OUT OF SCHOOL HOURS CARE ENROLMENT FORM

CHILD DETAILS
*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |
| --- | --- |
| Family Name |  |
| First name |  | Second name |  |
| Preferred first name |  |
| Date of Birth |  | Gender |  |
| CHILDS Centrelink Reference Number (CRN) *Please note: Parent and child have their own individual CRN number* |  |
| Child’s home address |  |
| Child normally lives with |  |
| Primary School attending  |  |
| Regular Bus  | ***Transportation Form attached*** |
| Days of attendance (Please circle): | Mon | Tue | Wed | Thurs. | Fri |
| Morning Session Required (Tick): |  |  |  |  |  |
| Afternoon Session Required (Tick): |  |  |  |  |  |
| Vacation Care |  |  |  |  |  |

NAME:

CULTURAL CONSIDERATION
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Is your child of Aboriginal or Torres Strait Islander origin? |  No Aboriginal Torres Strait Islander Both |
| Does your child speak a language other than English at home?*(Please circle)* Yes / No | If yes, what language (s) other than English are spoken at home. |
| Please outline any cultural practices you would like followed |  |

PRIMARY PARENT/GUARDIAN
*Education and Care Services National Regulations - Regulation 160 (3b)*[Primary Parent must also be the registered CCS claimant]

|  |  |
| --- | --- |
| Parent Name |  |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) |
| Parent Date of Birth: |  |
| Email address |  |
| Relationship to child |  |
| Parent Centrelink Reference Number (CRN): |  |
| Does the child normally live with you? (Please circle) | Yes / No  |

OTHER PARENT/GUARDIAN
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |
| --- | --- |
| Parent Name |  |
| Parent Surname |  |
| Address |  |
| Phone Number/s | (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W) |
| Parent Date of Birth: |  |
| Email address |  |
| Relationship to child |  |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER
*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any relevant court orders, parenting orders or parenting plans relating to the child? | Yes/NoIf yes, please provide all relevant documentation and paperwork | Attached |
|  |

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION
*Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d)*

To ensure your child’s safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

|  |  |
| --- | --- |
| Child’s Medicare Number |  |
| Medicare Expiry Date |  | Child’s Medicare reference number |  |
| Doctor’s name |  |
| Medical Centre |  | Phone number |  |
| Doctor’s address |  |
| Dentist name |  |
| Name of Service |  | Phone number |  |
| Dentist’s address |  |
| Private Health Cover | Yes / No | Private Health Fund Name |  |
| Private Health Care Membership Number |  | Ambulance Cover | Yes / No |

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

|  |
| --- |
| Allergies- provide details of child’s allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other) |
| Allergy to |  |
| Medical specialist or doctor who may be currently treating your child for this condition |  |
| Phone contact |  | Address |  |
| Risk of Anaphylaxis | Yes/No | Has a doctor diagnosed this allergy? | Yes/No |
| Does your child have a current ASCIA Action Plan? | Yes/No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) | Yes/No |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis  | Yes/No |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date). |
| What is the expiry date of the adrenaline autoinjector? |  Month / Year  |
| Please be advised that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. *Education and Care Services National Regulations - Regulation 94.* | Parent 1 Signature: |  |
| Parent 2Signature: |  |
|  |

Does your child have any special dietary requirements or restrictions? Yes/No

|  |  |
| --- | --- |
| Prohibited Food  | Detailed information  |
|  |  |

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

|  |  |
| --- | --- |
| Medical condition |  |
| Has a doctor diagnosed this condition? | Yes/No |
| Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan) | Yes/No |
| If yes, is this plan attached? | Yes/No |
| A Medical Management Plan, Administration of Medication and Communication Plan has been completed for medical conditions (Regulation 90) | Yes/No |
| If yes, is this plan attached? | Yes/No |
| Does your child take any prescribed regular medication for this condition?If Yes, please fill out Medical Management, Administration of Medication and /or Authorisation to Administer Controlled Medicines | Yes/No |
| REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION (Age 10+) |
| Do you agree to your child independently self-administer their own medication? *Education and Care Services National Regulations - Regulation 96.* | Yes/No | Parent 1 Signature: |  |
| Parent 2Signature: |  |
| Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis). |
| Doctor’s name |  |
| Medical Centre |  | Phone Number |  |
| Signature |  | Date |  |
| Please advise if your child’s medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.  |
| Medication will only be administered if:* it is prescribed by a medical practitioner
* it is in the original container with the original label
* the label contains the child’s name
* instructions and dosage can be clearly read
* expiry date or use by date is valid
* any verbal or written instructions provided by the medical practitioner must be provided by the parent/s

*Education and Care Services National Regulations Regulation, 95*Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our *Administration of Authorised Medication* form.*Education and Care Services National Regulations Regulation 93* |
|
|

IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)*

|  |  |
| --- | --- |
| Immunisation Status of Child at enrolment |  |
| Has child received all immunisations appropriate for their age? | Yes/ No | Attached |
| I accept full responsibility if my child is not immunisedSignature: | Yes/ No | SIGNED |

DEVELOPMENTAL INFORMATION

|  |  |
| --- | --- |
|  | *Please provide any relevant information* |
| Does your child have a disability or delay, including intellectual, sensory or physical impairment?  |  |
| Does your child require additional support for learning, social skills, toileting? |  |

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

|  |
| --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child. Please ensure you have obtained the person’s consent before listing them as an emergency contact. |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address |  |
| Email Address |  |
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings?(Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2Signature |  |
| Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? | Yes/No | Parent 1Signature |  |
| Parent 2Signature |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE
*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

|  |  |
| --- | --- |
| Full Name |  |
| Relationship to child |  |
| Phone Number | (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(W)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address |  |
| Email Address |  |
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Can this person give authorisation for the Service to take the child on regular outings?(Please Circle) | Yes/No | Parent 1 Signature |  |
| Parent 2 Signature |  |
| Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? | Yes/No | Parent 1Signature |  |
| Parent 2Signature |

AUTHORISATIONS

**Illness, accident and emergency treatment**

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

|  |  |  |  |
| --- | --- | --- | --- |
| I am aware that in the instance the Nominated Supervisor or another educator at the Service must seek medical treatment from a registered medical practitioner; including dental, hospital or ambulance service, in the event of an emergency; I am responsible to any expenses occurred.  | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| The Nominated Supervisor, or other educator will contact home/emergency contact in the event my child registers a temperature of 38°c or higher as per *Incident, Injury, Trauma and Illness Policy.* Your child must be collected from the service. | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |

**Health and Safety**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you authorise educators to apply SPF50+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability) | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| Do you authorise educators to apply Band-Aids or sticking plasters when necessary | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents) | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |

**Photography and Video**

|  |  |  |  |
| --- | --- | --- | --- |
| We/I agree for photos and video footage to be taken of my/our child for Service use and staff training purposes; including student training (photos/footage used for presentation to lecturer/class viewing and marking) | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| We/I agree for photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service  | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| We/I agree for photos and video footage of my/our child to be used on Service website, social media.\*Other internet purposes, such as advertisement and use in resources for this organisation will have separate individual agreement. | Yes/No | Parent 1Signature: |  |
| Parent 2Signature: |  |
| We/I agree for my/our child to watch PG rated movies during rest time/inclement weather | Yes/No | Signature: |  |
| We/I agree for my/our child to use digital devises that are approved and supervised by OSHC staff. | Yes/No | Signature: |  |
| I understand that personal devises; phones, smart watches etc are not to be used at OSHC unless special permission (12yrs+) is requested and protocols around use are followed. |  | Signature: |  |

TRANSPORTATION AUTHORISATION

*Education and Care Services National Regulations - Regulation 102(4), 102D (4)*

|  |
| --- |
| The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:* regular outings (once every twelve months)
* an excursion that is not a regular outing

*See Transportation Form* |

PARENT AGREEMENT
*Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

Please tick box to confirm you have read each point:

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to pay fees via EFT Paystream and keep my fees paid up to date as per *Payment of Fees Policy* and understand that my child’s position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
* If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.
* I agree to pay a late fee of $15.00 per 10-minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
* I agree to provide two weeks written notice to withdraw my child or reduce booked days.
* I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
* I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
* I give permission for my child to be involved with leisure activities offered at the OSHC Service.
* I have read the Family Handbook and am familiar with the Service’s Policy Manual located at the front sign in desk. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.
* I am aware that in the event my child needs to be picked up due to unsafe/physical behaviour causing significant injury to themselves or others, I will or an authorised contact/nominee will collect my child within 30 minutes or, if deemed necessary, emergency services will be called.
* I am interested in being a part of a Parent Advisory Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.

|  |
| --- |
| I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.  |
| PRINT NAME |  | SIGNATURE |  | DATE |  |
| PRINT NAME |  | SIGNATURE |  | DATE |  |

 **Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.