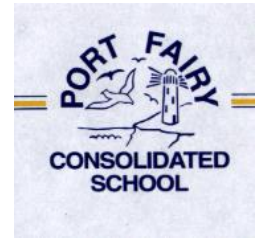


**OUT OF SCHOOL HOURS CARE  
2020 ENROLMENT FORM**



*The following information is confidential*

**Child Details**

Note: Your children will have their own individual CRN

	Child 1	Child 2	Child 3
CRN			
Child's full name			
Date of birth			
Child's class year			
Date started school			
Country of birth			
Home Language			
Ethnic Identity			
Aboriginal or Torres Island descent?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	F <input type="checkbox"/> M <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>	F <input type="checkbox"/> M <input type="checkbox"/>
Child resides with	Both parents Mother Father	Both parents Mother Father	Both parents Mother Father
Medicare Number			
Is your child's immunisation status up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, I have completed "the Agreement to Withdraw my Child"	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Medical Details**

<p><b>Does your child suffer from any medical condition that our educators need to be aware of?</b> If yes please provide details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Does your child have any allergies to medication or any food?</b> If yes please provide details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Dietary restrictions</b> If yes please provide details.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Please indicate any foods or brands of foods that you know are safe for your child.</b></p>			
<p><b>Asthma</b> If yes please provide a current action plan from child's doctor.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p><b>Anaphylaxis</b> Has your child been diagnosed at risk of Anaphylaxis? If yes please provide a current action plan and or a risk management plan from your child's doctor.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

**Court Orders**

Are there any court orders, parenting orders or parenting plans in relation to access to the child, the child's residence or the contact with a parent or other person. If yes please provide a copy of details.	<b>Yes</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>	<b>Yes</b> <input type="checkbox"/>
	<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

*It is a requirement of the regulations that if a child is subject to an access order or agreement, the service must be provided with a copy plus any subsequent alterations registered by the court. Evidence of court orders or agreements should be considered part of the enrolment in order to minimise the likelihood of distressing situations*

**Doctor's Information**

Doctor's name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Ambulance subscriber Yes  No

In the event of an accident, injury, trauma or illness,

I .....  
 give consent for the Nominated Supervisor or Educator to seek medical treatment in an emergency situation for my child/ren from a registered medical practitioner, hospital or ambulance service. I consent to my child/ren being transported by ambulance to hospital, if required. I agree to meet any medical and ambulance expenses incurred.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## SunSmart Policy

In line with the Sunsmart Policy it is required that all children have an appropriate hat to wear whilst in the OSHC Service during Terms One and Four. (This is to be provided by the parents.)

## Photographs of the children

I \_\_\_\_\_ Parent/Guardian give  
permission for my child/ren

\_\_\_\_\_  
\_\_\_\_\_

to have their photograph taken for the following purposes within the OSHC program to be used in the program display, in the School newsletter and as a recorded observation to assist with future planning during the 2020 period.

## Days required for attendance:

Before School Care:  M  T  W  Th  F

After School Care:  M  T  W  Th  F

## St. Patrick's Primary School Students

I hereby agree to complete an "Application for Bus Travel" enabling my child to use Warrnambool Buslines in the transfer from St.Patrick's Primary School to PFCS at 3.30pm (commencement of the After School Care session).

I hereby authorise Bev Holcombe (Coordinator) to escort my child/ren by walking them to the St. Patrick's Primary School in William Street, Port Fairy at 8.45am (conclusion of the Before School Care session).

I hereby accept full responsibility in these transfers between the schools.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

### Parent/Guardian Details

	Mother/Guardian	Father/Guardian
<b>CRN</b>		
<b>Which parent is the CRN linked to.</b> This parent will be claiming CCB		
<b>Parent/Guardian responsible for payment of account</b>		
<b>Date of Birth</b>		
<b>Name</b>		
	Mother/Guardian	Father/Guardian
<b>Address &amp; Postcode</b>		
<b>Home Phone Number</b>		
<b>Work Phone Number</b>		
<b>Mobile Number</b>		
<b>Email</b> so accounts can be emailed		
<b>Occupation</b>		
<b>Cultural Background/ Nationality</b>		
<b>Home language</b>		
<b>Aboriginal or Torres Strait Island descent?</b>		
<b>Medicare Number</b>		

**Authorised Nominee / Emergency Contacts:**

This person is authorised to carry out the following responsibilities for my child

	Authorised Nominee 1	Authorised Nominee 2
<b>Full Name</b>		
<b>Relationship to child</b>		
<b>Address</b>		
<b>Contact Number/s</b>		
<b>Authorise the collection of the child/ren from the Education and Care Service</b>		
<b>Authorise administration of medication</b>		
<b>Consent to medical treatment</b>		
<b>Should be notified in the case of an emergency in the absence of parents</b>		
<b>Authorise an Educator to take the child outside the Education and Care Premises.</b>		

	Authorised Nominee 3	Authorised Nominee 4
<b>Full Name</b>		
<b>Relationship to child</b>		
<b>Address</b>		
<b>Contact Number/s</b>		
<b>Authorise the collection of the child/ren from the Education and Care Service</b>		
<b>Authorise administration of medication</b>		
<b>Consent to medical treatment</b>		
<b>Should be notified in the case of an emergency in the absence of parents</b>		
<b>Authorise an Educator to take the child outside the Education and Care Premises.</b>		

***\* Please note that children are not permitted by law to be collected by anyone under the age of 18 years.***

**General Declaration**

I \_\_\_\_\_  
approve the enrolment and agree to abide by the rules and conditions of the Outside School Hours Care Program and meet any costs incurred

I also accept full responsibility for my child's belongings whilst attending this program. I undertake to inform the staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious and contagious disease. In the event that my child is injured or becomes ill during the program, either an authorized person or myself shall collect my child as soon as possible.

I understand that the enrolment details are private and confidential

I declare as the person with lawful authority of the child/ren referred in this enrolment form that the information provided is true and accurate and undertake to immediately inform the Service in the event of any change to this information.

Parents/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_