



**LARRAKEYAH OUTSIDE SCHOOL
HOURS CARE PROGRAM**

ENROLMENT FORM

Date form received by Director

Family Name:

Name of Child	DOB	Gender	Child's Address	CRN Number	Class/ Grade
		M / F			
		M / F			
		M / F			
		M / F			

**Please note that Guardian 1 must be the CRN and account holder for the Enrolled child/children
Compulsory details are marked with * and MUST be completed**

Parent / Guardian Contact Details

*Parent/Guardian 1 Name: _____	*Parent/Guardian 2 Name: _____
*Parent/Guardian 1 Place of Work/ Occupation: _____	*Parent/Guardian 2 Place of Work/ Occupation: _____
*Parent/Guardian 1 *Contact Numbers *Home: _____ *Work: _____ *Mobile: _____	Parent/Guardian 2 *Contact Numbers *Home: _____ *Work: _____ *Mobile: _____
*Parent/Guardian 1 Date of Birth: _____	Parent/Guardian 2 Date of Birth: _____
*Parent/Guardian 1 CRN Number: _____	Parent/Guardian 2 CRN Number: _____
*Parent/Guardian 1 Email Address: _____	*Parent/Guardian 2 Email Address: _____
*Parent/Guardian 1 Address: _____ _____	*Parent/Guardian 2 Address: _____ _____

Emergency Contacts and Authorised Persons to collect child/ren other than Parents/Guardians

Contact 1

Name:	Relationship to:
Address:	
Phone:	Mobile
Do you consent to the above person to Drop off or Collect you child/ren on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact 2

Name:	Relationship to :
Address	
Phone:	
Do you consent to the above person to Drop off or Collect you child/ren on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact 3

Name:	Relationship to:
Address:	
Phone:	Mobile:
Do you consent to the above person to Drop off or Collect you child/ren on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Custody

Details of Parental Custody/Court Orders:

A Certified copy of the Custody Orders are required please attach a copy for our records.
Documentation Attached Yes No

Children's Likes and Dislikes

Declaration and Emergency Medical Treatment Consent

Childs Name; _____

Date of Birth: _____

I..... (Print full name)

A person of lawful authority of the child referred to in this enrolment form,

- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- Consent to the staff of the children’s service seeking, or where appropriate, administering, such emergency medical, hospital, dental or ambulance services, or treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children’s service,
- Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the childcare premises under the direction and supervision of staff,
- Declare that the information in this enrolment is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
- Will refer to the Service Policy Documentation for further information.

Name

Signature

Date

Name Authorised Service

Authorised Service Signature

Date

Parents

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.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given legal authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 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.

Background Information

Language spoken at Home:

Family Religion:

Background Information

Are any of the Children you are enrolling of Aboriginal or Torres Strait Island background? (Please circle yes or no)

Child 1 Yes / No **Child 2** Yes / No **Child 3** Yes / No **Child 4** Yes / No **Child 5** Yes / No

Are any of the Children you are enrolling of Non English Speaking background? (Please circle yes or no)

Child 1 Yes / No **Child 2** Yes / No **Child 3** Yes / No **Child 4** Yes / No **Child 5** Yes / No

Specify Language: _____

Are there any cultural issues that you would like the service staff to be aware of ? Yes No

Does your child have any additional needs you would like to make the service aware of? Is there any further information you would like to make the service aware of ie: Food like dislikes or Cultural ?

Do you wish your child/children to complete homework whilst at the centre? Yes / No

Does your child have any disabilities or special needs? Yes / No

If yes, please give details:

CHILDS HEALTH, MEDICAL & IMMUNISATION INFORMATION

Family Doctor:	Phone Number 1:
Address:	Phone Number 2:
Medicare Number:	Private Health Fund:

As the parent or a person authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek –

(i) Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and

(ii) Transportation of the child by an ambulance service. **Yes** **No**

Is your child currently undergoing any long term treatments or on any medications the staff should be aware of?

Please provide details of Allergies and provide copies of any medical management, anaphylaxis management plans as well as a risk minimisation plan- plans attached Yes No

Does your Child suffer from any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Asthma (attach plan if available) | <input type="checkbox"/> Other respiratory conditions |
| <input type="checkbox"/> Drug allergies | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Other allergies (including food) | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Anesthetic (local & general allergies) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Recent operation / injury |
| <input type="checkbox"/> Special Dietary requirements | <input type="checkbox"/> Other - please list |
| <input type="checkbox"/> Anaphylaxis (attach plan if available) | |

(If a food allergy please provide director a list of SAFE foods for your Child/ren)

IMMUNISATIONS

Has your child/ren received the relevant immunisations for their age? Yes No

If YES please provide ONE of the following -:

The Child History Statement from the Australian Childhood Immunisations Register
Copy of the Immunisation Record from the Child Health Record Book

Is there anything else that you think may help the staff at the service better care for and understand your child?

CONSENT FOR:

Please tick the corresponding boxes

- I give permission for my child/ren to watch G and / or PG (Please tick) movies/ videos and DVD's at the service or cinema.
- I give permission for my children to attend swimming excursion during OSHC Care. This is for children that are competent swimmers, please rate their ability
 - Beginner Intermediate Advanced
- I/We authorize all Larrakeyah OSHC staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. I/We give permission for Larrakeyah OSHC to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/children.
- I/we agree to keep my/our child/ren at home when they are suffering from a contagious or infectious illness.
- I/we agree to remove my/our child/ren from the program if she/he becomes suddenly ill.
- I/we understand that if, in the case of a sudden illness or an accident, the parent/guardian/emergency contact cannot be contacted, the Coordinator or any other responsible staff member, as agent for the parent, shall have discretionary power to seek immediate medical attention at my/our expense.
- I/we agree to notify a staff member of the program, if my/our child/ren is to be collected by another adult. Children will not be allowed to leave the program with adults unknown to staff without prior parent permission and Photo ID checked.
- I/we give permission for my/our child/ren to attend outings outside of the program grounds, providing parents have been notified prior to the outing taking place.
- I/we recognise the importance of notifying staff of the program if my/our child/ren will not be attending the program or will be arriving later than normal, prior to the commencement of the session.
- I/we recognise the importance of notifying staff of the program if I/we will be late in collecting my/our child/ren.
- I/we understand that if my child requires medication, then written permission from a parent accompanied by written instructions from a medical practitioner/pharmacist is required.
- I/We give permission for staff and students to observe and photograph my/our child/children to assist in developing activity programs and presenting within the service only.
- I/We give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
- I/We give permission for my/our child/children name and/or photograph to be used for promotional purposes and service displays.
- I/We give permission for LARRAKEYAH OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.
- I/We give permission for LARRAKEYAH OSHC staff to liaise with my/our child's/children's teacher when relevant to the well-being of my child/children
- I/We give permission for my child to go on short walking excursions. I give permission for my child to be transported by bus or staff member's private car for the excursions.
- I/We understand the program operates between 2:45pm and 5:45pm and that late fees apply should my child be at the service outside of these hours.

Signed: _____ **Name:** _____ **Date:** / /

CONDITIONS OF YOUR CHILDCARE PLACEMENT:

I/We agree to pay all childcare fees incurred, one week in advanced at all times. If fees are more than three weeks outstanding your child/ren place will be put on hold until debts are paid.

I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular linking my/our child/children to the service, providing my/our date of birth and providing family and child Customer Reference Numbers.

I/We understand that it is necessary to personally sign children out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/children, I/we agree to notify the Coordinator in advance and in writing to this effect.

I/We agree to inform the Larrakeyah OSHC of any absence of my child/children as soon as possible.

I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.

I/We agree to supply Larrakeyah OSHC/Vacation Care with all relevant documents relating to my child's immunization Schedule

I/We agree to keep my/our child/children from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC).

I/We accept that the Larrakeyah OSHC will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".

I/We agree to notify the Larrakeyah OSHC of any change to information provided on the enrolment form.

I/We agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees

Signed: _____ **Name:** _____ **Date:** / /

PRIORITY OF ACCESS

All Outside School Hours Care centres are required to follow the Priority of Access guidelines of the Federal Government which are stated below:

Priorities

- First Priority: a child at risk of serious abuse or neglect
- Second Priority: a child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- Third Priority: any other child.

Within these main categories priority should also be given to the following children:

- children in Aboriginal and Torres Strait Islander families
- children in families which include a disabled person
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold of \$41,902 for 2013-2014, or who or whose partner are on income support
- children in families from a non-English speaking background
- children in socially isolated families
- children of single parents.

A child care service may require a Priority 3 child to vacate a place to make room for a child with a higher priority. They can only do so if you:

- are notified when your child first entered care that your service follows this policy
- are given at least 14 day's notice of the need for your child to vacate.

Outside School Hours Care

Outside School Hours Care is primarily for school children. A service may ask a child not yet in school to leave care if a child who is in school applies for a place.

For further information please go to:-

<http://education.gov.au/priority-allocating-places#priorities>

CHILD CARE BENIFITS

Child Care Benefit (Do you have other children attending Long day Care. Please provide information below for correct CCB payments)

All details on this must be exactly the same information that is registered with Centrelink/Family Assistance Office.

Please note: Your family may be entitled to receive the 50% Child Care Tax Rebate on all Childcare usage (CCR) All you need to do is provide your Childcare Centre with Child's CRN number and date of birth and the enrolling parent/CCB claimant's CRN and date of birth. If unsure of your CRN details or if your family is eligible please contact Centrelink/Family Assistance Office on 136150.

To ensure you are receiving the correct amount of CCB you must advise the centre if you have child/ren attending elsewhere. e.g. Long Day-care or other approved childcare facilities.

Elsewhere child 1 Name of Childcare Centre: _____

Elsewhere child 2 Name of Childcare Centre: _____

Please indicate the days you wish for your child/ren to attend the program

Name	Monday	Tuesday	Wednesday	Thursday	Friday

Larrakeyah Primary School OSHC and Vacation Care programs are very popular and we have limited placements for each program.

The Director will contact you as soon as she receives your application to discuss availability.

Parent/Guardian Signature: _____ Date: ____/____/____

Service Director's Signature: _____ Date: ____/____/____