



5 Albert Circuit, Port Macquarie NSW 2444

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CRAZY MAZE OOSHc

Providing Before / After School & Vacation Care

Child Registration Form 2021

A registration form must be completed for each child each year. Incomplete forms will not be accepted. All supporting documentation must be submitted to Crazy Maze OOSHc for Registration to be confirmed. This includes – where applicable; updated Immunisation History Statement (available from Medicare); any relevant medical Action Plans, or Court Orders.

CHILD'S GENERAL DETAILS

Given Names: _____ Surname: _____

Date of Birth: _____ Country of Birth: _____ Gender: M F

Religion/Ethnicity: _____ Languages Spoken: _____

Address: _____

_____ State: _____ Post Code: _____

School Attending: _____ Grade/Yr (2021) _____

Child's CRN: _____ Medicare No: _____ Immunized: N Y (Please Provide Evidence)

NB: - If your child is not immunised he/she may be excluded from the Service if there is an outbreak of particular diseases

Are there court orders related to this child: No / Yes (Please present original or JP signed copy with any parenting plan to the Centre Coordinator)

+ Does this child have: ASTHMA: **N / Y** DIABETES: **N / Y** EPILEPSI: **N / Y**
(Please provide details in "Child's Health" section of this form and submit an action plan signed by a doctor)

+ ANAPHYLAXIS **N / Y** (please provide an ASCIA Action plan signed by your doctor & Epi-pen to be kept at the Centre while the child is in attendance)

+ Allergies: _____

Please Note: In the case of an emergency and parents cannot be reached Crazy Maze Educators will seek medical advice and/or call an ambulance. Crazy Maze Educators do not need permission to administer Ventolin or other Asthma related medication to a child.

Parent Name: _____ Signature: _____ Date: _____

<p style="text-align: center;">PARENT / GUARDIAN DETAILS MOTHER</p>	<p style="text-align: center;">PARENT / GUARDIAN DETAILS FATHER</p>
<p>Given Names: _____</p> <p>Surname: _____</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Language Spoken: _____</p> <p>Address: _____</p> <p>State: _____ Post Code: _____</p> <p>CRN: _____</p> <p>Marital Status: _____</p> <p>Does Child Live With You: N Y</p> <p>Details of living arrangements if any (eg shared care)</p> <p>_____</p>	<p>Given Names: _____</p> <p>Surname: _____</p> <p>Date of Birth: _____</p> <p>Country of Birth: _____</p> <p>Language Spoken: _____</p> <p>Address: _____</p> <p>State: _____ Post Code: _____</p> <p>CRN: _____</p> <p>Marital Status: _____</p> <p>Does Child Live With You: N Y</p> <p>Details of living arrangements if any (eg shared care)</p> <p>_____</p>
<p>Contact</p> <p>Email: _____</p> <p>Mobile: _____</p> <p>Work: _____ Home: _____</p>	<p>Contact</p> <p>Email: _____</p> <p>Mobile: _____</p> <p>Work: _____ Home: _____</p>
<p>Employment</p> <p>Occupation: _____</p> <p>Company/Employer: _____</p> <p>Address: _____</p> <p>_____</p>	<p>Employment</p> <p>Occupation: _____</p> <p>Company/Employer: _____</p> <p>Address: _____</p> <p>_____</p>
<p>Contact: (M) _____ W/H _____</p> <p>Parent/Guardian Signature:</p> <p>_____</p>	<p>Contact: (M) _____ W/H _____</p> <p>Parent/Guardian Signature:</p> <p>_____</p>

Please provide **2 persons** of authority (**excluding parent/guardian**) that can be contacted to act and make decisions on your behalf in case of an emergency, and you cannot be contacted. These persons, will automatically be, authorized to collect and may be contacted if you cannot be reached. Please indicate level of authority. These persons will be authorized to:-

- Give Consent for Educators to administer Medication **Y / N**,
- Give Consent for medical treatment and ambulance transport **Y / N**
- Sign to give consent on excursions form **Y / N**

EMERGENCY CONTACTS AND AUTHORITY TO COLLECT (Not Parent or Guardian)

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature: _____

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature: _____

Please provide details below of 2 - 4 persons you authorize to sign your child in/out of crazy maze. These persons are authorized to sign your child out of the Centre with your prior knowledge. If another person other than parent/guardian is collecting your child, please inform Crazy Maze staff as soon as possible. These persons will be asked to provide photo ID if unknown to staff.

Authority to Collect (Not Parent / Guardian or persons listed above)

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature:

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature:

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature: _____

Name: _____

Relationship to child: _____

Address: _____

Contact: (M) _____ W/H _____

Parent/Guardian Signature: _____

Authority for Person's under the age of 18 (E.g., Older brother/sister).

This person must be 15 years or older and have a mature manner.

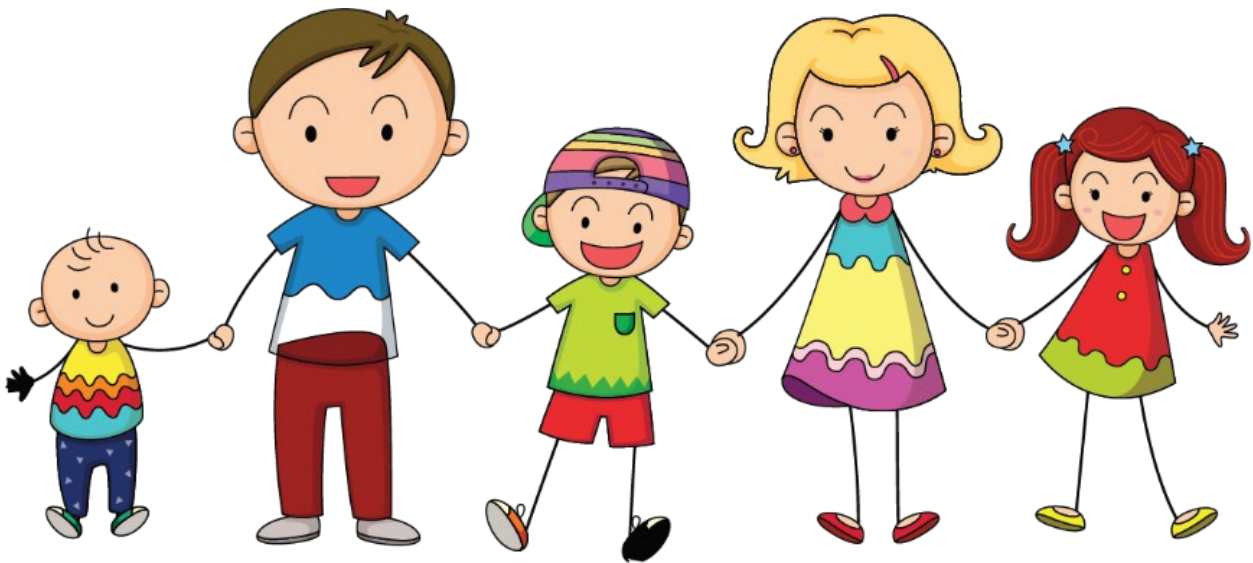
I authorize _____, (relation to child) _____,

of _____ (child's name), to collect him/her from Crazy Maze when required or

requested by me.

Parent/Guardian Signature: _____ Date: _____

Educators reserve the right to refuse collect from the Centre if there are safety



The Health, Safety and Welfare of the child is Paramount
Childs Health

Child's Medicare Number: _____

Doctor Name: _____

Doctor Phone: _____

Address: _____

Does your child have allergies to food, medicine, grass, face paint etc.? **No / Yes** – Please provide details:

Does your child take regular medication: **No / Yes** (Please provide details of type of Medication and frequency)

Does your child regularly visit a specialist e.g., speech, etc.? **No / Yes** – Please provide details:

Does your child have any behaviour difficulties we should know about? **No / Yes** – Please provide details:

Does your child have special dietary needs/restrictions (e.g., religious reasons, vegetarian) **No / Yes** –
Please provide details

Does your child have any other condition or considerations we should know about? **No / Yes** –
Please provide details:

Does your child have any fears e.g., thunder, loud noises, animals etc.: **No / Yes** – Please provide details:

**Reminder: Your Child's updated Immunisation History Statement must be provided before enrolment
will be confirmed.**

**Reminder: If your child has a diagnosed medical condition, an updated Action Plan must be
provided upon enrolment. A Risk Minimisation Plan will then be devised in collaboration with
Crazy Maze Educators.**

Parent/Guardian Signature: _____

Childs Health

PLEASE NOTE:

- Details of your child’s Management Plan must be signed off by a doctor, contain a clear photograph of child and will need to be received on enrolment.
- All medications, (to be administered by Crazy Maze Educators) excluding Asthma medication, must be prescribed by a doctor and be in its original packaging with the child’s name, dosage, and use-by date.
- In an emergency, Educators will call Emergency Services (ambulance) without hesitation. Parent/Guardian will be notified as soon as possible.
- In an emergency Educators will take direction from emergency services (triple zero/doctor) until medical help arrives.
- If your child reports to feeling unwell he/she will be isolated from other children. A parents will be notified by the Centre as soon as possible. Sick children will need to be collected by parent / guardian without delay. Children will be supervised and observed during this time.

Our Service celebrates diversity and acknowledges all cultures and festivities.

Does your child participate in a particular festivity / celebration? **No / Yes details (e.g., Christian, Muslim, Jewish)**

I consent to my child participating in cultural festivities in the form of Art & Craft, music, and food: **Yes / No**

If **‘NO’** Please advise if you wish your child to be excluded from any festivities. Please provide information regarding the child’s religion/cultural background and any practices that are to be observed, at the Service, pertaining to the child’s, religion, or background.

Parent/guardian Signature: _____ Date: _____

Continued.... The Health, Safety and Welfare of the child is Paramount

Crazy Maze provide Sunscreen and Insect repellent for children; however, application must be administered by the child if in lotion form. Educators will observe during this process.

- Does your child have an allergy to Sunscreen? **Yes / No**
- I give consent for Kids Crazy Maze to offer sunscreen to my child: **Yes / No (if NO please circle below):**

a) my child will bring their own sunscreen b) my child will not use sunscreen

- Does your child have an allergy to Insect Repellent? **Yes / No**
- I give consent for Kids Crazy Maze to offer repellent to my child: **Yes / No (if NO please circle below):**

a) my child will bring their own Repellent b) my child will not use repellent

Please note that all children must wear weather appropriate clothing (hats, covered footwear, covered shoulders) inappropriate clothing may result in your child being excluded from certain excursions and/or activities.

- I give consent for Crazy Maze to take photographs of my child and display them in our daily activity book (Centre use only) **Yes / No**

From time to time the Service may use group photo's for Social Media purposes, such as, Crazy Maze Facebook and/or promotion for community sharing to display children's fun activities and outings.

- I give consent for Crazy Maze to use group photo's containing my child on Crazy Maze social media and brochure **Yes / No**

Childs Name: _____ Date: _____

Parent/Guardian Name: _____ Sign: _____

CCS Entitlements

CHILD CARE SUBSIDY - (Federal Government's Child Care Assistance)

Most Australian families are eligible to receive Child Care Subsidy (CCS). Your financial circumstances will be assessed, and eligibility and percentage will be determined by Centrelink / Child Care Subsidy Department.

To have CCS applied to your account, you must register with the Family Assistance Office. Once your enrolment has been processed, with all relevant information, and submitted to the department CCS will be applied to your account.

PLEASE NOTE: It is the parent responsibility to provide correct information and follow up on any delays regarding CCS eligibility with Centrelink. **Full fee will be charged until CCS has been approved and processed. The department will backdate up to 28 days if you are eligible.**

Families who are eligible for the subsidy will only be required to pay the daily gap fee once it has been approved and applied by the department.

Do you wish to claim CCS as part of your daily fee for Crazy Maze? **No / Yes**

NB – You must provide parent and child CRN on this form even if you are not claiming subsidy.

Sessions required: Permanent **Y / N** Casual Only **Y / N**

Sessions required (please tick boxes applicable):

Before School Care (BSC)	6.45am – 9.00am	
After School Care (ASC)	2.30pm – 6.00pm	
Vacation Care (VAC)	7.00am – 6.00pm	

Days required: permanent and/or Vacation Care (VC) bookings only

	MON	TUE	WED	THURS	FRI
BSC					
ASC					
VC					

Please note: If you are registering for Vacation Care, please collect a Vacation Care Program and Authorisation Pack.

Crazy Maze endeavours to provide a quality service particular to family needs. Changes can be made at any time; however, cancellations of bookings will require notice of at least 7 days for permanent places for BSC, ASC and Vacation Care and 24hrs for casual bookings otherwise full fee will apply. **Please see Crazy Maze Information Booklet for further details.**

Parent/Guardian Name: _____ Signature: _____

Parent/Guardian Consent for Transport to and From School

I..... (Name) give consent for my child (Name) to be transported in the Crazy Maze Vehicles (Mini-Bus & Car) and/or MNCCC Vehicles (Mini-Bus & Car) to and/or from school on days they are attending Crazy Maze Out of Hours School Care.

Please note, routes to and from school will include pick-up and drop off of children to various schools.

Purpose of transportation: Transport child from OOSHC at Crazy Maze and deliver child to School	Date: January 2021 to December 2021 Daily – on the days your child is attending Crazy Maze Out of Hours School Care
Departure Time from Service: (with children) Approximately 8.15am	Expected Drop off time to school between 8:30am and 9:00am
Transport: Crazy Maze & MNCCC Vehicles – Mini-Bus or Kia Car; The vehicle will be fitted with safety standard seat belts. In accordance with NSW legislation, booster seats assigned for children between 4 years old and 7 years old that meet the Australian standards.	
Est. Time on Transport; approx. 15minutes-45minutes	
Proposed Activities: Deliver child to school listed below from Kids Crazy Maze 5 Albert Circuit, Port Macquarie Name of school: _____ School Address: _____ <i>*Drop off location of each school, e.g. Bus Bay or Parking Area, is listed in the School table on the next page</i>	
Est. No. of Children: Max 13	Staff Ratio: 1:15
Educators: Minimum 1	
Trained First Aid Officer(s): Crazy Maze OOSHC Educator/Drivers are First Aid Accredited	
<ul style="list-style-type: none"> A Risk Assessment has been completed for Delivery of Children to School and is Available at Crazy Maze Policies and Procedures relating to Transporting Children are available at Crazy Maze 	
Parent Signature:	Date:

Purpose of transportation: Pick up child from School and transport to OoSHC at Crazy Maze	Date: January 2021 to December 2021 Daily - on the days your child is attending Crazy Maze Out of Hours School Care
Departure Time from Service: (Without children) Approximately 2.30pm	Expected Return Time to Service: (with Children) Approximately – 3.45pm
Transport: Crazy Maze & MNCCC Vehicles -Mini-Bus or Kia Car; The vehicle will be fitted with safety standard seat belts. In accordance with NSW legislation, booster seats assigned for children between 4 years old and 7 years old that meet the Australian standards.	
Est. Time on Transport; approx. 15minutes-45minutes	
Proposed Activities: Collect child from school and deliver to Kids Crazy Maze at 5 Albert Circuit Port Macquarie. Name of school: _____ Address: _____	
<i>*Pick Up location of each school, e.g., Bus Bay or Parking Area, is listed in the school table on the next page</i>	
<ul style="list-style-type: none"> A Risk Assessment has been completed for Collection of Children From School and is Available at Crazy Maze Policies and Procedures relating to Transporting Children are available at Crazy Maze 	
Est. No. of Children: Max 13	Staff Ratio: 1:15
Educators: Minimum 1	
Trained First Aid Officer(s): Crazy Maze OOSH Educator/Drivers are First Aid Accredited	
Parent Signature:	Date:

It is advised to complete both sections above even if your child only attends one of these sessions on a regular basis. This is to ensure compliance and consent is adhered to in case of a one-off or emergency requirement.

School Name	Address	Time Crazy Maze to School listed	Bus Pick-Up & Drop Off	School Name	Address	Time Crazy Maze to School listed	Bus Pick-Up & Drop Off
Rock Pool Primary School	Bay Street, Port Macquarie	5 mins	Rock Pool Taxi Bay Car Park	Tacking Point Public School	Bangalay Dr, Port Macquarie	7 mins	Bus Bay at Front of School
St Joseph's Primary School	195 Warlters St, Port Macquarie	5 mins	Bus Bay at Front of School	Hastings Public School	85 Yarranabee Rd, Port Macquarie	6 mins	Bus Bay at Front of School
Port Macquarie Public School	William St & Grant Street, Port Macquarie	7 mins	Bus Bay Afternoon Pick Up – Inclusion Support Unit Driveway / Bus Bay	Westport Public School	56 Widderson St, Port Macquarie	3 mins	Bus Bay at Front of School
Adventist School	500 Ocean Drive, Port Macquarie	10 mins	Bus Bay at Front of School	St Columba Anglican School	3 Iona Ave, Port Macquarie	10 mins	Bus Bay at Front of School
St Agnes' Primary School	Boronia St, Port Macquarie	5 mins	Bus Bay at Front of School	St Peter's Primary School	Ocean Dr, Port Macquarie	10 mins	Bus Bay at Front of School
Heritage Christian School	33 Mumford St, Port Macquarie	3 mins	Bus Bay at Front of School	Crazy Maze	5 Albert Circuit, Port Macquarie		Crazy Maze Car Park and Children are escorted to and from bus with Educator.
The Nature School	166 Ruins Way,		Bus Bay at Front of	Steiner School Port	8 Table Street		Pull into Car Park on School Site, or park on school side.

	Port Macquarie	11 mins	School	Macquarie	Port Macquarie		close to driveway as possible
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Continued.... Parent/Guardian Consent

Kids Crazy Maze have regular / daily excursions. Please see below and complete all sections.

- I give consent for my child to participate in a Routine Excursion to the Oval reserve (on Albert circuit Port Macquarie) **Yes / No**
- I give consent for my child to participate in a routine excursion to visit/feed the chickens (at **4 Albert Circuit behind Makerspace**) **Yes / No**

MakerSpace is part of the Mid North Coast Community College (MNCCC) and affiliated with KCM. This excursion is done daily (AM and/or PM sessions) in small groups. Children participate at their own volition.

- Occasionally activities are organized and held at MakerSpace. (4 Albert Circuit)
- I give permission for my child to participate in activities held at MakerSpace **Yes / No**
- Occasionally activities are organized and held at MNCCC building at 77 Hastings River Drive (HRD)
- I give permission for my child to participate in activities held at 77 HRD **Yes / No**

Incursion: Visit & Feed Chickens	Date: January 2021 to December 2021 Daily/On Occasion	
Departure Time : Various	Expected time of Excursion: 15 – 20 min	
Transport: WALKING		
Proposed Activities: 4 Albert circuit Port Macquarie To visit and tend to chickens. Provide food & water and collect eggs.		
<ul style="list-style-type: none"> A Risk Assessment has been completed for Visit & Feed Chickens and is Available at Crazy Maze Policies and Procedures relating to Excursions are available at Crazy Maze 		
Est. No. of Children: Max 10	Staff Ratio: 1:15	Educators: Minimum 1
Parent Signature:		Date:

Incursion: Albert Circuit Oval Port Macquarie	Date: January 2021 to December 2021 Daily/On Occasion	
Time of Incursion: From Approximately 3.45pm	Expected Return Time to Service: Approximately – 5.30pm	
Transport: Walking		
Proposed Activities: Physical, social, environmental, and free play. This is part of our daily routine and program activities.		
<ul style="list-style-type: none"> A Risk Assessment has been completed for Albert Circuit Oval and available to view at Crazy Maze Policies and Procedures relating to Excursions are available at Crazy Maze 		
Est. No. of Children: Max 30	Staff Ratio: 1:10	Educators: Minimum 1:10 or 1:15 with volunteer helpers
Parent Signature:		Date:

Incursion: MakerSpace	Date: January 2021 to December 2021 Daily/On Occasion	
Time of Incursion: After School Care & Vacation Care From 10.00am (3.00pm for after school care)	Expected Return Time to Service: To 5.00pm	
Transport: Walking		
Proposed Activities: Arts & Crafts activities This is part of our daily routine and program activities.		
<ul style="list-style-type: none"> A Risk Assessment has been completed for MakerSpace and is Available at Crazy Maze Policies and Procedures relating to Excursions are available at Crazy Maze 		

Est. No. of Children: Max 30	Staff Ratio: 1:15	Educators: Minimum 1:15
Parent Signature:		Date:

Excursion: MNCCC 77 Hastings River Drive	Date: January 2021 to December 2021 Daily/On Occasion	
Time of Incursion: After School Care & Vacation Care From 9.00am (3.00pm for after school care)	Expected Return Time to Service: To 5.00pm	
Transport: Walking and/or KCM private busses Fitted with safety standard seat belts. Booster seats assigned for children between 4 years old and 7 years old.		
Proposed Activities: Arts & Crafts activities this is part of our regular routine activities.		
<ul style="list-style-type: none"> • A Risk Assessment has been completed for MNCCC 77 Hastings River Drive and is Available at Crazy Maze • Policies and Procedures relating to Excursions are available at Crazy Maze 		
Est. No. of Children: Max 50	Staff Ratio: 1:15	Educators: Minimum 1:15
Parent Signature:		Date:

Incursion: Stuarts Park – Wood street Port Macquarie	Date: January 2021 to December 2021 Daily/On Occasion	
Time of Incursion: After School Care & Vacation Care From 10.00am (3.00pm for after school care)	Expected Return Time to Service: To 5.00pm	
Transport: Walking		
Proposed Activities: Equipment play & physical activities This is part of our regular routine and program activities.		
<ul style="list-style-type: none"> • A Risk Assessment has been completed for Stuarts Park and is Available at Crazy Maze • Policies and Procedures relating to Excursions are available at Crazy Maze 		
Est. No. of Children: Max 30	Staff Ratio: 1:10	Educators: Minimum 1:10
Parent Signature:		Date:

Incursion: Birpai Aboriginal Land Council 14 Aston St	Date: January 2021 to December 2021 Daily/On Occasion	
Time of Incursion: After School Care & Vacation Care From 10.00am (3.00pm for after school care)	Expected Return Time to Service: To 5.00pm	
Transport: Walking		
Proposed Activities: Cultural and Community Connections This is part of our regular routine and program activities.		
<ul style="list-style-type: none"> • A Risk Assessment has been completed for Biripai Land Council and is Available at Crazy Maze • Policies and Procedures relating to Excursions are available at Crazy Maze 		
Est. No. of Children: Max 30	Staff Ratio: 1:10	Educators: Minimum 1:10
Parent Signature:		Date:

Fees & Charges

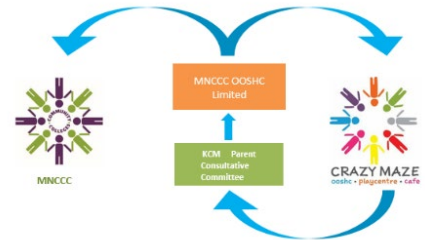
- Each enrolment will incur a \$150.00 holding deposit (per child and capped at \$400.00 per family). This will be refunded at the end of your association with the Service pending all accounts are in order.
- Payment of fees will be obtained via Direct Debit for permanent bookings unless special consideration has been granted.
- All casual fees will be payable on the day via EFTPOS or cash or via direct deposit in advance.
- Accounts will be kept in advance and up to date at all times
- Statements will be issued weekly in advance.

I have read and understood the terms and conditions of this enrolment and will adhere to the Service policies and procedures.

Parent / Guardian Name: _____ Signature: _____

Crazy Maze Management Structure

CM Out of School Hours Care is operating under the auspice of Mid North Coast Community College (MNCCC) Ltd through its subsidiary MNCCC OOSHC Ltd and is a Not-for-Profit Community Service



Please return completed form, along with updated Immunisation History Statements, and any other required documentation to Crazy Maze.

Once received and processed, you will receive a confirmation phone call or email from Crazy Maze OOSHC Staff.

We are looking forward meeting you and your family 😊

Office Use Only: Please staple to front cover once processed

Child's Name:	Start Date:	Consent for: Tick /Yes; Cross /No <input type="checkbox"/> Sunscreen <input type="checkbox"/> Will Bring Own <input type="checkbox"/> Insect Repellent <input type="checkbox"/> Will Bring Own <input type="checkbox"/> Photographs for Program & Planning/Display <input type="checkbox"/> Social Media/Group Photos and brochures <input type="checkbox"/> Information added to Child Profile
Attendance Pattern: Permanent or Casual		
BSC – Days:		
ASC – Days:		
V/C – Days if confirmed:		
Check Box		
	IHS Attached	
	Medical Conditions:	
	Action Plan Attached	
	Child's Details/Medical etc. added to New Enrolment Profiles and distributed to all staff	