

Please print clearly.
Check all pages are
filled in and signed.

Silverton Primary School
**OUTSIDE SCHOOL HOURS CARE
ENROLMENT RECORD**

2019/20

ONE CHILD PER ENROLMENT FORM

First name: _____ **Surname:** _____
Date of Birth: _____ **Child's CRN:** _____
Gender: M / F Country of Birth: _____ Cultural Background: _____
Is this child: Only Youngest Middle Child Eldest Year Level: _____
What is the MAIN language spoken at home? _____ Other language? _____
Does the child identify as being Aboriginal or Torres Strait Islander? Yes No
Does the child or any family member that resides with the child, have a disability? Yes No

CHILD HEALTH AND MEDICAL DETAILS

Does your child have:-

Hearing problem? Yes No Sight Problems? Yes No Epilepsy? Yes No
Speech Difficulties? Yes No A physical disability? Yes No Diabetes? Yes No
A behaviour disorder? Yes No A learning disability? Yes No ADD/ADHD/ODD ? Yes No

Medical conditions/ disability details:

Diet Requirements:

Illness/ Accident History:

Special Requirements due to religious beliefs

Any Other Issues:

Anaphylaxis:

Has your child been diagnosed at risk of Anaphylaxis? Yes No
Does your child have an auto injection device? eg: EpiPen/Anapen? Yes No
Has the anaphylaxis medical management plan been provided to the service? Yes No
A risk management plan needs to be completed by the service in consultation with you? Staff Initials:

Asthma:

Has your child been diagnosed with Asthma? Yes No
Does your child carry Ventolin and or a spacer with them? Yes No
Has an asthma medical management plan been provided to the service? Yes No
A risk management plan needs to be completed by the service in consultation with you? Staff Initials:

Allergies:

Has your child been diagnosed with allergies? Yes No
Does your child need medication for those allergies? Yes No
A risk management plan needs to be completed by the service in consultation with you? Staff Initials:

Immunisation: **Has your child been immunised?** Yes No

Please provide a copy of your child's immunisation record to complete your child's enrolment into this service.

• Is your child exempt from immunisation? Yes No If yes, please provide proof.

FAMILY INFORMATION

Lawful Authority

Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. 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 has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Education and Care Services National Law Act 2010 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.

Child Care Subsidy Information

Who is the parent/guardian that claims Child Care Subsidy for this child?

Name: _____

CRN:

--	--	--	--	--	--	--	--	--	--	--	--

Customer Reference Number CRN

Mother's Details: Full Name _____ Date of Birth _____

Country of Birth _____ Cultural Background _____

Mobile Tel. _____ Home Tel. _____ Work Tel. _____

Home Address _____ Post Code _____

Work Address _____ Post Code _____

Email address. WRITE CLEARLY _____

Does the child live with the mother? Yes No

Is this person authorised to:	Collect your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give authorisation for your child to leave school premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Father's Details: Full Name _____ Date of Birth _____

Country of Birth _____ Cultural Background _____

Mobile Tel. _____ Home Tel. _____ Work Tel. _____

Home Address _____ Post Code _____

Work Address _____ Post Code _____

Email address. WRITE CLEARLY _____

Does the child live with the father? Yes No

Is this person authorised to:	Collect your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give authorisation for your child to leave school premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Guardian's Details: (If applicable) Full Name _____

Date of Birth _____ Country of Birth _____ Cultural Background _____

Mobile Tel. _____ Home Tel. _____ Work Tel. _____

Home Address _____ Post Code _____

Work Address _____ Post Code _____

Email address. WRITE CLEARLY _____

Does the child live with the guardian? Yes No

Is this person authorised to:	Collect your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Give authorisation for your child to leave school premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Court orders relating to the child

Are there any court orders 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 (Emergency Contacts)

Yes please complete the following:-

1. Bring the **original** court order/s for staff to see and attach a copy to this enrolment form:
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorize 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:

Please list any Authorised Nominees/Emergency Contacts

There may be times when the 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 the child after accident, injury, trauma or illness. (**Authorised nominee** means a person who has been given permission by a parent or family member to collect your child from the education and care service. Section 170(5) of the Law.)(Contacts other than parents must be 16 years of age or older):-

Name _____ Relationship to child _____
Language/s Spoken _____ Mobile Tel. _____
Home Address _____ Postcode: _____
Home Tel. _____ Work Tel. _____
Name of Workplace _____
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes No
Is this person authorised to: Collect your child/ren? Yes No
Consent to medical treatment of your child/ren? Yes No
Consent to administration of medication to your child/ren? Yes No
Give authorisation for your child to leave school premises? Yes No

Name _____ Relationship to child _____
Language/s Spoken _____ Mobile Tel. _____
Home Address _____ Postcode: _____
Home Tel. _____ Work Tel. _____
Name of Workplace _____
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes No
Is this person authorised to: Collect your child/ren? Yes No
Consent to medical treatment of your child/ren? Yes No
Consent to administration of medication to your child/ren? Yes No
Give authorisation for your child to leave school premises? Yes No

Name _____ Relationship to child _____
Language/s Spoken _____ Mobile Tel. _____
Home Address _____ Postcode: _____
Home Tel. _____ Work Tel. _____
Name of Workplace _____
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes No
Is this person authorised to: Collect your child/ren? Yes No
Consent to medical treatment of your child/ren? Yes No
Consent to administration of medication to your child/ren? Yes No
Give authorisation for your child to leave school premises? Yes No

FAMILY MEDICAL DETAILS

Medicare number: _____	For emergency use only
Doctors Name: _____	Telephone: _____
Clinic: _____	
Address: _____	Postcode: _____
Do you have ambulance subscription? No <input type="checkbox"/> Yes <input type="checkbox"/> Number: _____ (Please tick yes if included in your pension)	
Do you have private Medical Cover? No <input type="checkbox"/> Yes <input type="checkbox"/> Fund: _____ Policy No: _____	

CHILD CARE SUBSIDY INFORMATION

Families that use approved Child Care services, such as Silverton OSHCare, may be entitled to Child Care Subsidy. Contact the Centrelink through your online account for eligibility or visit your My Gov account.

To claim your Child Care Subsidy, you must provide us with the following information;

- Claiming parents CRN (Customer Reference Number) and Date of Birth
- Child/ren's CRN and Date of Birth
- Ensure your child is connected to your account and active.
- Confirm your child's enrolment details in you MY GOV account, connecting them to Silverton OSHCare Service

ATTENDANCE BOOKINGS – *Please communicate any changes as required.*

PERMANENT PLACEMENT **CASUAL / EMERGENCY CARE**

Please indicate what sessions you are booking your child/ren in for.

Before School Care

Monday Tuesday Wednesday Thursday Friday

After School Care

Monday Tuesday Wednesday Thursday Friday

FEE PAYMENT

Please Tick One Box

- | | |
|---|---|
| <input type="checkbox"/> I agree to pay my fees daily. (Casuals) | <input type="checkbox"/> Eftpos/Credit Card Payment |
| <input type="checkbox"/> I agree to pay my fees weekly. | <input type="checkbox"/> Cash |
| <input type="checkbox"/> I agree to pay my fees fortnightly. | |
| <input type="checkbox"/> I agree to pay my fees monthly. (Agreement with Coordinator necessary) | |

Four Weekly Statements

- Yes I give permission for my fortnightly statements to be sent to my email account.

Email address; please print:

- No I would prefer my four weekly statements to be printed and left in the statement box for me to collect for myself.

PARENT / GUARDIAN CONSENT

◆ PERMISSION TO SEEK MEDICAL ATTENTION AND/OR ADMINISTER FIRST AID

In case of emergency or accident:

I grant the Silverton Outside School Hours Care Educators to administer First Aid, and when necessary to seek medical attention for my child from a medical practitioner, hospital, ambulance service, dentist or Nurses On Call.

Yes No

Parent / Guardian signature: _____
(A signature is required for either a yes or no answer)

◆ PERMISSION FOR TRANSPORTATION IN AN EMERGENCY

I give permission for my child to be transported by ambulance, if necessary, to seek medical attention.

Yes No

Parent / Guardian signature: _____
(A signature is required for either a yes or no answer)

◆ PERMISSION FOR BARRIER CREAM AND FACE PAINTS TO BE APPLIED TO SKIN

I give permission for my child to have face paint and cream applied to their skin.

Yes No

Parent / Guardian signature: _____
(A signature is required for either a yes or no answer)

◆ PERMISSION TO VIEW MOVIES

I give permission for my child to watch 'G' and 'PG' rated movies, under Educators supervision.

Yes No

Parent / Guardian signature: _____
(A signature is required for either a yes or no answer)

◆ PERMISSION TO HAVE PHOTOGRAPHS TAKEN

I give permission for photographs to be taken of my child/ren and for them to be used outside the service. (eg Internet or Newspapers)

Yes No

Parent / Guardian signature: _____
(A signature is required for either a yes or no answer)

◆ DELIVERY OF EDUCATIONAL/RECREATIONAL PROGRAM

To enable OSHC Educators to plan activities and experiences to assist the individual development of my child, I give permission for:

OBSERVATIONS to be taken

Yes No

PHOTOGRAPHS to be taken for use in displays within the OSH service and School.

Yes No

PHOTOGRAPHS to be taken for use Outside the OSH service and School. (eg Newspapers) Yes No

Parent/Guardian Signature _____
(A signature is required for either a yes or no answer)

◆ ACCESS TO TRANSITION STATEMENT

Yes No

Do you consent to the information in the aforementioned child's Transition Learning and Development Statement being shared with the Outside School Hours Care service? (If "yes" please attach a copy, if possible) (Transition Learning and Development Statement is completed by parents and Early Childhood Educators for the commencement of school)

Parent/Guardian Signature _____
(A signature is required for either a yes or no answer)

CONSENT

Please read and sign:

In signing this agreement, I understand that:

1. I will be charged for a session for which my child has been booked in for, even if my child does not attend, unless due notice is given of my child not attending.
2. I understand my child will be excluded from the program if fees due are not paid regularly (weekly, fortnightly or monthly by agreement).
3. I understand that in an emergency situation or fire/evacuation drill it may be necessary for my child to leave the school premises under the direction and supervision of OSHCare Educators.
4. I recognise that OSHCare Educators may need to openly communicate with principal, teachers or other professionals, in the interest of my child's welfare, and authorise for Educators to do so.
5. I understand that Educators can take photos of my child at and within the service and its events and activities for evidence for the National Quality Standards and Frameworks, observations and record keeping purposes.
6. I understand that from time to time console games and computers may be offered to the children through the program. I agree for my child to be involved.
7. I have read and understood the enrolment information prior to signing this Enrolment Record.
8. I have filled in this Enrolment Record accurately and all details are true and correct.
9. I agree to keep the information contained in this Enrolment Record up to date.

Signature of Parent / Guardian: _____ Date: _____

Name of Person (please print): _____

Thank you for helping us by completing enrolment record carefully. The information supplied will be of great assistance to us in managing the health and safety of your child and in planning of daily program.

Check list on enrolment:

- Copy of Immunisation Record for the service
To obtain your child's Immunisation Record go to <https://www1.medicareaustralia.gov.au/ssl/acircircert>
- ChildCare Subsidy up to date and current with Centrelink, confirming your child is attending Silverton OSHCare
- Fill out the survey on the next page, this is to help us cater for your child and your needs at OSHCare.

Please take time to fill in this survey. It will help us provide a well-balanced program form your child.

◆ **Please indicate any festivals your family celebrates and/or list below any religious/cultural issues that staff need to be aware of:**

- Easter Chinese Lunar New Year Diwali Mother's Day Father's Day
- Birthdays Orthodox Easter Ramadan Christmas
- Others: _____

◆ **Reasons for child attending Outside School Hours Care Program.**

- Parents Working Parents Studying Fun/Recreation for child
- Parents Seeking Work Only for Emergencies J.E.T.
- Other: _____

◆ **What interests does your child have?**

- Reading Craft Writing Ball Games TV
- Drawing Board Games Music Card Games Sport
- Cooking Painting Craft Drama Play Dancing
- Imaginative Play Construction Puzzles Colouring Play-station Games

◆ **What sort of things would you like to see your child doing at OSHCare?**

◆ **Parent Participation**

We are keen to include parent's skills and interest into our program, so if you have time, and would be willing to participate in an activity for the children during the afternoon program please give further details below. This could include give a talk about your profession or your culture. The Coordinator will contact you to organise a mutually convenient time.

I _____ would like to participate in the afternoon program, by _____

2020 - Update information

In signing this, I declare I have checked the information on this enrolment form and all the contact numbers and information are up to date and correct.

Signature of Parent / Guardian: _____ Date: _____

Name of Person (please print): _____