



## Enrolment Form - 2017

Child/ren's Full Name	Date of Birth	Gender	Grade	Centrelink CRN
1)	/ /	M / F		
2)	/ /	M / F		
3)	/ /	M / F		
4)	/ /	M / F		

Do you have any other children regularly attending another child care service? Y / N    If **YES**, how many? \_\_\_\_\_

Is your child/ren of Aboriginal (A) and/or Torres Strait Islander (T) Origin? Y / N    A  T  Both A/T

Child/ren's Address				
Street				
Suburb		State		Postcode

Parent/Guardian 1			Parent/Guardian 2		
Name			Name		
Address	(If different from child/ren)		Address	(If different from child/ren)	
Relationship to Child/ren			Relationship to Child/ren		
Date of Birth	Gender:	M / F	Date of Birth	Gender:	M / F
Mobile No			Mobile No		
Home Ph No			Home Ph No		
Work Ph No			Work Ph No		
Occupation			Occupation		
Work Details	Company Name		Work Details	Company Name	
	Company Address			Company Address	

Authorised to consent to Medical Treatment? Y / N    Authorised to consent to Medical Treatment? Y / N

Parent/Guardian's name for Centrelink connection plus Customer Reference Number (CRN).	Name	CRN
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A nominated **email** address to receive accounts, service news and other important information.

Is a parent/guardian diagnosed with a disability? Y / N

Please indicate parent/guardian's name and disability.

Are there any family custody/court orders in place? Y / N    If **YES**, are they attached? Y / N

**Bookings are accepted under the Government Guidelines of "Priority of Access".**  
Please note – Permanent bookings will be accepted before casual bookings. A waiting list may occur.

### Authorised Persons to collect Child/ren other than Primary Parent/Guardian

Please note this person must have photo ID to pick up your child

Name		Name	
Address		Address	
Relationship to Child/ren		Relationship to Child/ren	
Mobile No		Mobile No	
Home Ph No		Home Ph No	
Emergency Contact	Y / N	Call Order (After Guardians)	e.g. 3rd
Emergency Contact	Y / N	Call Order (After Guardians)	e.g. 4th
Authorised to consent to Medical Treatment	Y / N	Authorised to give permission for an excursion	Y / N
Authorised to consent to Medical Treatment	Y / N	Authorised to give permission for an excursion	Y / N

  

Name		Name	
Address		Address	
Relationship to Child/ren		Relationship to Child/ren	
Mobile No		Mobile No	
Home Ph No		Home Ph No	
Emergency Contact	Y / N	Call Order (After Guardians)	e.g. 5 <sup>th</sup>
Emergency Contact	Y / N	Call Order (After Guardians)	e.g. 6 <sup>th</sup>
Authorised to consent to Medical Treatment	Y / N	Authorised to give permission for an excursion	Y / N
Authorised to consent to Medical Treatment	Y / N	Authorised to give permission for an excursion	Y / N

### Medical Details

Doctor's Name	Phone				
Doctor's Address					
Dentist's Name	Phone				
Dentist's Address					
Medicare No	Child's No on Card	Child 1	Child 2	Child 3	Child 4
Private Health Membership No	Private Health Fund Name				
Is your child/ren fully immunised? Y / N					
If <b>NO</b> , please tick which immunisations they have had?					
<input type="checkbox"/> Hepatitis B (HepB)		<input type="checkbox"/> Pneumococcal Conjugate (13vPCV)			
<input type="checkbox"/> Diphtheria-Tetanus-Acellular Pertussis (DTPa)		<input type="checkbox"/> Rotavirus			
<input type="checkbox"/> Haemophilus Influenzae Type B (Hib)		<input type="checkbox"/> Measles-Mumps-Rubella (MMR)			
<input type="checkbox"/> Inactivated Poliomyelitis (IPV)		<input type="checkbox"/> Meningococcal C (MenCCV)			
		<input type="checkbox"/> Varicella (Chickenpox)			
Has the Child/ren's health record been sighted by an authorised educator? Y / N					

<b>Additional Medical Information, Needs and Considerations</b>	
Please indicate if your child/ren has any special dietary needs:	
Please write child's name and suggest alternative foods to dairy, meat etc. if applicable:	
Please indicate if your child/ren has any allergies: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
Please write child's name and attach their medical plan:	
Please indicate if your child/ren has asthma: Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>	
Please write child's name and attach their asthma management plan:	
Please indicate if your child/ren has any medical condition/s or regular medication requirements:	
Please write child's name and note updated documentation from a doctor. Additional administration forms may be required.	
Please indicate if your child/ren has a diagnosed disability:	
Please write child's name and give details of the disability plus any assistance/needs/considerations the staff may need to apply:	
Please indicate if your child/ren has any behavioural, emotional, physical or other needs/considerations:	
Please write child's name and indicate their needs or considerations and how staff can assist:	
Please indicate if your child/ren has any cultural or religious requirements:	
Please write child's name and indicate any special events they celebrate or activities you prefer they did not participate in:	
Is English your child/ren's first language? Y / N If <b>NO</b> , please complete the box below:	
Please write child's name and indicate any other languages spoken plus the level of English spoken:	
What is the language spoken in the child's family home?	Please indicate:

<b>Permissions</b>	
I give permission for my child/ren's photograph to be used for display purposes at the service or included in newsletters etc. (These will not be made available outside the school and OSHC community unless a separate photo permission form is signed by a parent/guardian).	Y / N
I give permission for the staff of Sherwood Outside School Hours Care to obtain information from the school administration office/teacher in case of emergency, absences or to gain relevant information concerning my child/ren's wellbeing.	Y / N
I give permission for the staff of Sherwood Outside school Hours Care to observe or evaluate my child's participation in the program for developmental purposes and to plan activities.	Y / N
I give permission for sunscreen to be given to my child or applied by staff (if needed) as per Sun Safety Policy. <i>Children cannot participate in outdoor play without sun protection.</i>	Y / N
All children from year 1 will depart at 8:40am in the morning to go to their classrooms. Preps will be escorted by a staff member at 8:45am. Please indicate if you would prefer your child/ren (not in prep) to leave before school care at a different time to 8:40am.	Yes: Time

- In case of an accident/emergency, I give authorisation for Sherwood Outside School Hours Care to seek (at the parent/guardian's cost) any emergency, medical, hospital or ambulance services that may be required.
- I give consent for any personal and health information to be given and used to assist in the care of my child according to the services Information Handling (Privacy and Confidentiality) Policy (10.8).
- I agree to keep my child/ren from attending Sherwood Outside School Hours Care if they are experiencing an infectious disease recognised by the National Health and Medical Research Council and realise that my child/ren may be excluded by the Nominated Supervisor/Responsible Person in Charge at the service for the minimum period recommended by the NHMRC.
- I give consent for staff to administer appropriate first aid as required to my child/ren.
- I will inform Sherwood Outside School Hours Care of any changes to my child/ren's details or information.
- I will inform the service of any custody/court orders involving my child/ren and provide copies of this legal documentation. However, I do understand that service staff cannot enforce such orders by law.
- I will inform Sherwood Outside School Hours Care in writing if any other person not already authorised to collect my child/ren is required to do so and will ensure that person brings photo ID with them.
- I agree to inform Sherwood Outside School Hours Care of any absences that may occur concerning my child/ren and realise that the required notice must be given or a fee will still be charged.
- I accept that additional fees e.g. enrolment fees, incursion/excursion costs etc. may be added to the scheduled fees and I am also responsible for any of these costs which may be incurred.
- I understand that all fees must be paid upfront per term or by direct debit/credit card arrangement on a fortnightly basis unless authorised by the Coordinator and an alternative agreement arranged.
- I understand that I must provide all information necessary for Centrelink connection to receive Child Care Benefit (CCB) and/or Child Care Rebate (CCR). I also realise it is my responsibility to link my child/ren to the service through Centrelink and ensure that mine and my child/ren's dates of birth and customer reference numbers are provided to Sherwood Outside School Hours Care. If this information is not provided, I understand that I will be responsible for the full rate of fees and will not receive government support.
- I have read the Sherwood Outside School Hours Care Family Handbook and I agree to abide by the policies and procedures of the service.

Parent/Guardian's Confirmation:

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Account Name: _____	DOB's and CRN's completed <input type="checkbox"/>
Enrolment Fee Paid: <input type="checkbox"/>	Personal Details <input type="checkbox"/>
Ezidebit Details Returned: <input type="checkbox"/> F/N-A F/N-B Upfront	Medical Information, Needs and Considerations <input type="checkbox"/>
Date received: / /	Permissions <input type="checkbox"/>
Date entered: / /	Photos <input type="checkbox"/>
Details entered by: _____	Sunscreen <input type="checkbox"/>