



## Enrolment Form - 2019

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

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			
Authorised to give permission for an Excursion? Y / N				Authorised to give permission for an Excursion? Y / N			
Parent/Guardian's name for Centrelink connection plus Customer Reference Number (CRN).				Name	CRN		

**Email** addresses 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 – At least one authorised person needs to be listed

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 **NO**, please tick which immunisations they have had?

- |  |  |
|--|--|
| <input type="checkbox"/> Hepatitis B (HepB)                            | <input type="checkbox"/> Pneumococcal Conjugate (13vPCV) |
| <input type="checkbox"/> Diphtheria-Tetanus-Whooping Cough (Pertussis) | <input type="checkbox"/> Rotavirus                       |
| <input type="checkbox"/> Hib (Haemophilus Influenzae Type B)           | <input type="checkbox"/> Measles-Mumps-Rubella (MMR)     |
| <input type="checkbox"/> Polio (Inactivated Poliomyelitis)             | <input type="checkbox"/> Meningococcal ACWY              |
|  | <input type="checkbox"/> Chickenpox (Varicella)          |

**Office use only** - 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 will need to be completed.	
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 your child/ren's cultural background. You may also wish to list the family's cultural background:	
Please write child's name and indicate their cultural background.	
Please indicate if your child/ren has any cultural or religious requirements that we can assist with:	
Please write child's name and indicate any special events they may celebrate or activities you would 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 language/s is spoken in the child's family home?	Language/s spoken:

<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 State School OSHC 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 State School OSHC 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 earlier. Children may not leave prior to 8:30am unless they attend an extra-curricular activity or need to be at school earlier due to an organised event.	8:30am Departure Name Signature

- In case of illness/accident/emergency, I give authorisation for Sherwood State School OSHC 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 State School OSHC 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 State School OSHC 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 may not be able to enforce these orders.
- I will inform Sherwood State School OSHC 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 State School OSHC of any absences that may occur concerning my child/ren and realise that the required notice must be given or a non-contact fee will 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 by direct debit/credit card arrangement on a fortnightly basis unless authorised by the Coordinator and/or an alternative agreement arranged.
- I understand that I must provide all information necessary for Centrelink connection to receive Child Care Subsidy (CCS). 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 State School OSHC. If this information is not provided or I am not eligible for Child Care Subsidy, I understand that I will be responsible for the full rate of fees without any government support.
- I have read the Sherwood State School OSHC 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: \_\_\_\_\_  
 Enrolment Fee Paid:   
 Debitsuccess Details Returned:  F/N-A F/N-B Term  
 Date received:        /        /  
 Date entered:         /         /  
 Details entered by: \_\_\_\_\_

DOB's and CRN's completed   
 Personal Details   
 Medical Information, Needs and Considerations   
 Permissions   
 Photos   
 Sunscreen