

# OSHC Before/After School Care and Holiday Program Enrolment Form 2022



<b>CHILD</b>				
Surname		First Name		
Usually called	D.O.B	Grade	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Languages spoken in the home				
Is the child of Aboriginal and/or Torres Strait Islander descent? <input type="checkbox"/> No				
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander
Cultural background of the child and, if applicable, the child's parents				
Child's CRN				

<b>PARENT 1</b>				
Surname		First Name		
Home Address				
Occupation			D.O.B	
Mobile Phone		Home Phone	Work Phone	
Email				
Does the child live with this parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent 1 CRN	

<b>PARENT 2</b>				
Surname		First Name		
Home Address				
Occupation			D.O.B	
Mobile Phone		Home Phone	Work Phone	
Email				
Does the child live with this parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent 2 CRN	

<b>GUARDIAN 1</b>				
Surname		First Name		
Address (as per child)				
Occupation			D.O.B	
Mobile Phone		Home Phone	Work Phone	
Email				
Does the child live with this guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian 1 CRN	

<b>GUARDIAN 2</b>				
Surname		First Name		
Address (as per child)				
Occupation			D.O.B	
Mobile Phone		Home Phone	Work Phone	
Email				
Does the child live with this guardian?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Guardian 2 CRN	

**DAY/S CARE IS REQUIRED**

- **Before School Care (from 7.15am until school starts)**

I wish to book my child **permanently** on the following day/s commencing on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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- **After School Care (from school finish until 6.30pm)**

I wish to book my child **permanently** on the following day/s commencing on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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- **Casual/Emergency Care**

Please tick if you require casual care only

- **Holiday Program (from 7.30am until 6.30pm)**

A booking form will be available on the school website a few weeks prior to Holiday Program commencing.

Please tick if you require care

\* Please note full fee will be charged for all permanent bookings unless cancelled prior to 7.15am on the day for BSC or 12.00pm on the day of booking for ASC. No cancellations - refunds will be issued for any Holidays Program days after booking days close.

**OTHER PERSONS AUTHORISATIONS**

Name		Relationship to child	
Home Address			
Mobile Phone		Home Phone	Work Phone
<input type="checkbox"/> Authorised to collect (Authorised Nominee) <input type="checkbox"/> Authorised to consent medical treatment <input type="checkbox"/> Authorised to authorise an educator to take the child off the premises		<input type="checkbox"/> Notification in the event of an emergency <input type="checkbox"/> Authorisation for administration of medication	

Name		Relationship to child	
Home Address			
Mobile Phone		Home Phone	Work Phone
<input type="checkbox"/> Authorised to collect (Authorised Nominee) <input type="checkbox"/> Authorised to consent medical treatment <input type="checkbox"/> Authorised to authorise an educator to take the child off the premises		<input type="checkbox"/> Notification in the event of an emergency <input type="checkbox"/> Authorisation for administration of medication	

Name		Relationship to child	
Home Address			
Mobile Phone		Home Phone	Work Phone
<input type="checkbox"/> Authorised to collect (Authorised Nominee) <input type="checkbox"/> Authorised to consent medical treatment <input type="checkbox"/> Authorised to authorise an educator to take the child off the premises		<input type="checkbox"/> Notification in the event of an emergency <input type="checkbox"/> Authorisation for administration of medication	

Name		Relationship to child	
Home Address			
Mobile Phone		Home Phone	Work Phone
<input type="checkbox"/> Authorised to collect (Authorised Nominee) <input type="checkbox"/> Authorised to consent medical treatment <input type="checkbox"/> Authorised to authorise an educator to take the child off the premises		<input type="checkbox"/> Notification in the event of an emergency <input type="checkbox"/> Authorisation for administration of medication	

**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.

Emergency Contact 1 Name	Emergency Contact 2 Name
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## 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 / /
Medicare Number	Expiry Date / /
Pension Number	
Healthcare Number	Expiry Date / /

### Parents/guardians have the responsibility to:

- Whenever possible, medication should be administered by parents/guardians at home.
- Parents/guardians should consider whether their child who requires medication is well enough to be at ELTHAM College OSHC, and to keep the child at home if unwell.
- Any children who is on medication for diagnosed medical conditions will need to continue taking their medication when attending the ELTHAM College Out of School Hours Care Program. This includes children diagnosed with ASD and on medication for such conditions.
- Parents must complete a Medication Distribution form accompanied by an Medical Action Plan for their children who requires medication.
- Medication must be clearly labeled with the child's name and dosage required.
- Hand all medication to the coordinator on arrival.
- Ensure the medication is not 'out of date'.

## ANAPHYLAXIS

Has your child been diagnosed as at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have an auto injection device (eg. EpiPen or Anapen)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child has an auto injection device, have you supplied to the service a device with a valid expiry date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the anaphylaxis medical management plan been provided to the service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a risk management plan been completed by the service in consultation with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 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, ASD etc.)

Please list:

Yes  No

**If so, medication must be supplied to the service when your child is attending**

Staff will only administer prescribed medications or medications accompanied by a Medical Action Plan or a Medication Distribution form that is completed by the parent or guardian.

Yes  No

### ALLERGIES

**Does your child have an allergies?**

Please list:

Yes  No

**If so, medication must be supplied to the service when your child is attending**

Staff will only administer prescribed medications or medications accompanied by a Medical Action Plan or a Medication Distribution form that is completed by the parent or guardian.

Yes  No

### DIETARY RESTRICTIONS

**Does your child have any dietary restrictions?**

Please list:

Yes  No

If your 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

### MEDICAL MANAGEMENT AND RISK MINIMISATION PLANS

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?**

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

Yes  No

**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     Hanukkah  
 Mother's Day     Father's Day     New Year     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 to pay for all child care costs for my child attending the service
- 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 the 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 OSHC Coordinator Margaret Mangone.