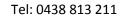


LARRAKEYAH OSHC - AFTER SCHOOL CARE ENROLMENT FORM 2019

DATE OF CARE TO BEGIN//			DATE RECEIVED BY SERVICE//			
CHILD'S DETAILS						
CHILD ONE						
Surname:			First name:			
DOB:	Gender:		Class/y	year:		
Address:		CRN:				
Aboriginal or Torres Strait Islander		Cultural background:				
□yes□ no		Language spoken at home:				
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: \Box yes \Box no						
CHILD TWO						
Surname:		First name:				
DOB:	Gender:		Class/y	year:		
Address:		CRN:				
Aboriginal or Torres Strait Islande	r	Cultural background:				
□yes □ no		Language spoken at home:				
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: \Box yes \Box no						
	CHILD	THREE				
Surname:		First name:				
DOB:	Gender:		Class/year:			
Address:		CRN:				
Aboriginal or Torres Strait Islander		Cultural background:				
□yes □ no		Language spoken at home:				
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: \Box yes \Box no						
LIKES/DISLIKES						
CHILD 1	CHILD 2			CHILD 3		



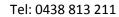


COURT ORDERS						
Are any of the children you are enrolling involved in a court order?						
Child 1: ☐ yes ☐] no	Child 2: ☐ yes ☐	l no	no CHILD 3: □ YES □ NO		
If so, please supp	oly a copy/details f	or a records: 🛚 a	ttached \square not at	tached		
		PARENT/GUARDIA	AN INFORMATION	I		
PARENT/G	iUARDIAN 1 (pare	nt who is listed wi	th Centrelink to r	eceive the child c	are subsidy)	
Surname:			First name:			
DOB:		Gender:		CRN:		
Address:			Relationship to	child:		
Phone - home:	Phone - home: Mobile:		Work:			
Email address:			Occupation:			
Cultural backgrou	und:					
		PARENT/G	UARDIAN 2			
Surname:			First name:			
DOB:		Gender:		CRN:		
Address:	ddress:		Relationship to child:			
Phone - home:		Mobile:	1	Work:		
Email address:		Occupation:				
Cultural background:						
		DAYS N	NEEDED			
		PERMANENT D	AYS (please tick)			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
CHILD 1						
CHILD 2						
CHILD 3						
OR \square CASUAL DAYS (please speak to the director if you would like casual days)						
The director will contact you in regards to days needed as some days could be full. If full, you will be placed on a waiting list.						
FEES: \$98.00 per week 4 or 5 days or \$35 per day 1-3 days						



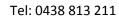


MEDICAL INFORMATION				
Family doctor:				
Contact number:				
Address:				
Are the children you are enrolling currently immunised?				
Child 1: \square yes \square no Child 2: \square yes \square no	Child 3: □ yes □ no			
Does your child have asthma?				
Child 1: \square yes \square no Child 2: \square yes \square no	Child 3: \square yes \square no			
If yes, please provide us with an asthma action plan				
Has your child been diagnosed with any allergies or anaph	ylaxis?			
Child 1: \square yes \square no Child 2: \square yes \square no	Child 3: \square yes \square no			
If yes, please provide details and an anaphylaxis action pla	n			
Is there anything else that you think will help our staff bett	ter care for and understand your child?			
Child 1: \square yes \square no Child 2: \square yes \square no	Child 3: \square yes \square no			
If yes, please provide details				
EMERGENCY CONTACT/ AUT	HORISED NOMINEES			
Larrakeyah OSHC requires emergency contacts in the event that the family guardians cannot be reached. Authorisations can be added or removed at any time with written permission.				
Collection: This gives the person permission to collect you	,			
old.				
Excursion: This gives the person authority to permit an education and care premises.	ucator or allow another adult to take your chid			
Medical: This gives the person authority to consent to medical:	dical treatment for your children from a medical			
practitioner, hospital and/or ambulance service.	·			
CONTACT	1			
Name:	Relationship:			
Address:	Best contact number:			
Authorisation for: \square collection \square excursion \square medical				
CONTACT 2				
Name:	Relationship:			
Address:	Best contact number:			
Authorisation for: \square collection \square excursion \square medical				





CONTACT 3				
Name:	Relationship:			
Address:	Best contact number:			
Authorisation for: \square collection \square excursion \square medical				
PARENT/GUARDIAN	CONSENT			
MEDICAL CARE				
In case of medical emergency, I give permission to the OSF				
to my child/ren in the event of accident or illness and ensu	re that appropriate medical attention is			
provided.	Child 2: 🗆 was 🗆 ra			
Child 1: yes no Child 2: yes no	·			
I give permission for Larrakeyah OSHC to obtain at my owr in the case of an accident or emergency involving my child	- I			
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: ☐ yes ☐ no			
MOVIES	Cilia 3. 🗆 yes 🗀 iio			
I give permission for my child/ren to watch G or PG rated r	novies/videos that are deemed appropriate by			
staff at the service or cinema.	morres, videos tilat are decimed appropriate sy			
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: ☐ yes ☐ no			
PHOTOGRAPHS	·			
I give permission for staff to observe and photograph my c	hild/ren to assist in developing activity			
programs and presenting within the service only.				
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: ☐ yes ☐ no			
I give permission for my child/ren name and photograph to	be used for promotional purposes and service			
displays.				
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: □ yes □ no			
SUNSCREEN				
I give permission for staff to apply sunscreen to my child/re				
	Child 3: ☐ yes ☐ no			
TRAVEL CONSENT				
To travel by walking, where necessary on planned excursion	9			
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: ☐ yes ☐ no			
SWIMMING	when the COLIC Compatible to Compatible and the			
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: Child 1: \square yes \square no Child 2: \square yes \square no	Child 3: ☐ yes ☐ no			
Beginner □Intermediate □Beginner □Inter	•			
☐ Advanced ☐ Advance	_			
SEESAW APP	eu 🗀 Auvanceu			
Seesaw is an app used to communicate with families and keep them in the loop on the learning their child				
is doing at OSHC. Staff will post photos, videos and important information to the app about your child's				
day. For more information, go to https://web.seesaw.me/parents/				
I give consent for my child to use the seesaw app and for s	taff to post photos and videos to the app.			
Child 1: ☐ yes ☐ no Child 2: ☐ yes ☐ no	Child 3: ☐ yes ☐ no			





Parent/Guardian Name:

Larrakeyah.oshc@ntshcools.net

Date:

CONDITIONS OF YOUR CHILD CARE PLACEMENT

I agree to pay all childcare fees incurred, two weeks 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 understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled, in particular linking my/our child/children to the service on my gov, providing my/our date of birth and providing family and child Customer Reference Numbers (CRN).

I 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 agree to notify the Coordinator in advance and in writing to this effect.

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

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

I agree to keep my child/ren 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 accept that the Larrakeyah OSHC will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".

I agree to notify the Larrakeyah OSHC of any change to information provided on the enrolment form. I agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees.

I understand we operate between 2:45PM and 5:45PM and that fees apply should my child be at the service outside these hours.

The director will be in contact to confirm your enrolment.			
Parent/Guardian's Signature:	Date:	_	
Director's Signature:	Date:		

Signature: