Jinibara State School P & C Association Outside School Hours Care

Enrolment Form

Please complete one enrolment form for each child.

oday's Date:	Child's start date:					
Child's Details						
Child's full name						
Date of birth	Gender: Male / Female (circle one)					
Address						
	Post code	Religion				
Is the child of Abori	iginal or Torres Strait Islander descent? 🗆 Yes	s □ No				
What language is u	used at home:					
	kground:					
School starting date	e:					
amily Details						
	Parent/Guardian 1	Parent/Guardian 2				
Name						
Relationship to						
child						
Date of birth						
Address						
Marital status						
Home phone						
Work phone						
Mobile phone						
Email						
Occupation						
Country of birth						
	☐ Can collect child from service	□ Can collect child from service				
	 Can authorise an Educator to take 	 Can authorise an Educator to take 				
	child outside of service premises	child outside of service premises				
	Can be contacted in an emergency	Can be contacted in an emergency				
	Can consent to medical treatmentCan authorise administration of	Can consent to medical treatmentCan authorise administration of				
	medication	medication				
Child lives with: *						
Do you have any of	ther children attending an education and care	service? Y N				
Court Orders/ Par	enting Orders/ Parent Plans					
		st be provided to the service in relation to your				
r access to your chi		•				
•	to the service \square No \square Yes					
•	ided to the service ☐ No ☐ Yes					
'arenting plans prov	ided to the service \square No \square Yes					
Child Care Benefit	idion registered for Child Care Day off					
	dian registered for Child Care Benefit	ent date of birth				
Child's CRN		Child date of birth				

Authorised Nominee/Emergency Contacts

Note: Children will not be released into the care of anyone other than an authorised person without written consent.

	Emergency Contact/Authorised Nominee	Emergency Contact/Authorised Nominee 2				
Contact/Nominee -	– this person is authorised to carry out the following responsibilities for the child					
Name						
Relationship to child						
Address						
Home phone						
Work phone						
Mobile phone						
Contact/Nominee - Name Relationship to child Address	□ Can collect child from service □ Can authorise an Educator to take child outside of service premises □ Can be contacted in an emergency □ Can consent to medical treatment for child □ Can authorise administration of medication Emergency Contact/Authorised Nominee 3 - this person is authorised to carry out the follows:	Can collect child from service Can authorise an Educator to take child outside of service premises Can be contacted in an emergency Can consent to medical treatment for child Can authorise administration of medication Emergency Contact/Authorised Nominee 4 owing responsibilities for the child				
Hama abana						
Home phone						
Work phone						
Mobile phone						
	 Can collect child from service Can authorise an Educator to take child outside of service premises Can be contacted in an emergency Can consent to medical treatment for child Can authorise administration of medication 	 Can collect child from service Can authorise an Educator to take child outside of service premises Can be contacted in an emergency Can consent to medical treatment for child Can authorise administration of medication 				

Booking Details (please tick the appropriate boxes for permanent bookings)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Vacation Care programs and booking forms are available at least two weeks before the vacation care period starts. Bookings are essential and can be made by returning the booking form attached to the vacation care program. Cancellations for booked days must have 24 hours notice or the fee for that session will be charged. Alternative care is not provided at the service on excursion days. Alternative care will be the parent's responsibility.

Medical Information

			a, allergies, another medical condition or needs to have medication dical management plan or additional information with your enrolment		
			Doctor's phone		
Medical practitioner's address:					
Child's Medicare N	umber:				
Known Allergies	□ Yes	□No	What causes allergy?		
			Mild Severe Anaphylactic (circle one)		
			Symptoms		
			Please provide details of any allergy management plans		
			Action plan attached: ☐ Yes ☐ No		
Dietary	□ Yes	□ No	Special dietary restrictions? (provide details)		
Requirements			Special dietary requirements? (provide details)		
			Special dietary requirements: (provide details)		
Intolerances	□ Yes	□ No	What causes the intolerances?		
			Mild Severe (circle one)		
			Symptoms		
			Current action plan (provide details)		
			Odirent action plan (provide details)		
Asthma	□ Yes	□ No	Mild Severe (circle one)		
			Symptoms when experiencing asthma		
			Asthma action plan provided ☐ Yes ☐ No		
Medication	□ Yes	□ No	List any medication your child is taking regularly		
Other Medical	Details of m	nedical condit	ion:		
Condition					
Immunisation	Are your ch	nild's immunis	ations up to date?		
Status	Please atta	ch one or mo	re of the following documents:		
			Childhood Immunisation Record (ACIR) Statement		
		t ACIR Immu atch-up sche	nisation History Form on which the doctor has certified the child is on an		
		•	n Exemption – Medical Contraindication Form signed by a doctor		
			ory and Exemption forms are available on the Department of Human		
	Services website http://www.humanservices.gov.au/ The ACIR can be contacted on 1800 653 809 or email acir@medicareaustralia.gov.au				
Cultural/Religio	us Needs				
Does your child have	ve any cultura	al needs or re	estrictions which the staff need to be aware of?		
Does your child have	ve any religio	ous customs o	or practices which the staff need to be aware of? Yes No		
If yes, please provi	de details:				

Special Needs/Diagnosed Disability Does your child have any known or suspected special needs/diagnosed disability? Educational Needs Yes Physical Needs ☐ Yes □ No □ No Behaviour Needs Yes □ No Other: ☐ Yes □ No If you answered yes to any of the above please provide details of those needs below and provide supporting documentation (doctor's certificate, written diagnosis or other relevant medical information) **Medical Consent Statement (conditions of enrolment)** I understand, acknowledge and agree to the following: I authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for staff to obtain medical, hospital and ambulance services in the case of an accident or emergency involving my child and accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact guardians in the event of any illness or accident. On enrolling my child, I understand that the service is unable to care for children who are sick or who have a contagious/infectious illness. I further acknowledge that a medical clearance may be necessary before my child is able to return to the service. I understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed and non-prescribed medication. Prescribed medication will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is complete. I agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my child to reduce the risk of overdosing. I give permission for first aid qualified staff to administer ventolin to my child in the case of an emergency. I give permission for first aid qualified staff to administer first aid and/or medication to my child as required. Parent/Guardian Name and Signature: ___ Note: If your child suffers from a medical condition (asthma, anaphylaxis, diabetes etc) you MUST send a copy of a medical management plan with this enrolment. If your child requires medication to be administered while in care you will need to fill in a medication form. **Consent for Media/Photography** I understand that photos, videos and digital images are an integral part of the service's program and that my child's surname will not be displayed. They will solely be used in OSHC publications or promotions.

☐ I give permission for my child's photograph to be taken at OSHC and used to develop individual portfolios and

□ I give permission for my child's photograph to be taken at OSHC and posted on the service's social media

□ I give permission for my child's photograph to be taken at OSHC and used to publicise the service and its

□ I understand that I can withdraw my consent to any of the above at any time by advising the service in writing.

____ Date: ___

account in a closed group (able to be accessed by parents and staff of the service only)

Parent/Guardian Name and Signature: _____

provide Quality Assurance evidence.

OSHC Enrolment Agreement

Consents and Permissions

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the permissions provide parents with options to consider however the consent **statements** are a compulsory requirement of enrolment.

Permissions (Please tick yes or no)		
<u>Health and Safety</u>		
I give permission for staff to apply adhesive bandages. (If no please provide an alternative)	Yes	□ No
I give permission for my child to have 3o+ sunscreen and insect repellent applied as	☐ Yes	□ No
required. (If no please provide an alternative)		
Activities Permission		
I give permission for my child to view PG and G rated movies, programs and games while		
at the service.	□ Yes	□No
I give permission for my child to participate in face painting activities.	☐ Yes	□ No
I give permission for my child to climb OSHC specified trees while at the service		
(as per Tree Climbing Policy) (risk assessment available for viewing)	□ Yes	□ No
I give permission for my child to explore the natural environment at the service, including		
garden areas, rocks and sand (risk assessment available for viewing)	□ Yes	□ No
I give permission for my child to participate in kitchen experiences such as food preparation,		
cooking and life skills. (risk assessment available for viewing)	□ Yes	□ No
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Consent Statement

General Information

- ✓ I have received a family handbook and agree to abide by the service policies and procedures
- ✓ I understand that a full copy of the centre's policies is available for my inspection at the service
- ✓ I understand it is my responsibility to ensure that all information associated with my child's enrolment is current and to notify the service of any changes to details provided.
- ✓ I understand that my child is required to be signed in by either a parent/caregiver or authorised nominee to ensure legal obligations are met.
- I agree to complete the daily attendance records by recording and signing the actual arrival and departure times daily on delivery and collection of my child as require by OSHC policy.
- ✓ I understand that I must notify the service if a person, who is not on the service's current records as authorised to collect my child will be collecting my child from OSHC and that photo ID will be required on collection.
- I understand that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families e.g. personal toys, iPods etc.
- I agree to provide the service with a copy of court orders/custody papers relating to access to my child.
- I understand the priority of access as determined by the government for allocation of places that identifies priority.

- I agree to pay all fees as per the Fee Policy, from 20th April 2020 these are Before School Care \$17.00 per session; After School Care \$22.00 per session; Vacation Care \$57.00 per session.
- I agree to pay for all fees (including excursion costs) for the days that my child attends OSHC. I understand that 24hours notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked session.
- ✓ 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 timeframes, as set out in the Fee Policy.
- If my child is not collected from the service by closing time the late fee penalty will be incurred as specified in the fee schedule.
- ✓ I will be financially responsible for any wilful damage of equipment or property by my child.
- ✓ I agree that all the above information is correct and matches information submitted by me to Centrelink. I understand that any discrepancies between the two may lead to the service being unable to claim CCS on my behalf. In this instance I will be required to pay full fees.
- بين معالم ملكانيين امنا الكان

Paren	t/Guardian Name and Signature _			Date:	
•	paid in full or payment plan negoti	•	iy result in withdrawa	ii of childcare untii	account is