

Yackandandah Primary School
OUT OF SCHOOL HOURS CARE – SERVICE ID SE00005569
2021 ENROLMENT FORM



Please take time to complete all sections of this enrolment form. All questions need to be completed.
This form must be completed by a person who has authorised nominee in relation to the child.

CHILD'S ENROLMENT DETAILS

Enrolment Date: _____

A separate enrolment form is required to be completed for each child using care. An enrolment form needs to be completed each year prior to families being able to make bookings and access care.

Surname:

Given Names: * Preferred name (if applicable):

Customer Reference Number:(different to parent CRN)

Date of Birth: Gender: M / F Year Level:

Home Address:

Postal Address:.....

Language(s) spoken in the home:

Cultural background of the child: Cultural background of parents:.....

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- | | |
|---|---|
| <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander | <input type="checkbox"/> Yes, both Aboriginal or Torres Strait Islander |
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Yes, Torres Strait Islander |

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

- No Yes (please tick)

Are there any special considerations for the child, for eg. any cultural, religious or dietary requirements or additional needs? No Yes (please tick) and list where applicable and note any management procedures.

.....

Court Orders, Parenting Orders or Parenting Plans relating to the child

Are there any **court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section (please tick) Yes **please complete the following:** (please tick)

1. Bring the **original** Court Order/s, parenting order or parenting plan for staff to see and a copy to attach to this enrolment form:
2. If these orders / plan:
 - a) change to powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a staff member of the service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child from the service, AND / OR
 - b) give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers: (you may wish to attach a separate note)

Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

Parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

It is the school's preference to email statements to families.

I would like to have our invoices emailed Yes No

If yes please provide email address.....

Parent/Guardian Details – Account Holder

Parent/Guardian who the Child Care Subsidy is paid to.
Parents are reminded to contact Centrelink on 136150 to register for the Child Care Subsidy.

Name:

Date of Birth: Relationship to child:

Does the child live with this parent? Yes No

Customer Reference Number:(CRN is listed on any Centrelink document)

Address – as per child or:

Work Phone: Mobile:

Home Phone:

- ❖ This person is an authorised person to contact in an emergency? Yes No
- ❖ This person can collect the child from OSHC? Yes No
- ❖ This person is authorised to administer medication and authorise medical treatment from a registered medical practioner, hospital or ambulance service and transportation by an ambulance Yes No
- ❖ Authorised to take the child outside the premises Yes No

Parent/Guardian 2

Name:

Date of Birth: Relationship to child:

Does the child live with this parent? Yes No

Customer Reference Number:(CRN is listed on any Centrelink document)

Address – as per child or:

Work Phone: Mobile:

Home Phone:

- ❖ This person is an authorised person to contact in an emergency? Yes No
- ❖ This person can collect the child from OSHC? Yes No
- ❖ This person is authorised to administer medication and authorise medical treatment from a registered medical practioner, hospital or ambulance service and transportation by an ambulance Yes No
- ❖ Authorised to take the child outside the premises Yes No

Other children in family using care:

Please list the name of children and the service which they attend in the relevant section below.

Empty space for listing other children in family using care.

Details of people who you authorise to collect your child from care: – other than parents listed above (these people are your authorised nominees)

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the care service.

Emergency Contacts

There may be times when your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for your child after accident, injury, trauma or illness, and/or consent to medical treatment from a registered medical practitioner, hospital or ambulance service and transportation by ambulance and authorise administration of medication; and to authorise an educator to take your child outside the premises.

1.	Title		First Name		Surname	
	Address					
	Contact phone	Home		Mobile		Work
	Relationship to child					
	Authorised to contact in an emergency (please tick)			Yes		No
	Can this person collect the child			Yes		No
	Authorised to administer medication and authorise medical treatment from a registered medical practitioner, hospital or ambulance service and transportation by an ambulance			Yes		No
Authorised to take the child outside the premises			Yes		No	

2.	Title		First Name		Surname	
	Address					
	Contact phone	Home		Mobile		Work
	Relationship to child					
	Authorised to contact in an emergency (please tick)			Yes		No
	Can this person collect the child			Yes		No
	Authorised to administer medication and authorise medical treatment from a registered medical practitioner, hospital or ambulance service and transportation by an ambulance			Yes		No
Authorised to take the child outside the premises			Yes		No	

3.	Title		First Name		Surname	
	Address					
	Contact phone	Home		Mobile		Work
	Relationship to child					
	Authorised to contact in an emergency (please tick)			Yes		No
	Can this person collect the child			Yes		No
	Authorised to administer medication and authorise medical treatment from a registered medical practitioner, hospital or ambulance service and transportation by an ambulance			Yes		No
Authorised to take the child outside the premises			Yes		No	

Medical information

Doctor's Name		Individual or Group Practice: (tick)	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
No. & Street or PO Box No.:				
Suburb:		State	Post code	
Telephone Number				
Current Ambulance Subscription: (tick) An ambulance will be called if needed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medicare Number:	
Is your child currently on any medication	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes please specify the name of medication, dosage and frequency				

*If medication is required by your child during care, a permission form is required

Child's Immunisation Record

Has your child been immunised Yes No

Please attach a copy of the Immunisation History Statement from the Australian Childhood Immunisation Register.

Does the student suffer from any of the following impairments? (tick)

Hearing:

Yes

No

Vision

Yes

No

Speech:

Yes

No

Mobility:

Yes

No

Anaphylaxis

In the case of Anaphylaxis you will be provided with a copy of the services' Management Policy. You will be required to provide the service with an Anaphylaxis Management Plan signed by the doctor treating your child. This will be attached to the enrolment form.

Has your child been diagnosed at risk of anaphylaxis

Yes

No

Does your child have an auto injection device, e.g. EpiPen

Yes

No

If YES you MUST provide your child's Anaphylaxis Management Plan to the service.

Asthma

You will be required to provide the service with an Asthma Management Plan signed by the doctor treating your child. This will be attached to the enrolment form.

Has your child been diagnosed with Asthma

Yes

No

If YES you MUST provide your child's Anaphylaxis Management Plan to the service.

Other Medical Conditions/Allergies

Does your child suffer from any other medication conditions or allergies. If there are any allergies you will be required to provide the service with an Allergic Reaction Action Plan

Has your child been diagnosed with any allergies

Yes

No

If YES you MUST provide your child's Allergic Reaction Action Plan to the service.

Does your child suffer from any other medical conditions e.g., epilepsy, diabetes etc.

Yes

No

If yes please provide details and any management procedure to be followed.

Emergency Medical Consent

In the event of any accident or illness requiring medical attention, the Co-ordinator or employees of Yackandandah Primary Outside School Hours Care will not hesitate to call an ambulance to assist and every attempt will be made to contact parents as soon as possible. All cost incurred will be the responsibility of the parent.

I have provided Yackandandah Primary Outside School Hours Care with all information in regard to my child’s allergies and illnesses. I will not hold Yackandandah Primary School Outside School Hours Care responsible for any happening/occurrence in relation to any of my child’s allergies/illnesses.

Signature of Applicant

Date/...../2020

TYPE OF BOOKING REQUIRED

Permanent bookings are for children who use the service on a weekly basis. Permanent bookings are considered to be at least one session per week for an entire term or more.

I wish to book my child in on a PERMANENT basis (please tick)		Complete Permanent booking information section below
I wish to book my child in on a CASUAL basis (please tick)		Parent to advise as required.

Permanent Booking information		Please specify the days your require care				
<u>BEFORE SCHOOL CARE</u>						
Start day from	Monday	Tuesday	Wednesday	Thursday	Friday	
						2020

<u>AFTER SCHOOL CARE</u>						
Start day from	Monday	Tuesday	Wednesday	Thursday	Friday	
						2020

PHOTOGRAPHS

Photographs and artwork are used internally within the service to record children’s learning and development, as well as for displays, newsletters and promotional material associated with Yackandandah Primary School Outside School Hours Care. They are also used in staff documents if the child has a medical alert.

I give permission for my child to have their photograph taken.

Signed.....Date.....

CONSENT FOR WEBSITE CONTENT

Photographs and artwork may be used on the Yackandandah Primary School’s Website (the school newsletter is on the website) I acknowledge that the school website can be viewed by anyone in the public domain and that I may request to have any images and/or information pertaining to my child removed at any time.

Signed.....Date.....

CONSENT FOR PHOTOGRAPHS ON FACEBOOK

I consent to my child’s photo to be published on the OSHC/Yackandandah Primary School Facebook page.

Signed.....Date.....

SUNSCREEN & INSECT REPELLENT

I agree to the application of sunscreen and/or insect repellent to my child when required.

Note: If you have a preferred brand that is specific to your child’s skin needs, please pack this in their school bag and advise our staff.

Signed.....Date.....

DECLARATION/DISCLAIMER

I acknowledge that I have been provided with a Yackandandah Primary School OSHC Parent Information Handbook and I agree to the policies contained within. I understand that I am responsible for paying my fees each fortnight and failure to do so may jeopardise my child place in OSHC.

I understand that the educators at Yackandandah Primary School OSHC will take all reasonable care of my child and I will not hold them responsible for any damages and/or loss of property and/or accident. I realise I am responsible for informing Yackandandah OSHC staff of any medical conditions that may affect my child’s participation in the program.

I acknowledge that I will give notice to Yackandandah PS OSHC for cancellation of care or I will be charged.

Signed.....Date.....

CHILD’S ENROLMENT DETAILS

Confidentiality of enrolment records

The approved provider of the children’s service must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the National Regulations.

AUTHORISED NOMINEE

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a Court Order. The Children’s Services Regulations 1998 refer to these powers and responsibilities as ‘lawful authority’. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A Court Order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also is an authorised nominee. A legal guardian is made an authorized nominee by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

I _____ (name) a person with nominated authority of the child referred to in this enrolment form:

- declare that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.

Parent/Guardian signature: _____ Date: _____