given a copy of your child's Asthma Action Plan to the office?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, please do so immediately

Declaration by Parent and/or Guardian

I have read understood and acknowledge the conditions of enrolment and agree to abide by them in every respect. I acknowledge that participation in the Program exposes my child to all normal risks that may be associated with the Program which may result in my child being injured.

Except to the extent that the Trade Practices Act 1974 (Cth) or other legislation applies, and cannot by contract be excluded, I agree that it is a term of my child's participation in the Program that Manly Council, its members, officers, employees, servants, agents and contractors (jointly and severally "Council" throughout this Consent and Release Form) are released, absolved and indemnified from all liability however arising from injury or damage however caused arising out of my child's participation in the Program except in respect of those acts or omissions arising out of or caused by the negligence of Council, and any responsibility to release and/or indemnify Council shall be reduced in proportion with any negligent act or omission of Council.

I release and forever discharge Council from all claims that I may have or may have had or that I may have or may have had on behalf of my child but for this release arising from or in connection with my child's participation in the Program.

I authorise Council to arrange and procure medical, dental and/or hospital treatment (including ambulance transportation) for my child in the event that my child is injured or otherwise becomes ill whilst participating in the Program if I am not available to do so. I agree to pay all of the costs and expenses of any and all such treatment and transportation and I absolve Council from any responsibility for payment of any and all such costs and expenses. I have read, understood, acknowledge and agree to the above consent and release for the children named on this form.

Is your completed term booking slip accompanying this form?
If necessary, have you provided your child's Asthma or Anaphylaxis Action Plan?

Signature of Parent/Legal Guardian

Printed name of Parent/Legal Guardian

Date