

# Seacliff OSHC Enrolment Form 2017

**Please note:** This form must be completed by the primary caregiver who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements.

Thank you for your cooperation.

## Child Details

Child's Full Name: _____	Usually Called: _____
Child's classroom number and teacher _____	
Home Address: _____	P/C: _____
Customer Reference Number (CRN) for Child Care Benefit (CCB) _____	
Date of Birth: ____/____/____	Sex: M / F      Language(s) spoken at home: _____
Is the child of Aboriginal and/or Torres Strait Islander decent?      Yes / No	

## Child Details

Child's Full Name: _____	Usually Called: _____
Child's classroom number and teacher _____	
Home Address: _____	P/C: _____
Customer Reference Number (CRN) for Child Care Benefit (CCB) _____	
Date of Birth: ____/____/____	Sex: M / F      Language(s) spoken at home: _____
Is the child of Aboriginal and/or Torres Strait Islander decent?      Yes / No	

## Caregiver Details

<b>Caregiver 1</b> Full Name: _____	Date of Birth: _____
Home Address: _____	P/C: _____
Customer Reference Number (CRN) for Child Care Benefit (CCB) _____	
Telephone: H _____	W _____      M _____
Does the child live with caregiver 1?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)

<b>Caregiver 2</b> Full Name: _____	Date of Birth: _____
Home Address: _____	P/C: _____
Customer Reference Number (CRN) for Child Care Benefit (CCB) _____	
Telephone: H _____	W _____      M _____
Does the child live with caregiver 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)

## Account Information

Account Holder's Name _____
Email for invoices (free of charge) _____
or
Postal address (\$2.50) _____

**Other Persons to be notified in an Emergency**

There may be times when the child has an accident, injury, trauma, illness, or has not been collected and the primary caregivers cannot be contacted. To deal with these situations the OSHC service should notify one of the following people who are authorised to collect and care for the child. **Identification must be produced on request from staff.**

Name: \_\_\_\_\_

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

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

**Medical and Health Information**

If your child/ren have any medical or dietary needs, please write which child has the condition (if more than one child is listed on the enrolment form) and as much detail about the condition as possible. **Medical plans (eg Asthma Care Plans) must be provided to OSHC each year.**

Name Doctor/Medical Service: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Has the child received all immunisations appropriate for her/his age? Yes  No

If no, please give details: \_\_\_\_\_

I accept full responsibility if my child is **not** immunised- Parent/Guardian signature: \_\_\_\_\_

Does the child have any allergy or sensitivity to food or hygiene products? Yes  No

Is the condition severity mild, moderate, or severe? \_\_\_\_\_

**If yes, the following management procedures are to be followed (or a copy of the management plan is attached or a doctor's letter indicating the correct procedure to follow):**

\_\_\_\_\_

Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service? Yes  No

Is the condition severity mild, moderate, or severe? \_\_\_\_\_

**If yes, the following management procedures are to be followed (or a copy of the management plan is attached):**

\_\_\_\_\_

Does the child have any dietary restriction? Yes  No

**If yes, the following restrictions apply:** \_\_\_\_\_

### Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?  
No  Yes  Please complete the following:

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
  - Authorise the taking of the child outside the service by a staff member of the service;
  - Consent to the medical treatment of the child;
  - Request or permit the administration of medication to the child;
  - Collect the child;b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers \_\_\_\_\_

### Consent

Ambulance : Can the child be transported by ambulance service in the event of an emergency? Yes  No

In the case of an emergency, do you consent a blood transfusion: Yes  No

Do you consent to your child watching PG movies at OSHC? Yes  No

Are you willing to have your child/ren photographed/video-taped for display in the OHSC room? Yes  No

Do you consent for your child/ren's photograph to appear in the school magazine? Yes  No

### Sunscreen Protection

The Out of School Hours Care staff will encourage the application and re-application of sun block as required. For Vacation Care and Pupil Free Days, children should apply sun block before they arrive.

Yes  **reapply** SPF 15 (or higher) sunscreen, which I have supplied, to my child as required when going outside during October through to and including April.

No  do not **reapply** SPF 15 (or higher) sunscreen to my child.

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

### Other Information

Please tell us more about your child/rens likes, interests and areas you feel need developing

Food: \_\_\_\_\_

Activities: \_\_\_\_\_

Excursions: \_\_\_\_\_

Areas that need developing: \_\_\_\_\_

Other: \_\_\_\_\_

### Lawful Authority

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The children's Services Regulations 1998 refer to these powers and responsibilities as lawful authority. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order such as under the Family Law Act may take away the authority of a parent to do something or may give it to another person.

A guardian of a child has lawful authority. A legal guardian is given lawful authority by a court order. The definition of guardian under the children's Services Act 1196, also covers situations where a child does not live with his or her parents and there are no court orders. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

## Declaration

I \_\_\_\_\_  
Print Full Name

- a person with lawful authority of the child referred to in this enrolment form,
- declare that the information provided for the purpose of this enrolment is true and correct and that I undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable necessary and that I will reimburse any necessary expenses incurred by the children's service;
- have read, understand and agree to follow the fee payment structure and policies, and understand Seacliff OSHC has the right to refuse attendance based on overdue accounts (page 7 of the parent handbook).
- I understand that costs associated with debt recovery of non-paid OSHC account will be my responsibility and will be added to the outstanding balance.
- I understand all children must be signed in for the morning session, signed out for afternoon sessions, and signed in and out for pupil free days and Vacation Care by the parent/caregiver (pg 9 of parent handbook).
- I understand that I must notify Seacliff OSHC of any cancellations to bookings to ensure staff are aware of which children are expected to attend.
- I understand Seacliff OSHC has to comply with staff to child ratios and all children must be booked in prior to the session via phone or email to ensure there is adequate staff to care for the children.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Staff to complete

I \_\_\_\_\_ position \_\_\_\_\_ have sighted and processed all relevant health and medical forms.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

## Permanent Bookings

Families can nominate permanent days for their child/ren to attend the program. OHSC staff will have an attendance sheet listing the children who are permanently booked for each day. Each child is to be signed in by the parent or guardian for BEFORE SCHOOL CARE and by OSHC staff for AFTERCARE. When children are collected from AFTERCARE, they must be signed out by a person authorised to collect the child.

Before School Care bookings must be cancelled before 6:15pm before the day of care.

After School Care bookings must be cancelled before 9:15am on the day of care

**Failure to cancel prior to these times will result in your standard fee being charged.**

Please tick the appropriate box

### BEFORE SCHOOL CARE

	Monday	Tuesday	Wednesday	Thursday	Friday
6:45am – 9:15am					

### AFTER SCHOOL CARE

	Monday	Tuesday	Wednesday	Thursday	Friday
2:45 pm - 6:15pm					

Would you like this permanent booking for: (please tick all the terms you would like the booking for)

Term 1

Term 3

Term 2

Term 4

## Casual Bookings

Permanent bookings have the priority of places. Casual bookings can be made in person with OSHC staff, over the telephone or answering service, writing a message in the bookings book at OSHC, via email or text or by filling out a form. If we are booked out, we will let you know.

Please tick if you would like to use the services casually

## Your feedback/comments/suggestions
