

# Enrolment Form

## Child details

First name:	Preferred name:
Surname:	Male / Female
Date of birth: / /      Age:	Primary language:
Centerlink CRN:	Aboriginal or Torres Strait Islander? Yes / No

## Parent/ Guardian details (1) \*Responsible for account/ receiving any eligible Child Care Subsidy

First name:	Surname:
Date of birth: / /	Relationship to child:
Home address:	
Postal address (if different from above):	
Centerlink CRN:	Occupation:
Telephone Home:      Work:      Mobile:	
Email:	
Do you wish to have your invoices sent to you via email? Yes / No	
Does the child live with you? Yes / No	Are you claiming any other Childcare Subsidies? Yes / No
	How many children?

## Parent/ Guardian details (2)

First name:	Surname:
Date of birth: / /	Relationship to child:
Home address:	
Postal address (if different from above):	
	Occupation:
Telephone: Home:      Work:      Mobile:	
Email:	
Does the child live with you? Yes / No	Are you claiming any other Childcare Subsidies? Yes / No
	How many children?

## Emergency Contacts (and collection authority):

In the event of injury, illness or trauma at the Service OR if the child has not been collected when parents/guardians cannot be contacted please give details of two people who would be able to pick up the child and care for them.

<b>Emergency Contact (1)</b>		
First Name:	Surname:	
Address:		
Relationship to child:		
<b>Telephone</b>	Work:	Mobile:
Home:		
<b>Emergency Contact (2)</b>		
First Name:	Surname:	
Address:		
Relationship to child:		
<b>Telephone</b>	Work:	Mobile:
Home:		

**Persons Authorised to Collect Child:**

(Other than the parents/guardians/emergency contacts)

<b>Authorised Person (1)</b>		
First Name:	Surname:	
Relationship to child:		
<b>Telephone</b>	Work:	Mobile:
Home:		
<b>Authorised Person (2)</b>		
First Name:	Surname:	
Relationship to child:		
<b>Telephone</b>	Work:	Mobile:
Home:		

**Custody Details:**

Are there any special access or custody arrangements? Yes / No

If yes, please provide documents and necessary details.

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**Tell us About Your Child:**

Likes/dislikes/special interests:

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**Medical and Health Information:**

Please note that a current medical management plan signed by a medical practitioner will need to be provide for all medical conditions prior to the child attending the Service. A risk minimisation

plan and communication plan will be completed by the Service in consultation with you. Any medication required is to be kept onsite at all times. Medication will NOT be shared between school, home and other services. Each Service should have their own medication.

Does your child have a disability/additional need?	Yes	No
If yes, please confirm that you have provided a diagnostic report.	Yes	No
Details of disability/additional need:		
Does your child have any other medical conditions that we should know about (e.g. migraines etc)?	Yes	No
If yes, please specify what they are:		
Does your child require any other aids (e.g. vision, hearing, mobility) etc?	Yes	No
If yes, please specify what they are:		
<b>Asthma</b>		
Does your child have asthma?	Yes	No
If yes, please confirm that you have provided a medical management plan.	Yes	No
<b>Epilepsy</b>		
Does your child suffer from epilepsy or seizures?	Yes	No
If yes, please confirm that you have provided a medical management plan.	Yes	No
<b>Diabetes</b>		
Does your child suffer from diabetes?		
If yes, please confirm that you have provided a medical management plan.	Yes	No
<b>Allergies</b>		
Does your child suffer allergic reactions?	Yes	No
Please provide details of allergens:		
Does your child suffer from anaphylaxis?	Yes	No
Please provide details of allergens:		
If yes to either of the above, Allergy Management Plan or Anaphylaxis Management Plan completed and provided to Service:	Yes	No
Does your child have any dietary restrictions?	Yes	No
Please provide details:		
<b>Medications</b>		
Does your child require medication assistance whilst in care?	Yes	No
Name of medication/s and what they are for:		
Does your child require medication on a casual basis (only when required)?	Yes	No
Name of medication/s and what they are for:		

**Please note:** Prescribed medication must be presented in its original packaging with the child's name label with dosage details on it. Liquids and casual medication must be in the original packaging.

**Child's Current Medical Information:**

Doctor's name:		Phone No:	
Practice Name:			
Address:			
Child's Medicare No:		Health Care Card No:	
Companion Card No (if applicable):		Expiry:	

**Immunisation:**

Is your child up to date with their immunisation schedule?	Yes	No
Sighted by Director (please tick) <input type="checkbox"/>	Signature: _____	

**Swimming (please note:** full supervision will ALWAYS be provided during swimming activities with the provider):

Can your child swim?	Yes	No
Will your child require assistance from staff in waist deep water?	Yes	No
Can your child enter and exit the pool without assistance?	Yes	No
Can your child move through water with a flotation device (e.g. life jacket or backpack?)	Yes	No
Can swim 15 metres?	Yes	No

**Bookings (please tick)**

Casual Bookings

Permanent Bookings

Please indicate below the day's your child will require care for:

Care Commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Before School Care (6:50am till 8:50am)**

Monday	Tuesday	Wednesday	Thursday	Friday

**After School Care (3:10pm till 6:10pm)**

Monday	Tuesday	Wednesday	Thursday	Friday

**Is there anything more we need to know?**

(e.g. personal, religious or cultural practices/prohibitions that you would like the Service to know or comments on homework, behaviour management etc.)

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## Fee Schedule and Information

Types of Care and charges: Subject to change, 2 weeks' notice will be given prior to new charges being applied.

**Bond:** \$50 per account

**Before School Care:** \$17.50 per session. Service provided between 6:50am and 8:50am.

Inclusions: Breakfast, educational program, equipment and materials.

**After School Care:** \$24.00 per session. Service provided between 3:10pm and 6:10pm.

Inclusions: Afternoon snack, educational program, equipment and materials.

**Early Finish:** \$26.00 per sessions. Service provided between 2:00pm and 6:10pm.

Inclusions: Afternoon snack, educational program, equipment and materials.

**Pupil Free Day:** \$50.00 per session (incursion or excursion fees apply when applicable). Session provided between 7:00am and 6:00pm.

Inclusions: Breakfast and afternoon snack, educational program, equipment and materials, transport for excursion.

**Vacation Care:** \$50 - \$60 per session (\$50 regular day, \$55 incursion day, \$60 excursion day). Session provided between 7:00am and 6:00pm.

Inclusions: Breakfast and afternoon snack, specific educational program, equipment and materials, transport for excursion.

**PLEASE NOTE: Full charges apply without 7 days notice – please see Fees Policy for full information.**

**LATE COLLECTION FEE: \$35.00 per fifteen-minute increments.**

## Consent/Agreements

I agree to follow and abide by the Service's Policies and Procedures at all times.	Yes	No
I consent for my child to have 50+ sunscreen applied whilst in care.	Yes	No
I consent to my child participating in short walking excursions within school grounds and the local area as part of part of the Service's program.	Yes	No
I consent for my child to be photographed/videoed and for their image and name to be published for OSHC publications and program via Class DOJO, displays in the room etc. and shared with other OSHC families as part of the program requirements. We use the Schools Facebook page to promote the Service, this will only show the back and side view of children, no faces, no names and after the event has occurred.	Yes	No
I consent for my child to watch G & PG rated movies at the Director's discretion.	Yes	No
I consent for my child to access the internet in accordance with the Surrey Downs School Internet Safety Agreement.	Yes	No
I consent for my child to participate in waterplay during OSHC/ VAC hours and will provide my child/ren with a towel, bathers, sunscreen and a change of clothes if necessary.	Yes	No
I consent for OSHC Educators to check my child's hair for head lice and understand any checks will be conducted sensitively. I also understand that I will need to collect my child if OSHC Educators believe my child has live head lice in their hair.	Yes	No
I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service. *see fee schedule appendix	Yes	No
I agree that payment of my account is my responsibility. Should my account be placed in the hands of debt recovery consultants I hereby agree to pay all		

expenses relating to the recovery of my account, and any default debt may be reported to a credit reporting agency.	Yes	No
I agree that if at any time the Educators at the Service considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any expenses incurred in the treatment of my child.	Yes	No
I agree for my child to participate in all activities offered in the Before and After School Care Program, and that it is my responsibility to familiarise myself with the program and to advise Educators if I do not wish my child to participate in particular activities.	Yes	No
I consent that OSHC Educator may need to exchange information relating to my child with school staff.	Yes	No
I agree that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.	Yes	No

**Signature of parent/ guardian:** \_\_\_\_\_

**Date:**     /     /