



# GIRRAWEEN OSHC ENROLMENT FORM

REQUEST DATE OF CARE TO BEGIN \_\_\_/\_\_\_/\_\_\_

DATE RECEIVED BY SERVICE \_\_\_/\_\_\_/\_\_\_

## CHILD DETAILS

We investigate and celebrate the meaning and practices from a wide range of different cultural, religious and important dates. Please communicate any elements you would like your child not to participate in so we can accommodate your wishes and values.

## CHILD INFORMATION

|                          |                 |   |  |
|--------------------------|-----------------|---|--|
| Last name:               |                 | First name/s:   |  |
| DOB:                     | Gender:         | CRN:  |  |
| Doctors details:         | Place of Birth: | Aboriginal or Torres Strait Islander<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Medicare No:             |                 |   |  |
| Address:                 |                 | Are there any court/parenting orders or a parenting plan?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>A copy must be provided prior to commencement of care. |  |
| Cultural background:     |                 | Any special considerations (eg. Cultural, religious, dietary or additional needs):  |  |
| Language spoken at home: |                 |   |  |
| Religion:                |                 |   |  |
| <b>LIKES</b>             |                 | <b>DISLIKES</b>   |  |
|                          |                 |   |  |

## CARE REQUEST

PERMANENT DAYS (please tick)

|     | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----|--------|---------|-----------|----------|--------|
| BSC |        |         |           |          |        |
| ASC |        |         |           |          |        |

CASUAL DAYS – Please tick casual if you are only requiring vacation care (Casual day bookings are dependent on current books and capacity limitations)

## MEDICAL INFORMATION

Any medication or medical management plans required must be in date and supplied while the child is in care.

|   |
|---|
| <p>Has your child been immunised?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please supply immunisation records if Girraween Primary School does not have a copy of your child/s records.</p>   |
| <p>Has your child had any allergic reactions or anaphylaxis? (e.g food, medicine, bees, nuts, face paint etc)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, details including an ASCIA plan from a general practitioner is required prior to commencement of care.</p> |
| <p>Any regular visits to specialist, conditions or behaviour difficulties?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details.</p>   |
| <p>Does your child have any medical conditions not listed above?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, details are required, a management and communication plan may need to be developed prior to commencing care.</p>  |
| <p>Is there anything else that you think will help our staff better care for and understand your child?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details.</p>  |

Parent/Guardian Initial: \_\_\_\_\_

I hereby give written consent to Girraween OSHC approved provider, nominated supervisor or an educator to seek appropriate medical, dental, ambulance or hospital treatment in the event that such action appears to be necessary because my child/ren have been injured, or are ill while in the care of Girraween OSHC. Note: Nothing in this clause limits the authority of a medical practitioner or dentist to carry out emergency medical or dental treatment on a child without the consent of the child's parent as per section 174 of the Act (CHILDREN AND YOUNG PERSONS (CARE AND PROTECTION) ACT 1998 - SEC 174)

Signed by the Parent/Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of Parent/Guardian signed above:

### PARENT/GUARDIAN CONSENT

#### MOVIES

I give permission for my child to watch G or PG rated movies/videos/games that are deemed appropriate by staff at the service or cinema.  Yes  No

#### PHOTOGRAPHS

I give permission for staff to observe and photograph my child to assist in developing activity programs, OSHC newsletters and presenting within the service only.  Yes  No

I give permission for my child's name and photograph to be used for promotional purposes and service displays including on social media.  Yes  No

#### SUNSCREEN

I give permission for staff to apply sunscreen to my child prior to outdoor play.  Yes  No

#### INSECT REPELLANT

I give permission for staff to apply insect repellent as required.  Yes  No

### 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 - Mobile: | Work:   | Home:                  |  |
| Email address:  |         | Occupation:            |  |

#### PARENT/GUARDIAN 2

|                 |         |                         |  |
|-----------------|---------|-------------------------|--|
| Surname:        |         | First name:             |  |
| DOB:            | Gender: | CRN:                    |  |
| Address:        |         | Relationship to child:  |  |
| Phone - Mobile: | Work:   | Home:                   |  |
| Email address:  |         | Work place and address: |  |

Parent/Guardian Initial: \_\_\_\_\_

## EMERGENCY CONTACT/ AUTHORISED PERSONS

Girraween OSHC requires a minimum of 2 emergency contacts/authorised persons (the below persons are to be different to parent/guardian contacts listed already in these forms).

Emergency contacts/authorised persons will be contacted in the event that the parent/guardians cannot be reached when required. Authorisations can be added or removed at any time in writing from parent/guardian.

**Collection:** This gives the person permission to collect your child from care. As per Girraween OSHC collection policy, please list persons over 18 years of age.

**Excursion:** This gives the person authority to permit Girraween OSHC management or employed educator, or allow another adult to pick up your child and/or take them outside the education and care premises.

**Medical:** This gives the person authority to consent to medical treatment or to authorise administration of medication for your child.

**Transportation:** This gives the person authority to permit Girraween OSHC management or employed educator to transport or arrange transportation of your child if required.

### ALTERNATIVE CONTACT 1

|          |                                     |
|----------|-------------------------------------|
| Name:    | Relationship:<br>(to child on form) |
| Address: | Best contact number/s:              |

Authorisation for:  Collection  Excursion  Medical  Transportation

### ALTERNATIVE CONTACT 2

|          |                                     |
|----------|-------------------------------------|
| Name:    | Relationship:<br>(to child on form) |
| Address: | Best contact number/s:              |

Authorisation for:  Collection  Excursion  Medical  Transportation

### ALTERNATIVE CONTACT 3

|          |                                     |
|----------|-------------------------------------|
| Name:    | Relationship:<br>(to child on form) |
| Address: | Best contact number/s:              |

Authorisation for:  Collection  Excursion  Medical  Transportation

Parent/Guardian Initial: \_\_\_\_\_

## 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, our account recovery process will begin including a payment plan and notice letters. If account continues to be in arrears for 60 days or more, a debt collector or bailiff may be engaged at the account holder's expense to recover unpaid fees. By signing this consent you are agreeing to our account recovery process.

I understand that it is my responsibility to be aware of all aspects of the Child Care Subsidy and ensure my requirements are fulfilled if I choose to receive CCS.

I understand that it is necessary to personally sign children in/out as required for booked care sessions. If any person apart from those listed on the enrolment form are to collect and sign out my/our child/children, their details and permission to collect will be communicated in writing to Girraween OSHC. Authorised people are required to sign your child in/out in writing or using the iPad system under their own names as this is a government requirement. In the event of terminating care for my child/ren, I agree to provide written notification to the service with two or more weeks advance notice (see parent handbook or fee policy for more information).

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

I agree to keep my child/ren from attending the Girraween OSHC should he/she be suffering from any infectious or contagious disease. I accept that Girraween OSHC will enforce the time periods for exclusion listed in "Staying Healthy in Childcare" and NTG "Time out" released by the Centre for Disease Control for medical issues, infectious or contagious disease.

I agree to notify the Girraween OSHC within 24 hours, in writing of any change to information provided on the enrolment form. This includes but is not limited to any contact information and medical information.

I understand Girraween OSHC will apply additional fees should my child be at the service outside of the listed operating hours (see parent handbook or policy booklet for more information). I agree care may be adjusted or ceased if my child is at the service outside of operating hours repeatedly.

### Standards of Behaviour

For the safety of all children who use OSHC, our service expects that all children will act in a safe manner. Whilst participating in OSHC services activities and excursions, our aim is to provide a relaxed and safe environment for children and their families and guide children's behaviour to be appropriate and safe to the children and staff. It is essential that the children attending OSHC do not cause the supervision of other children to be compromised by constant incidents of inappropriate behaviour. Refer to parent handbook or policy for more information.

If the child's inappropriate behaviour continues, then the parents and staff will need to identify, if possible, the cause of the inappropriate behaviour and plan strategies for improving it. If inappropriate behaviour continues, parents will be requested to remove the child from Girraween OSHC until the child is prepared to make a commitment to act in a safe manner and not compromise supervision and safety of all children.

Girraween OSHC holds all policies, procedures, health information, current rating and report in the demountable area (electronic links and documents are able to be sent/provided upon request).

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Director will be in contact to confirm your enrolment.

Parent/Guardian Initial: \_\_\_\_\_