



AFTERSCHOOL CARE ENROLMENT FORM

DATE RECEIVED BY SERVICE: ____/____/____
DATE OF CARE TO BEGIN: ____/____/____

Family Name:

Name of Child (Preferred Name)	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 attached children

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 Work Telephone No:	Parent/Guardian 2 Work Telephone No:
Parent/Guardian 1 Home Telephone No:	Parent/Guardian 2 Home Telephone No:
Parent/Guardian 1 Mobile Number:	Parent/Guardian 2 Mobile Number:
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 Home Address:	Parent/Guardian 2 Home Address:
Parent/Guardian 1 Address: _____ _____	Parent/Guardian 2 Address: _____ _____

Background Information

Language spoken at Home:
Family Religion:
Are there any cultural issues that you would like the service staff to be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Background Information</p> <p>Are any of the Children you are enrolling of Aboriginal or Torres Strait Island background? (Please circle yes or no)</p> <p>Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No</p> <p>Are any of the Children you are enrolling of Non English Speaking background? (Please circle yes or no)</p> <p>Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No</p> <p>Specify Language: _____</p>
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?

<u>Custody</u>
<p>Details of Parental Custody/Court Orders:</p> <p><u>A Certified copy of the Custody Orders are required please attach a copy for our records.</u></p> <p>Documentation Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<u>Emergency Contacts and Authorised Persons to collect child/ren other than Parents/Guardians</u>	
Contact 1	
Name:	Relationship to:
Address:	
Phone:	Mobile
Contact 2	
Name:	Relationship to :
Address	
Phone:	
Contact 3	
Name:	Relationship to:
Address:	
Phone:	Mobile:

Medical

Family Doctor:

Phone Number 1:

Address:

Phone Number 2:

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

Does your Child Have Asthma? **YES** **NO**

If yes please provide an asthma plan for your child and their medication

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

Does your Child suffer any Allergies? **YES** **NO**

Please provide details-

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

Children's Likes and Dislikes

CONSENT FOR:

- 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 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 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 fees apply should my child be at the service outside of these hours.

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

Please sign to give your child permission to attend swimming activities with Larrakeyah OSHC/Vacation Care

Signed: _____ Date: ___/___/___

Please describe to us your child's swimming ability.

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 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 fee

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:

First: A child at risk of serious abuse or neglect.

Second: A child of a single parent or of parents who both satisfy the work, training, study test under section 14 of the Family Assistance Act 1999

Third: Any other child

CHILD CARE BENEFITS

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: _____

DAYS REQUIRED

<u>Please Indicate which days your child/ren will require care</u>				
Day	Child:	Child:	Child:	Child:
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 he receives your application to discuss availability.

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

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