OSHC Before and After Care Enrolment Form



Occupation: D.O.B: Mobile Phone: Home Phone: Work Phone: Email: Does the child live with this parent? Parent 2 CRN: Guardian 1 (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? Guardian 1 CRN: Guardian 2 (if applicable) Surname: Given Name: Address (as per child): Occupation: Given Name: Mobile Phone: Work Phone: D.O.B: Mobile Phone: Work Phone: Email: Does the child live with this guardian?	Child				
D.O.B: Grade: Male	Surname:		Given Names:_		
Languages spoken in the home: Is the child of Aboriginal and/or Torres Strait Islander descent? No, not Aboriginal or lorres Strait Islander Yes, Aboriginal Yes, Aboriginal Yes, Aboriginal Yes, Aboriginal Yes, Carres Strait Islander Childs CRN: Parent 1 Surname: Address: Coccupation: Home Phone: Given Name: Address: Coccupation: Does the child live with this parent? Parent 1 CRN: Parent 2 Surname: Given Name: Address: Coccupation: Does the child live with this parent? Parent 2 CRN: Coccupation: Does the child live with this parent? Final: Given Name: Address las per child! Coccupation: Mobile Phone: Home Phone: Home Phone: Work Phone: Email: Does the child live with this guardian? Given Name: Address las per child! Coccupation: Mobile Phone: Home Phone: Work Phone: Email: Does the child live with this guardian? Given Name: Address las per child! Coccupation: Mobile Phone: Home Phone: Work Phone: Email: Coccupation: Mobile Phone: Home Phone: Work Phone: Mobile Phone: Work Phone: Mobile Phone: Work Phone: Mobile Phone: Mobile Phone: Work Phone: Mobile Ph	Usually called:				
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Does the child live with this guardian?					
Guardian 2 CRN:	Ţ.				



Day/s care	is required:			
Before School Ca	re (from 7.30am until scho	ool starts)		
I wish to book my	child permanently on the	following day/s commenc	ing on//	
Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	(from school finish until	6.30pm)		
I wish to book my	child permanently on the	following day/s commenc	ing on//	
Monday	Tuesday	Wednesday	Thursday	Friday
Casual/Emergen	cy Care (Please tick if	you require casual care o	only)	
* Please note full the day of bookin	_	l permanent bookings un	less cancelled prior to 8am	n on the day for BSC or 10am on
Other Persons Au	thorisations			
Name:		Rela	tionship to child:	
Address:				
Mobile Phone:	H	ome Phone:	Work Phone:	
Authorised t	o collect (Authorised Nom	inee)	Notification in the event of an emergency	
Authorised t	o consent medical treatme	ent	Authorisation for administration of medication	
Authorised t	o authorise an educator to	take the child off the pre	mises	
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Mobile Phone:	H	ome Phone:	Work Phone:	
Authorised t	o collect (Authorised Nom	inee)	Notification in the event of an emergency	
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Authorised t	o collect (Authorised Nom	inee)		
Authorised t	o consent medical treatme	ent	Authorisation for administration of medication	
Authorised t	o authorise an educator to	take the child off the prei	mises	

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, responsin relation to the child or access to the child?	sibilities or authorities of any person
• 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	es, 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?	
Does your child have an auto injection device (eg. EpiPen or Anapen)?	
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?	No
Has a risk management plan been completed by the service in consultation with you? \blacksquare	res No
Specific Healthcare Needs:	
Does you child have any specific healthcare needs or medical conditions that are relevant to the (eg. asthma, epilepsy, diabetes etc.) Yes No	e care and education of the child?
If necessary, has medication been supplied to the service? Yes No Allergies:	
Does your child have an allergies?	
If necessary, has medication been supplied to the service?	
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 above, has a copy of the service's Medical conditions policy been provided to the parent or guarantees. Yes No N/A Has a communication plan been developed to ensure that: (a) relevant staff members and vo medical conditions policy, the medical management plan and risk minimisation plan for the communicate any changes to the medical management plan and risk minimisation plan for the	lardian of the child? lunteers are informed about the child and (b) the child's parent can

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
Are you willing to have the child photographed to appear in videos, newspapers and other publications? Yes
Do you allow sunscreen to be applied to the child while in the care of the service? Yes
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 ,
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.