

# Holiday Program Enrolment Form



## Child

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Usually called: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Languages spoken in the home: \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander descent?

No, not Aboriginal or Torres Strait Islander  Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander  Yes, Torres Strait Islander

Cultural background of the child and, if applicable, the child's parents: \_\_\_\_\_

Childs CRN: \_\_\_\_\_

## Parent 1

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this parent?  Yes  No

Parent 1 CRN: \_\_\_\_\_

## Parent 2

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address (as per child): \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this parent?  Yes  No

Parent 2 CRN: \_\_\_\_\_

## Guardian 1 (if applicable)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this guardian?  Yes  No

Guardian 1 CRN: \_\_\_\_\_

## Guardian 2 (if applicable)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address (as per child): \_\_\_\_\_

Occupation: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this guardian?  Yes  No

Guardian 2 CRN: \_\_\_\_\_

**Other Persons Authorisations**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)                       Notification in the event of an emergency
- Authorised to consent medical treatment                       Authorisation for administration of medication
- Authorised to authorise an educator to take the child off the premises

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)                       Notification in the event of an emergency
- Authorised to consent medical treatment                       Authorisation for administration of medication
- Authorised to authorise an educator to take the child off the premises

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)                       Notification in the event of an emergency
- Authorised to consent medical treatment                       Authorisation for administration of medication
- Authorised to authorise an educator to take the child off the premises

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)                       Notification in the event of an emergency
- Authorised to consent medical treatment                       Authorisation for administration of medication
- Authorised to authorise an educator to take the child off the premises

**Emergency Contacts (Maximum 30 minutes from the service)**

In case of accident or injury, trauma or illness when parents/guardians are not available, please nominate above two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

**Court orders in relation to the child**

Are there any:

- Court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- Other court orders relating to the child’s residence or the child’s contact with a parent or other person?

No (go to the next section)                       Yes (please complete the following)

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form.
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

\_\_\_\_\_

\_\_\_\_\_

### Child's Health Information

Registered Medical Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Service Name: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ambulance Subscription Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pension Number: \_\_\_\_\_

Healthcare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Anaphylaxis:

Has your child been diagnosed as at risk of anaphylaxis?  Yes  No

Does your child have an auto injection device (eg. EpiPen or Anapen)?  Yes  No

If your child has an auto injection device, have you supplied to the service a device with a valid expiry date?  Yes  No

Has the anaphylaxis medical management plan been provided to the service?  Yes  No

Has a risk management plan been completed by the service in consultation with you?  Yes  No

### Specific Healthcare Needs:

Does your child have any specific healthcare needs or medical conditions that are relevant to the care and education of the child? (eg. asthma, epilepsy, diabetes etc.)  Yes  No

If necessary, has medication been supplied to the service?  Yes  No

### Allergies:

Does your child have an allergies?  Yes  No

If necessary, has medication been supplied to the service?  Yes  No

### Dietary Restrictions:

Does your child have any dietary restrictions?  Yes  No

If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child?

Yes  No  N/A

Has a communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child?

Yes  No  N/A

### Child's Immunisation Status

Has your child been immunised?  Yes  No

If yes, please provide a copy of your child's immunisation certificate/record with this form.

Immunisation record sighted by:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, provide a letter from a registered medical practitioner stating the parent/guardian is a conscientious objector to immunisation.

### Additional Information

Please provide any other relevant information about your child eg. abilities, likes, dislikes, family traditions, religions etc.

Do you give permission for your child to watch PG movies?  Yes  No

Are you willing to have the child photographed for service use only?  Yes  No

Are you willing to have the child photographed to appear in videos, newspapers and other publications?  Yes  No

Do you allow sunscreen to be applied to the child while in the care of the service?  Yes  No

Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of:

Australia Day  Birthdays  Christmas  Diwali  Eid Al-Adha  Mother's Day  Father's Day

New Year  Hanukkah  Moon Festival  NAIDOC Week  Ramadan

Please list others and attach any specific information related to the above:

Do you have any specific skills or trade you would be prepared to share with the service?

### Authorisation and Declaration

I, \_\_\_\_\_  
a person with parental responsibility of the child referred to in this enrolment form:

- authorise the Approved Provider, Nominated Supervisor, or an educator to seek:
  - medical treatment for the child from a registered practitioner, hospital or ambulance service
  - transportation of the child by an ambulance service
  - if relevant, an authorisation given for the service to take the child on regular outings
- agree that I am responsible for any expenses incurred during any medical emergency in relation to the child
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell
- understand that in an emergency situation or where evacuation is necessary that the child may need to leave the service under the direction and supervision of the approved provider, nominated supervisor or educator
- have read and understood the service policies including the 'Payment of Fees'
- declare that the information in this enrolment form is true and undertake to immediately inform the service in the event of any change to this information.

\_\_\_\_\_  
Signature of person with parental responsibility of child

\_\_\_/\_\_\_/\_\_\_  
Date

### Privacy Notification

The ELTHAM College OSHC uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

**If you have questions when filling out this form, please contact the service.**