Hinchinbrook OOSH

Enrolment Form

Please read each section carefully before completing and signing and complete a separate form for each child you are enrolling. **Please Note:** If you need assistance with filling out this form please speak to an educator who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

**SECTION 1: CHILD’S DETAILS**

*Education and Care Services National Regulations - Regulation 160 (3a, e)*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Given name(s): | |  | | | | | Surname: |  | | |
| Preferred first name: | |  | | | | | | | | |
| Child’s home address: | |  | | | | | | | | |
| Child lives with: | |  | | | | | | | | |
| Date of Birth: | |  | Country of Birth: | | |  | | | Sex (Please circle): | Male / Female |
| Centrelink Reference Number (CRN)  *Please note: Parent and child have their own individual CRN number* | | | | |  | | | | | |
| **Child’s Start Date:** |  | | | Child’s Year Level & Teacher: | | | |  | | |

**Morning Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days of attendance (Please circle): | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session Start Time: |  |  |  |  |  |
| Session End Time: | 9.00AM | 9.00AM | 9.00AM | 9.00AM | 9.00AM |

**Afternoon Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days of attendance (Please circle): | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session Start Time: | 3.00PM | 3.00PM | 3.00PM | 3.00PM | 3.00PM |
| Session End Time: |  |  |  |  |  |

**Vacation Care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days of attendance (Please circle): | Monday | Tuesday | Wednesday | Thursday | Friday |
| Session Start Time: | 7.00AM | 7.00AM | 7.00AM | 7.00AM | 7.00AM |
| Session End Time: |  |  |  |  |  |

**CULTURAL CONSIDERATION**  
*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

|  |  |
| --- | --- |
| Language spoken at home: |  |
| Ethnicity: |  |
| Religion: |  |
| Is the Child of Aboriginal or  Torres Strait Islander Descent? | Yes / No |
| Please outline the Child’s religious background and if relevant any religious practices you would like followed: |  |
| Religious celebrations: |  |

**MEDICAL INFORMATION** *Education and Care Services National Regulations - Regulation 160 (3a, I, j)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medicare Number: |  | | | |
| Medicare Expiry Date: |  | Number of child on card: |  | |
| Please outline any dietary restrictions e.g. cultural or religious (Details of allergies etc. will be requested in the Medical section of the form): | | Yes / No  Details: | | |
| Has your child received the necessary immunisation for their age?  If **NO,** please complete & attach anImmunisation Exemption Conscientious Objection form available from Medicare. | | | | Yes/No |
|

**Child’s Registered Medical Practitioner or Service Details:**

|  |  |
| --- | --- |
| Service Name: |  |
| Practitioner’s Name: |  |
| Contact Numbers: |  |
| Address: |  |

**Child’s Registered Dental Practitioner or Service Details:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Service Name: | | |  | | | | | | | | | | | | | | |
| Practitioner’s Name: | | |  | | | | | | | | | | | | | | |
| Contact Numbers: | | |  | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | |
| Private Health Cover (Please Circle): | | | | | | | | | | | Yes / No | | | | | | |
| Private Health Fund Name: | | | | | | | | | | |  | | | | | | |
| Private Health Care Membership Number: | | | | | | | | | | |  | | | | | | |
| Ambulance Cover: | | | | | | | | | | | Yes / No | | | | | | |
| **MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)** | | | | | | | | | | | | | | | | | |
| Does the child have any specific health care needs or conditions, including allergies, Asthma or anaphylaxis?  These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other  (Please Circle) Yes / No  If yes, please provide a medical management plan, which the child’s medical practitioner has prepared.  Allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
| Medical specialist or doctor who may  be currently treating your child for this condition | | | | | | | | | Yes/No | | | | | | | | |
| Phone contact | | | | | | Address | | | | | | | | | | | |
| Risk of Anaphylaxis | Yes/No | | | | Has a doctor diagnosed this allergy? | | | | | | | | Yes/No | | | | |
| Has your child been prescribed an adrenaline autoinjector? | | | | | | | | | | Yes/No | | | | | | | |
| **If your child has been prescribed an adrenaline autoinjector (Epipen), you will need to provide this to the Service (and renew prior to expiry date).** | | | | | | | | | | | | | | | | | |
| Medical condition | Yes/No | | | Has a doctor diagnosed this condition? | | | | | | | | | | Yes/No | | | |
| Provide details and management Plan: | | | | | | | | | | | | | | | | | |
| A management Plan, Risk Minimisation Plan and Communication Plan has  Been completed for allergies and Anaphylaxis | | | | | | | | | | | | | | | Yes/No | | |
| **REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION.** | | | | | | | | | | | | | | | | | |
| Do you agree to your child  independently self-administer  their own medication?  *Education and Care Services*  *National Regulations - Regulation 96.* | | Yes/No | | | | | Parent 1  Signature: | | | | | | | | | | |
| Parent 2  Signature: | | | | | | | | | | |
| Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis): | | | | | | | | | | | | | | | | | |
| Doctor’s Name: | | | | | | | | Phone Number: | | | | | | | | | |
| Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student’s medical/health practitioner.  Please advise if your child’s medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Medication Agreement** | | | | | | | | | | | | | | | | | |
| Medication will only be administered if:   * it is prescribed by a medical practitioner. * it is in the original container with the original label. * the label contains the child’s name. * instructions and dosage can be clearly read. * expiry date or use by date is valid. * any verbal or written instructions provided by the medical practitioner must be provided by the parent/s.   *Education and Care Services National Regulations Regulation, 95*  Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our Administration of Authorised Medication form.  *Education and Care Services National Regulations Regulation 93*  Parent 1 Signature: Parents 2 Signature: | | | | | | | | | | | | | | | | | |
| **IMMUNISATION DETAILS**  *Education and Care Services National Regulations - Regulation 160 (3a, I, j)* | | | | | | | | | | | | | | | | | |
| AIR Immunisation History Statement or AIR Immunisation History  Form is provided and has words ‘up to date’ recorded. | | | | | | | | | | | | Yes/No | | | | | Attached |
| AIR Immunisation History Statement Medical Exemption  Form is provided recording medical contraindication/natural immunity. | | | | | | | | | | | | Yes/No  N/A | | | | | Attached |
| Air Immunisation History Form is completed by a GP/nurse  when the AIR does not have a record of immunisations and  a ‘catch up’ schedule has been initiated. | | | | | | | | | | | | Yes/No | | | | | Attached |
| **AUTHORISATIONS**  **Illness, accident and emergency treatment** | | | | | | | | | | | | | | | | | |
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | | | | | | | | | | | | | | | | Yes/No | |
|
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | | | | | | | | | | | | | | | | Yes/No | |
| Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency? | | | | | | | | | | | | | | | | Yes/No | |
|
| Please be advised that if the Child is diagnosed with **asthma or anaphylaxis** and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.  *Education and Care Services National Regulations - Regulation 94.* | | | | | | | | | | | | | | | | Yes/No | |
|

**TRANSPORTATION AUTHORISATION**

|  |  |
| --- | --- |
| The Service will seek separate authorisations from a parent/carer or an authorised person who is authorised to transport the child or arrange transportation for the child to attend:   * an excursion   Please note:   1. The service does not offer, or arrange, transportation of children to and from school, only during vacation care for excursions. 2. The service does not provide regular outings | |
| Parent 1 Signature: |  |
| Parent 2 Signature: |  |

**DEVELOPMENTAL INFORMATION**

|  |  |
| --- | --- |
| Please provide us with any other information we should know about your child   (For example, favourite activities, social skills) |  |
| Does your child have any problems with hearing, sight, or speech? |  |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? |  |
| Does your child have a diagnosed disability, Learning difficulties, or has experienced Trauma, Grief and loss). |  |

|  |  |
| --- | --- |
| Does your child require additional support for learning because of disability? |  |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? |  |
| Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced. |  |

**FAMILY INFORMATION**

|  |  |
| --- | --- |
| Does the child have any siblings? If so, please provide the number of siblings that are attending other child care services. |  |

**PRIMARY PARENT**  
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |  |
| --- | --- | --- |
| Parent Name: |  | |
| Parent Surname: |  | |
| Address: |  | |
| Phone Number/s: | (H)  (M)  (W) | |
| Parent Date of Birth: |  | |
| Email address: |  | |
| Relationship to child: |  | |
| Country of Birth: |  | |
| Parent Centrelink Reference Number (CRN): | |  |
| Please provide any relevant cultural background details: | |  |
| Does the child live with you? (Please circle): | | Yes / No |
| Occupation: |  | |
| Place of employment: |  | |
| Hours of work: |  | |

**SECONDARY PARENT**  
*Education and Care Services National Regulations - Regulation 160 (3b)*

|  |  |  |
| --- | --- | --- |
| Parent Name: |  | |
| Parent Surname: |  | |
| Address: |  | |
| Phone Number/s: | (H)  (M)  (W) | |
| Parent Date of Birth: |  | |
| Email address: |  | |
| Relationship to child: |  | |
| Country of Birth: |  | |
| Parent Centrelink Reference Number (CRN): | |  |
| Please provide any relevant cultural background details: | |  |
| Does the child live with you? (Please circle): | | Yes / No |
| Occupation: |  | |
| Place of employment: |  | |
| Hours of work: |  | |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER*Education and Care Services National Regulations - Regulation 160 (3c, d)*

|  |  |  |
| --- | --- | --- |
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No  If yes, please provide all relevant  documentation and paperwork | Attached |
|  |
| Are there any other court orders relating to the child’s residence or the child’s contact with a parent or other person? | Yes/No  If yes, briefly outline court order requirements and provide all relevant documentation and paperwork | Attached |
| Have photographs and names of unauthorised people been attached to this form? | Yes/No | Attached |
|  |

**Please note that without this documentation we cannot legally enforce the Order/s.**

**FIRST EMERGENCY CONTACT***Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| There may be times or situations where your child has had an accident, injury, trauma or illness and  Parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to **collect your child**. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.  **Please obtain the person’s consent before listing them as an emergency contact** | | | |
| Full Name: |  | | |
| Relationship to child: |  | | |
| Address: |  | | |
| Phone Number: | (H)  (M)  (W) | | |
| Email Address: |  | | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent  Signature: |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent  Signature: |  |
| Can this person be contacted to give consent to arrange transportation of the child including by an ambulance service? | Yes/No | Parent  Signature: |  |

**SECOND EMERGENCY CONTACT***Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v,vi) 161 (1a, I, ii, 1b)*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Relationship to child: |  | | |
| Address: |  | | |
| Phone Number: | (H)  (M)  (W) | | |
| Email Address: |  | | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent  Signature: |  |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent  Signature: |  |
| Can this person be contacted to give consent to arrange transportation of the child including by an ambulance service? | Yes/No | Parent  Signature: |  |

**ENROLMENT AGREEMENT**

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU NEED CLARIFICATION.

Please circle the following items to authorise:

**HEALTH & SAFETY:**

|  |  |  |
| --- | --- | --- |
| I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service) | YES | NO |
| Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |

**PHOTOGRAPHY & VIDEO:**

|  |  |  |
| --- | --- | --- |
| For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service) | YES | NO |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service | YES | NO |
| For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation’s resources | YES | NO |

**Please tick box to confirm you have read each point:**

* I agree to inform the Service in writing immediately of any changes to the above information.
* I agree to pay the Service a security bond of $ **50 dollars**. The bond secures your child’s placement at the service, and is refundable at the termination of your child’s place, provided that **two weeks’ notice in writing is given.** The bond may be used to cover and/or settle your final account. Bond payments are payable to the service by direct debit or cash.
* I agree to keep my fees paid up to date and understand that my child’s position at the **Service will be in jeopardy if my fees are not kept up to date.**  I understand that all booked days are paid for even when my child is absent due to sickness, on holidays and public holidays during school terms.
* I agree to complete a direct debit form and submit it alongside this enrolment form. Direct debit begins on the Tuesday of the third week of each school term including vacation care fees. This payment is to cover the first two weeks prior to this payment. This means payments are always two weeks in arrears. Direct debit schedules will be provided for the year in term 1 and for new enrolments.
* I agree/s that I am liable for any Recovery costs including administrative fees, debt recovery fees, Solicitor Fees and disbursements incurred by Hinchinbrook OOSH as a result of my failure to pay the fees and charges for the service provided within the strict terms of payments. I accept that I may also be charged an additional fee for interest at the statutory rate recoverable in the appropriate Court at the time prevailing however I am aware that costs incurred through Court action against me will be limited to the fees recoverable under the State Legislation for legal cost recovery.
* If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
* I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child/children to/from the service or any other place (Other Person/s).
* I agree to pay a late **fee of $15.00 per 15-minute** block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child’s whereabouts.
* I agree to give two weeks written notice to withdraw my child or reduce booked days.
* I agree to notify the service if my child/ren is absent on a day that they are booked in.
* I agree and give permission for staff to offer sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child’s first and last name).
* I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service’s medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service’s policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
* I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
* I am aware that the Parent Handbook with the Service’s Policy Manual is accessible to all families through Story Park and foyer area. I agree to follow, support and abide by these Policies and I am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or by email.
* I, or someone I know has a skill they could share with the children.
* I have provided accurate and up to date information on the Written Arrangement
* I understand that Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee’s or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person’s.
* I have read and understand the services procedures and conditions contained in this enrolment record. The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children

**DECLARATION**

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Date: \_\_ / \_\_ / \_\_

**Nominated Supervisor Full Name** (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Privacy Disclaimer**

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.