

OFFICE USE ONLY CWA RA ACCS AO
 ENTERED MAIL CHIMP CCS DIET INT:

ENROLMENT FORM

Family Surname & Initial:	Parent/Guardian Centrelink Customer Reference Number (CRN): (write which parent this CRN belongs to)
Children's address:	
School attending:	Date of care to begin:

Child/Children's name/s (All children that are attending Mayfield OSHC)	Class/Grade	Country of Birth	DOB (compulsory)	Sex	Child's Centrelink CRN
				M F	
				M F	
				M F	
				M F	

Please indicate any children receiving care in another approved child care service not attending a primary school: (a new enrolment form is required if they attend Mayfield State School Outside School Hours Care):

Child's name	DOB (compulsory)	Sex	Child's Customer Reference Number

Parent/Guardian 1	Title:	Name:	DOB (compulsory):	<input type="checkbox"/> M <input type="checkbox"/> F
	Street address:			
	Suburb & Postcode:		Relationship to Child/ren:	
	Phone (H):		Mobile:	
	Email:			
	Employer:		Phone (W):	

Parent/Guardian 2	Title:	Name:	DOB (compulsory):	M F
	Street address:			
	Suburb & Postcode:		Relationship to Child/ren:	
	Phone (H):		Mobile:	
	Email:			
	Employer:		Phone (W):	

Details of Parental Custody/Court Orders: Documentation attach: YES

Must attach Relevant documentation which may include **parenting plans, parental responsibility plans, residence orders and contact orders.**

Emergency contacts and people authorised to collect children (**other than Parent/Guardians on Page 1**):

1. Name:	Relationship to child:
Address:	
Phone (H):	Mobile:
2. Name:	Relationship to child:
Address:	
Phone (H):	Mobile:
3. Name:	Relationship to child:
Address:	
Phone (H):	Mobile:
4. Name:	Relationship to child:
Address:	
Phone (H):	Mobile:

Family Doctor: Phone Number:

Address:

If answering YES to any of the following questions please note the appropriate child's name and attach further details:

Does your child/ren have any medical conditions?	YES NO	
Does your child/ren require regular medication? <i>If educators are required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage printed on the medication.</i>	YES NO	
Does your child have any allergies or intolerances? <i>Please provide details of any allergy or intolerance management plans relating to your child. If medication (eg Epipen) is required, this must be provided to the service prior to the first attendance.</i>	YES NO	
Does your child experience asthma? <i>Please provide an asthma management plan signed by your doctor specific to your child.</i>	YES NO	

Does your child/ren have a need for additional assistance in any of the following areas: learning and applying knowledge, education, communication, mobility, self care, interpersonal interactions and relationships, other – including general tasks, domestic life, community and social life?	YES NO	
Does your child have any specific dietary requirements? <i>Please provide details and dietary management plan (if applicable) relating to your child.</i>	YES NO	
Does your child have any dislikes, fear or phobias?	YES NO	
Is your child Aboriginal origin?	YES NO	
Is your child of Torres Strait Islander origin?	YES NO	
Are there any language, cultural or religious issues that you would like educators to be aware of? Compulsory complete details below: Family Nationality..... (if Aust write Australian) 1st Language at home (if English write English) 2nd language at home (leave blank if none)	YES NO	
Are there any particular behaviours of your child/children that educators should be aware of? <i>Please provide a copy of any Learning and development reports or health practitioner's diagnosis letters.</i>	YES NO	
Details: _____ _____		

Immunisation Record (compulsory before attending) Please attach a copy of the immunisation record for all children (this can be obtained from the Medicare website). If not immunised please write not immunised.	Medicare Card Number: Childrens Position Number on Card:
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What information can you give us about your child's social skills and relationship preferences?

What types of activities would you prefer your child/ren to participate in while they are at OSHC?

Are there particular strategies that you use to comfort your child/ren when they are distressed or upset?

- I give consent to the information contained in this document being available to educators and support staff employed to work with my child on the Outside School Hours Care program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child. I understand that the information will be stored by a secured third-party provider (QK Technologies) and will only be used by the service for its intended purpose refer to Policy and Procedures 10.8.
- I agree to notify the Coordinator, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/ guardian.
- I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I agree to inform the service of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified time frames, as set out in the service policy.
- I understand that the nature of the activities will include, but is not limited to, centre-based activities/ community outings/ meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay for all fees (including excursions costs), as per the fee schedule (which is subject to change), of the days that my child attends the program. I understand that I must cancel by 6pm the business day prior to attendance or date advertised for special events, otherwise I will be liable for, and charged, for the booked sessions. Care can be provided on a routine session basis and/or a casual session basis if available.
- I authorise OSHC educators to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treated. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorise OSHC educators to administer life saving medication (e.g. Epipen or Ventolin) for anaphylaxis and asthma in emergencies. Regulation 94 of the Education and Care Services National Regulations allows medication to be administered to a child, in case of an anaphylaxis and asthma emergency. The purpose of the regulation is to allow services to administer life saving medication to children who have not been previously diagnosed by present with signs and symptoms of anaphylaxis or acute asthma for the first time whilst in care. A general use adrenaline (Epipen) and inhaler would be used by the service such as Adrenaline (Epipen) for treatment of anaphylaxis; and Salbutamol inhaler (Ventolin) for the treatment of acute asthma.
- I authorise my child to watch PG and G movies and play PG and G games whilst in care at OSHC.
- I understand if my child is not fully immunised I will exclude my child from the service if there is a breakout of a serious or life threatening vaccine preventable disease.
- I authorise OSHC educators to liaise with other health/ medical/ teaching professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+/SPF 50+ sunscreen prior to outdoor activities.
- I give permission for staff to take photos, videos, quotes and observations of my child to record important events and special activities as part of the program. I understand that these materials will be displayed for the families and occasionally external stakeholders to see. Eg. Newsletters, QK Journeys profiles, promotional materials, action research, OSHC website, showcase. The photos, videos and observations will also be used for the purposes of programming and evaluation.
- I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receiving promotional material, programs, newsletters and/or account statements via email.
- I agree to adhere to Mayfield State School Outside School Hours Cares (OSHC) Policies and Procedures, and the OSHC Family Handbook. If you would like a copy of the Policy and Procedures and/or the Family Handbook please contact the service to have it emailed out.

Parent/Guardian Name:	
Signature:	Date:
Parent/Guardian Name:	
Signature:	Date: