

Jinibara State School P & C Association Outside School Hours Care

Enrolment Form

Please complete one enrolment form for each child.

Today'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 Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

What language is used at home: _____

Child's cultural background: _____

School starting date: _____ Child's Year Level: _____

Family 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		
Contact Order (1 st , 2 nd , 3 rd etc)		
	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment <input type="checkbox"/> Can authorise administration of medication	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment <input type="checkbox"/> Can authorise administration of medication

Court Orders/ Parenting Orders/ Parent Plans

Details of any court orders, parenting orders or parenting plans must be provided to the service in relation to your child or access to your child.

Court order provided to the service ☐ No ☐ Yes

Parenting order provided to the service ☐ No ☐ Yes

Parenting plans provided to the service ☐ No ☐ Yes

Child Care Benefit

Name of parent/guardian registered for Child Care Benefit _____

Parent CRN _____ Parent 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 1	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		
	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment for child <input type="checkbox"/> Can authorise administration of medication	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment for child <input type="checkbox"/> Can authorise administration of medication
Contact Order (1st, 2nd, 3rd etc)		
	Emergency Contact/Authorised Nominee 3	Emergency Contact/Authorised Nominee 4
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		
	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment for child <input type="checkbox"/> Can authorise administration of medication	<input type="checkbox"/> Can collect child from service <input type="checkbox"/> Can authorise an Educator to take child outside of service premises – excursion and transport <input type="checkbox"/> Can be contacted in an emergency <input type="checkbox"/> Can consent to medical treatment for child <input type="checkbox"/> Can authorise administration of medication
Contact Order (1st, 2nd, 3rd etc)		

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 5 working days 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

Please note: if your child suffers from asthma, allergies, another medical condition or needs to have medication administered, you must send a copy of a medical management plan or additional information with your enrolment form.

Name of medical practitioner _____ Doctor's phone _____

Medical practitioner's address: _____

Child's Medicare Number: _____

Known Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What causes allergy?
			Mild Severe Anaphylactic (circle one)
			Symptoms
			Please provide details of any allergy management plans
			Action plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special dietary restrictions? (provide details)
			Special dietary requirements? (provide details)
Intolerances	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What causes the intolerances?
			Mild Severe (circle one)
			Symptoms
			Current action plan (provide details)
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mild Severe (circle one)
			Symptoms when experiencing asthma
			Asthma action plan provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List any medication your child is taking regularly
Other Medical Condition	Details of medical condition:		
Immunisation Status	Are your child's immunisations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach one or more of the following documents: <input type="checkbox"/> A current Australian Childhood Immunisation Record (ACIR) Statement <input type="checkbox"/> A current ACIR Immunisation History Form on which the doctor has certified the child is on an approved catch-up schedule <input type="checkbox"/> An ACIR Immunisation Exemption – Medical Contraindication Form signed by a doctor ACIR Immunisation History 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/Religious Needs

Does your child have any cultural needs or restrictions which the staff need to be aware of? ☐ Yes ☐ No

Does your child have any religious customs or practices which the staff need to be aware of? ☐ Yes ☐ No

If yes, please provide details: _____

Special Needs/Diagnosed Disability

Does your child have any known or suspected special needs/diagnosed disability?

Physical Needs ☐ Yes ☐ No

Educational Needs ☐ Yes ☐ 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: _____ Date: _____

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 provide Quality Assurance evidence.
- ☐ I give permission for my child's photograph to be taken at OSHC and posted on the service's social media account in a closed group (able to be accessed by parents and staff of the service only)
- ☐ I give permission for my child's photograph to be taken at OSHC and used to publicise the service and its activities.
- ☐ I understand that I can withdraw my consent to any of the above at any time by advising the service in writing.

Parent/Guardian Name and Signature: _____ Date: _____

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)

Health and Safety

- 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 30+ sunscreen and insect repellent applied as required. (If no please provide an alternative) ☐ Yes ☐ No

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

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.

Fees

- ✓ I agree to pay all fees as per the Fee Policy, from 22nd January 2024 these are - Before School Care \$21.00 per session; After School Care \$26.00 per session; Vacation Care \$65.00 per session.
- ✓ I agree to pay for all fees (including excursion costs) for the days that my child attends OSHC. I understand that 5-working days' 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.
- ✓ Failure to pay fees incurred within prescribed timeframes may result in withdrawal of childcare until account is paid in full or payment plan negotiated.

Parent/Guardian Name and Signature _____ Date: _____