OSHC Enrolment Form

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

DOB : _____ ☐ **MALE** ☐ **FEMALE** **DISABILITY:** _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

CLASS:_____

2. PARENT/GUARDIAN DETAILS

PARENT/ GUARDIAN 1 - ACCOUNT HOLDER

NAME: _____ **DOB**: _____

ADDRESS: _____ **POSTCODE:** _____
(IF DIFFERENT TO CHILD)

PHONE: (H) _____ **(WK)** _____ **(M)** _____

GENDER: ☐ MALE ☐ FEMALE **FAMILY CRN:** _____

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for the Child Care Subsidy (CCS) Families need to be registered with Centrelink to be eligible for the Child Care Subsidy, please contact the Family Assistance Office on 13 61 50 for further information.

PARENT/GUARDIAN 2:

NAME: _____ **DOB**: _____

ADDRESS: _____ **POSTCODE:** _____
(IF DIFFERENT TO CHILD)

PHONE: (H) _____ **(WK)** _____ **(M)** _____

GENDER: ☐ MALE ☐ FEMALE

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD? ☐ NO ☐ YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED? ☐ NO ☐ YES

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Orders

3. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child and/or can be contacted in case of emergency.

Name: _____ **Name**: _____

Address: _____ Address: _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(M) _____ (M) _____

Relationship to child: _____ Relationship to child: _____

Name: _____ **Name**: _____

Address: _____ Address: _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(M) _____ (M) _____

Relationship to child: _____ Relationship to child: _____

4. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions? ☐ NO ☐ YES

If yes, please provide details: _____

_____

Does your child require regular medication? ☐ NO ☐ YES

If staff will be 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.

Does your child have any allergies? ☐ NO ☐ YES (If yes, please provide details below)

_____ ☐ MILD ☐ SEVERE ☐ ANAPHYLAXIS

Please provide details of any allergy management plans relating to your child

Does your child experience asthma? ☐ NO ☐ YES (If yes, indicate severity) ☐ MILD ☐ SEVERE

Please provide details of any asthma management plans relating to your child

Is your child's immunisation status up to date? ☐ NO ☐ YES

If your child's immunization status is not up to date, your eligibility to receive Child Care Benefit may be affected

Does your child have any specific dietary requirements? ☐ NO ☐ YES _____

Does your child have any food intolerances or allergies? ☐ NO ☐ YES _____

If yes, is the intolerance/allergy life threatening? ☐ NO ☐ YES

Please provide details of any food intolerance/allergy management plans relating to your child

5. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Doctor 2 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Family Medicare No: _____

6. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs? ☐ NO ☐ YES _____

Does your child have any dislikes, fears or phobias? ☐ NO ☐ YES _____

Is your child of Aboriginal or Torres Strait Islander descent? ☐ NO ☐ YES

Is your child from a non-English speaking background? ☐ NO ☐ YES NATIONALITY: _____

7. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan? ☐ NO ☐ YES

Are there any particular behaviours that staff should be aware of? ☐ NO ☐ YES _____

Are there any identifiable triggers to the behaviour? ☐ NO ☐ YES _____

Please provide a copy of any Positive Behaviour Support plans relating to your child

8. BOOKING INFORMATION

☐ **Before School Care** ☐ **After School Care** ☐ **Vacation care**

Permanent days: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI

Casual Care: ☐

Start Date:

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Bookings are essential by returning the booking form sent out with the vacation care programs. Cancellations for booked days must have 48 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.

9. PERMISSION & AGREEMENT DETAILS

(Please tick the appropriate boxes and initial beside each to signal your agreement)

☐ I give my consent to the information contained in this document being available to the Support Worker/s 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 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 Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers.

☐ I agree to inform the Coordinator/Team Leader 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 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 excursion costs) of the days that my child attends the program. I understand that 48 hours notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions.

☐ I authorise OSHC staff 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 treatment. I understand that every effort will be made to contact me in the event of any illness or accident.

☐ I authorise OSHC staff to liaise with other health/medical 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+ sunscreen prior to outdoor activities.

☐ I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and 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 as listed below.

☐ I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Handbook.

PARENT/GUARDIAN 1:

NAME: _____ SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

For any queries, please contact Georgia the Coordinator on the contact details below.

Samford Valley Steiner School OSHC
5 Narrawa Dve,
Wights Mountain, QLD, 4520
Ph: (07) 34309614
Mobile: 0432580965
Email: gwalter@samfordsteiner.qld.edu.au