



Enrolment



Ashmore P&C OSHC

Ph 0484 001 755

92-122 Currumburra Road, Ashmore, QLD, 4214

ABN: 74703347560

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

D.O.B: _____ MALE FEMALE INDETERMINATE, INTERSEX, UNSPECIFIED

PLACE OF BIRTH: _____

CHILD'S CENTRELINK REFERENCE NUMBER: _____

CULTURAL BACKGROUND: _____

Is the child of First Nations or Torres Strait Islander origin? NO YES

2. PARENT/GUARDIAN DETAILS

PARENT/ GUARDIAN 1 - ACCOUNT HOLDER (INDIVIDUAL CLAIMING CCS THROUGH CENTRELINK)

FULL NAME: _____ D.O.B: _____

ADDRESS: _____ POSTCODE: _____
(IF DIFFERENT TO CHILD)

GENDER: MALE FEMALE INDETERMINATE, INTERSEX, UNSPECIFIED

Centrelink Reference Number: _____ COUNTRY OF BIRTH: _____

PHONE: (M) _____ (WK) _____ (H) _____

EMAIL ADDRESS: _____ CHOSEN BILLING METHOD: Eftpos IPAY

DISABILITY/ADDITIONAL NEED: _____

WORKPLACE: _____ OCCUPATION: _____

CULTURAL BACKGROUND: _____

Are you of First Nations or Torres Strait Islander origin? NO YES

FAMILY STATUS: BOTH PARENTS AT HOME SHARED CUSTODY SOLE PARENT FOSTER FAMILY

The date of birth and Centrelink Reference Numbers for the account holder and the child are required for the purposes of linking for Child Care Subsidy (CCS) and eligible hours of care. Families MUST be assessed as eligible for Child Care Subsidy. Please contact the Family Assistance Office on 136 150 for further information. Families must also have an active My Gov account in order to receive information from both Family Assistance and Ashmore P&C OSHC.

ARE THERE ANY PARENTING COURT ORDERS, PARENT ORDERS OR PARENTING PLANS RELATING TO THE POWERS AND RESPONSIBILITIES OF THE PARENTS IN RELATION TO THE CHILD OR ACCESS TO THE CHILD? NO YES

ARE THERE ANY OTHER COURT ORDERS PROVIDED TO THE APPROVED PROVIDER RELATING TO THE CHILD'S RESIDENCE OR THE CHILD'S CONTACT WITH A PARENT OR OTHER PERSON? NO YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED? NO YES

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence Orders, Contact Order and Protection Orders. Copies will need to be supplied to Ashmore P&C OSHC upon enrolment.

PARENT/GUARDIAN 2:

FULL NAME: _____ D.O.B: _____

ADDRESS: _____ POSTCODE: _____
(IF DIFFERENT TO THE CHILD)

GENDER: MALE FEMALE INDETERMINATE, INTERSEX, UNSPECIFIED

Centrelink Reference Number: _____ COUNTRY OF BIRTH: _____

PHONE: (M) _____ (wk) _____ (H) _____

EMAIL ADDRESS: _____

DISABILITY/ADDITIONAL NEED: _____

WORKPLACE: _____ OCCUPATION: _____

CULTURAL BACKGROUND: _____

Are you of First Nations or Torres Strait Islander origin? NO YES

3. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the details of all persons, other than Parents/Guardians nominated in Section 2, who are authorised to collect your child from the service and can be contacted in an emergency.

All authorised nominees/emergency contacts mentioned below are the only persons that can collect your child/ren unless otherwise arranged. All authorised nominees/emergency contacts must be over the age of 16 years old. All authorised nominees/emergency contacts will be requested to provide appropriate identification when collecting your child/ren upon their first visit, and subsequently by an educators request.

Authorised Nominee/Emergency Contact One

Full Name:	This Person Is Authorised to Carry Out the Following Responsibilities for My Child <ul style="list-style-type: none"><input type="radio"/> Collect/Deliver your child to/from the service<input type="radio"/> Give permission to authorise an educator to take the child outside the education and care service premises<input type="radio"/> Consent to medical treatment for your child<input type="radio"/> Permit transportation of your child by an ambulance service<input type="radio"/> Give permission to authorise the education and care service to transport the child or arrange transportation of the child<input type="radio"/> Request/Permit medication to be given to your child<input type="radio"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child
Relationship To Child:	
Address:	
Mobile Phone:	
Home Phone:	

Authorised Nominee/Emergency Contact Two

Full Name:	This Person Is Authorised to Carry Out the Following Responsibilities for My Child <ul style="list-style-type: none"><input type="radio"/> Collect/Deliver your child to/from the service<input type="radio"/> Give permission to authorise an educator to take the child outside the education and care service premises<input type="radio"/> Consent to medical treatment for your child<input type="radio"/> Permit transportation of your child by an ambulance service<input type="radio"/> Give permission to authorise the education and care service to transport the child or arrange transportation of the child<input type="radio"/> Request/Permit medication to be given to your child<input type="radio"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child
Relationship To Child:	
Address:	
Mobile Phone:	
Home Phone:	

Authorised Nominee/Emergency Contact Three

Full Name:	<p align="center">This Person Is Authorised to Carry Out the Following Responsibilities for My Child</p> <ul style="list-style-type: none"> <input type="radio"/> Collect/Deliver your child to/from the service <input type="radio"/> Give permission to authorise an educator to take the child outside the education and care service premises <input type="radio"/> Consent to medical treatment for your child <input type="radio"/> Permit transportation of your child by an ambulance service <input type="radio"/> Give permission to authorise the education and care service to transport the child or arrange transportation of the child <input type="radio"/> Request/Permit medication to be given to your child <input type="radio"/> If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child
Relationship To Child:	
Address:	
Home Phone:	
Mobile Phone:	

4. MEDICAL PRACTITIONER DETAILS

Family Medicare Number: _____

Medical Centre Name: _____

Doctor Name: _____ Phone number: _____

Address: _____

Dentist Name: _____ Phone number: _____

Address: _____

Private Healthcare Provider and Membership Number: _____

Service provider has sighted a child health record for the child (immunisation record) No Yes

Immunisation records must be provided to Ashmore P&C OSHC within 90 days of care commencing. You can obtain this record from your GP or your MyGov account.

If your child's immunisation status is not up to date, your eligibility to receive Child Care Subsidy may be affected. You will need to provide the service with a medical exemption if your child/ren are not immunized.

Authorisation for the child to self-administer medication No Yes

Do you give consent for the approved provider, a nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital, or ambulance service No Yes

Do you give consent for the approved provider, a nominated supervisor or an educator to seek transportation of the child by an ambulance service? No Yes

5. HEALTH/MEDICAL DETAILS

Is your child diagnosed at risk of Anaphylaxis? NO YES

If yes, please provide details: _____

Have you provided the service with a medical management plan? NO YES

Does your child have asthma? NO YES

If yes, please provide details: (Please indicate severity) MILD SEVERE

If there are medical management plans, have they been provided? NO YES

Does your child have any allergies: eg. food, medication, animals, and or insects? NO Yes

Does your child have any special dietary requirements/restrictions? NO YES

Please provide details of any allergy management plans relating to your child. In conjunction with providing these plans you will also be required to complete a risk minimisation plan and a communication plan with Ashmore P&C OSHC.

Does your child have any problems with hearing, sight and or speech? NO YES

DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS, HAD ANY OPERATIONS, ILLNESSES AND OR DISABILITY? NO YES

Does your child take any regular medication? NO YES

If educators are required to administer medication, a separate medication authorisation form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with a medical practitioner's label on it, stating the child's name, dosage, time of administration and expiration date.

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? NO YES

6. ADDITIONAL INFORMATION

Are there any aspects of your child's cultural, ethnic, and or religious background that you would like us to be aware of? NO YES

ANY SPECIAL CONSIDERATIONS? FOR EXAMPLE CULTURAL, RELIGIOUS, OR ADDITIONAL NEEDS? NO YES

7. BEHAVIOUR INFORMATION

Does your child have a positive behaviour support plan? NO YES

Are there particular behaviours that educators should be aware of? NO YES

Are there identifiable triggers to the behaviour? NO YES

If applicable, please provide a copy of any Positive Behaviour Support plans relating to your child

8. BOOKING INFORMATION

Permanent bookings for new and existing enrolments last for a 12-month period. After this, a booking form will be released in week 9/10 of Term 4 of every calendar year through email. This form must be completed and returned immediately to secure a permanent place in our before and afternoon school care program. When ticking the boxes below, this is just an indicator of days you require, these days will not be booked in until the booking form is completed. Booking forms must be completed every 12 months. Days do not roll over into the next calendar year.

In addition to filling out a booking form, please also indicate which days you will require care for below.

Permanent Days: BSC MON TUES WED THURS FRI

Permanent Days: ASC MON TUES WED THURS FRI

Casual Care:

Shift Week/Fortnightly Days: (Please speak with an educator of the service about this box).

Vacation Care programs, information and booking forms are available at least 3 weeks before the vacation care period starts. The program has a mix of in-house activities, incursions, and excursion days. These forms must be complete each vacation care period. Days that you may have secured for before and afternoon school, do not roll over into vacation care. You must complete the forms sent out to secure days in our vacation care programs.

Bookings are essential and can be made by returning the booking forms and permission forms sent out with the vacation care programs. Cancellations for booked days must have 48 hours' notice via text or email, or the fee for that session will be charged.

Alternative care is not provided at the service on excursion days. Alternative care will be the parents' responsibility. If booked into the excursion, all children must attend the excursion and leave the service.



9. PERMISSION & AGREEMENT DETAILS

(Please tick the agreed boxes and initial beside each to signal your agreement)

- I give my consent to the information contained in this document being available to Ashmore P&C OSHC staff to work with my child at the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality policies and procedures and will only be shared as a way of improving the quality-of-service provision to my child.
- I agree to notify Ashmore P&C OSHC, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details, and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled ensuring eligibility for CCS, providing my/our date of birth and providing family and child Customer Reference Numbers. Full fees will remain in place until all details are correct with Family Assistance (Centrelink).
- I agree to inform Ashmore P&C OSHC of any absence of my child as soon as possible in writing via email or text, and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any incursions and excursions.
- I agree to pay for all fees (including incursion and excursion costs) of the days that my child attends the program. I understand that my account must remain one week in advance. I understand that 48 hours' notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain medical, hospital and ambulance service in the case of an accident or emergency involving my child, and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should they be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 50+ sunscreen prior to outdoor activities.
- I have completed an Ashmore P&C OSHC Publicity Authorisation Form
- I understand that should my child's behaviour be unable to be supported by OSHC staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, newsletters and/or account statements via email as listed below.
- I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Handbook.

PARENT/GUARDIAN 1- ACCOUNT HOLDER:

FULL NAME: _____

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN 2:

FULL NAME: _____

SIGNATURE: _____ DATE: _____



OFFICE USE ONLY

NAME OF EDUCATOR: _____ POSITION: _____

SIGNATURE: _____ DATE: _____

ASTHMA MANAGEMENT PLANS RECEIVED: DATE RECEIVED: _____

ANAPHYLAXIS MANAGEMENT PLANS RECEIVED: DATE RECEIVED: _____

COURTS ORDERS/PARENTING ORDERS/PARENTING PLANS DATE RECEIVED: _____