



LARRAKEYAH OSHC – VACTION CARE ENROLMENT FORM 2019

DATE OF CARE TO BEGIN ___/___/___		DATE RECEIVED BY SERVICE ___/___/___	
CHILD'S DETAILS			
CHILD ONE			
Surname:		First name:	
DOB:	Gender:	Class/year:	
Address:		CRN:	
Aboriginal or Torres Strait Islander <input type="checkbox"/> yes <input type="checkbox"/> no		Cultural background: Language spoken at home:	
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: <input type="checkbox"/> yes <input type="checkbox"/> no			
CHILD TWO			
Surname:		First name:	
DOB:	Gender:	Class/year:	
Address:		CRN:	
Aboriginal or Torres Strait Islander <input type="checkbox"/> yes <input type="checkbox"/> no		Cultural background: Language spoken at home:	
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: <input type="checkbox"/> yes <input type="checkbox"/> no			
CHILD THREE			
Surname:		First name:	
DOB:	Gender:	Class/year:	
Address:		CRN:	
Aboriginal or Torres Strait Islander <input type="checkbox"/> yes <input type="checkbox"/> no		Cultural background: Language spoken at home:	
Any special cultural, religious, dietary requirements or additional needs you would like the service to be aware of: <input type="checkbox"/> yes <input type="checkbox"/> 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: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	CHILD 3: <input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please supply a copy/details for a records: <input type="checkbox"/> attached <input type="checkbox"/> not attached		

PARENT/GUARDIAN INFORMATION		
PARENT/GUARDIAN 1 (parent who is listed with Centrelink to receive the child care subsidy)		
Surname:	First name:	
DOB:	Gender:	CRN:
Address:	Relationship to child:	
Phone - home:	Mobile:	Work:
Email address:	Occupation:	
Cultural background:		
PARENT/GUARDIAN 2		
Surname:	First name:	
DOB:	Gender:	CRN:
Address:	Relationship to child:	
Phone - home:	Mobile:	Work:
Email address:	Occupation:	
Cultural background:		

DAYS NEEDED					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHILD 1					
CHILD 2					
CHILD 3					
PLEASE COMPLETE A BOOKING FORM TO FINALISE DAYS NEEDED. THE DIRECTOR WILL PASS THIS ONTO YOU ONCE THE FORM IS COMPLETED.					
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: \$250.00 per week 4 or 5 days or \$75 per day 1-3 days					



MEDICAL INFORMATION		
Family doctor:		
Contact number:		
Address:		
Are the children you are enrolling currently immunised?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have asthma?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide us with an asthma action plan		
Has your child been diagnosed with any allergies or anaphylaxis?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details and an anaphylaxis action plan		
Is there anything else that you think will help our staff better care for and understand your child?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details		

EMERGENCY CONTACT/ AUTHORISED 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 your child from care. They must be over 18 years old.	
Excursion: This gives the person authority to permit an educator or allow another adult to take your child outside the education and care premises.	
Medical: This gives the person authority to consent to medical treatment for your children from a medical practitioner, hospital and/or ambulance service.	
CONTACT 1	
Name:	Relationship:
Address:	Best contact number:
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> excursion <input type="checkbox"/> medical	
CONTACT 2	
Name:	Relationship:
Address:	Best contact number:
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> excursion <input type="checkbox"/> medical	

CONTACT 3

Name:	Relationship:
Address:	Best contact number:
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> excursion <input type="checkbox"/> medical	

PARENT/GUARDIAN CONSENT

MEDICAL CARE

In case of medical emergency, I give permission to the OSHC staff to provide required first aid and further to my child/ren in the event of accident or illness and ensure that appropriate medical attention is provided.

Child 1: yes no Child 2: yes no Child 3: yes no

I give permission for Larrakeyah OSHC to obtain at my own cost medical, hospital and ambulance services in the case of an accident or emergency involving my child/ren.

Child 1: yes no Child 2: yes no Child 3: yes no

MOVIES

I give permission for my child/ren to watch G or PG rated movies/videos that are deemed appropriate by staff at the service or cinema.

Child 1: yes no Child 2: yes no Child 3: yes no

PHOTOGRAPHS

I give permission for staff to observe and photograph my child/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/ren prior to outdoor play.

Child 1: yes no Child 2: yes no Child 3: yes no

TRAVEL CONSENT

To travel by walking, where necessary on planned excursions.

Child 1: yes no Child 2: yes no Child 3: yes no

SWIMMING

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: yes no Child 2: yes no Child 3: yes no
 Beginner Intermediate Beginner Intermediate Beginner Intermediate
 Advanced Advanced Advanced

SEESAW APP

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 staff to post photos and videos to the app.

Child 1: yes no Child 2: yes no Child 3: yes no



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 8AM and 5:30PM and that fees apply should my child be at the service outside these hours.

Parent/Guardian Name: _____ Signature: _____ Date: _____

The director will be in contact to confirm your enrolment.

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____