

Enrolment Form
Ashmore State School
P&C Association



Ashmore P&C OSHC

ABN: 74703347560
Currumburra Road, Ashmore QLD 4214

Enrolment Form

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

DOB: _____ MALE FEMALE DISABILITY/ADDITIONAL NEED: _____

PLACE OF BIRTH: _____ CHILD'S GRADE AND CLASS LETTER: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

CULTURAL BACKGROUND: _____

INDIGENOUS STATUS: _____

2. PARENT/GUARDIAN DETAILS

PARENT/ GUARDIAN 1 - ACCOUNT HOLDER

NAME: _____ DOB: _____

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

PLACE OF BIRTH: _____

Are you of Aboriginal or Torres Strait Islander descent? NO YES

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

EMAIL ADDRESS: _____

GENDER: MALE FEMALE PARENT 1 CRN: _____

DISABILITY/ADDITIONAL NEED: _____

WORKPLACE: _____ OCCUPATION: _____

CULTURAL BACKGROUND: _____

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

The date of birth and Centrelink reference numbers (CRN) for the account holder and each 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 13 61 50 for further information. Families must also have a active my gov account, in order to receive information from both Family Assistance and Ashmore P&C OSHC.

PARENT/GUARDIAN 2:

NAME: _____ DOB: _____

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

PLACE OF BIRTH: _____ PARENT 2 CRN: _____

Are you of Aboriginal or Torres Strait Islander descent? NO YES

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

EMAIL ADDRESS: _____

DISABILITY/ADDITIONAL NEED: _____

WORKPLACE: _____ OCCUPATION _____

CULTURAL BACKGROUND: _____

GENDER: MALE FEMALE

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

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD? 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 handed to an educator of the service upon enrolment.

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 any emergency situation.

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 procedure identification when collecting your child/ren upon their first visit and subsequently by educator request. Please tick which dot points that you are allowing these Authorised Nominees/Emergency Contacts to perform.

Authorised Nominee/Emergency Contact One

Full Name:	This person is authorised to carry out the following responsibilities for my child/ren. (Please tick the appropriate authorities). <ul style="list-style-type: none">○ Collect child/ren from the education and care service.○ Consent to medical treatment and authorised to administration of medication form.○ Authorise to sign Incident, Injury, Illness and Accident Forms and Register and be notified in the event of an emergency situation.○ Authorise an educator to take the child outside of the education and care services premises (E.G. Excursion).○ If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child.○ Permit transportation of your child by an ambulance service.
Relationship To Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Authorised Nominee/Emergency Contact Two

Full Name:	This person is authorised to carry out the following responsibilities for my child/ren. (Please tick the appropriate authorities). <ul style="list-style-type: none">○ Collect child/ren from the education and care service.○ Consent to medical treatment and authorised to administration of medication form.○ Authorise to sign Incident, Injury, Illness and Accident Forms and Register and be notified in the event of an emergency situation.○ Authorise an educator to take the child outside of the education and care services premises (E.G. Excursion).○ If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child.○ Permit transportation of your child by an ambulance service.
Relationship To Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile Phone:	

Authorised Nominee/Emergency Contact Three

Full Name:	This person is authorised to carry out the following responsibilities for my child/ren. (Please tick the appropriate authorities). <ul style="list-style-type: none">○ Collect child/ren from the education and care service.○ Consent to medical treatment and authorised to administration of medication form.○ Authorise to sign Incident, Injury, Illness and Accident Forms and Register and be notified in the event of an emergency situation.○ Authorise an educator to take the child outside of the education and care services premises (E.G. Excursion).○ If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child.○ Permit transportation of your child by an ambulance service.
Relationship To Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile Phone:	

4. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions? NO YES

If yes, please provide details: _____

Have medical management plans been provided: NO YES

Does your child require regular medication? NO YES

If educators will be required to administer medication, a separate medication authority 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 expiry date.

Does your child have any allergies or food intolerances? NO YES
(If yes, please provide details below)

Are these allergies or food intolerances: (Please tick a box) MILD SEVERE ANAPHYLAXIS

Does your child have any specific/cultural dietary requirements? 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 the Director.

Does your child experience asthma? NO YES (If yes, indicate severity) MILD SEVERE

Have medical management plans been provided: 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 the Director.

Is your child's immunisation status up to date?

Hepatitis B	<input type="checkbox"/> NO <input type="checkbox"/> YES	Hib	<input type="checkbox"/> NO <input type="checkbox"/> YES
Measles/Mumps/Rubella	<input type="checkbox"/> NO <input type="checkbox"/> YES	Pneumococcal	<input type="checkbox"/> NO <input type="checkbox"/> YES
Whooping Cough	<input type="checkbox"/> NO <input type="checkbox"/> YES	Rotavirus	<input type="checkbox"/> NO <input type="checkbox"/> YES
Diphtheria, tetanus and pertussis	<input type="checkbox"/> NO <input type="checkbox"/> YES	Meningococcal C	<input type="checkbox"/> NO <input type="checkbox"/> YES
Polio	<input type="checkbox"/> NO <input type="checkbox"/> YES	Varicella	<input type="checkbox"/> NO <input type="checkbox"/> YES

IMMUNISATION RECORDS SIGHTED: YES NO

If your child's immunization status is not up to date, your eligibility to receive Child Care Subsidy maybe affected. You will need to provide the service with a medical exemption if your child/ren are not immunized. This must be present to the Director or Assistant Director before care can commence. A copy of the child's immunization record must be attached to this enrolment form. You can obtain this record from your GP or your MyGov account

5. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: _____

Surgery/Practice Name: _____

Address: _____

Phone number: _____

Doctor 2 Name: _____ Surgery/Practice Name: _____

Address: _____

Phone number: _____

Family Medicare No: _____

Private Healthcare Provider and Membership No: _____

Authorisation for _____ to self-administer medication.

Do you give consent for the service to seek transportation of _____ name by an ambulance service.

Do you give consent for the service to seek medical treatment for _____ from a registered medical practitioner, hospital or ambulance service.

6. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs? NO YES _____

Does your child have any dislikes, fears or phobias? NO YES _____

Is your child of Aboriginal or Torres Strait Islander descent? NO YES

Is your child from a non-English speaking background? NO YES NATIONALITY: _____

7. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan? NO YES

Are there any particular behaviours that educators should be aware off? NO YES _____

Are there any identifiable triggers to the behaviour? NO YES _____

Please provide a copy of any Positive Behaviour Support plans relating to your child



8. BOOKING INFORMATION

Before School Care/After School Care/Vacation Care: please indicate which days you will require: Please note that these days are not booked in until a booking form has been completed. Permanent bookings only last for a 12 month period. After this new booking forms must be complete, when they are issued in Term 4 of Week 10. This applies for both new enrolments and existing enrolments. This form is issued through email.

Permanent days: BSC MON TUES WED THURS FRI

Permanent days: ASC MON TUES WED THURS FRI

Casual Care:

Shift Week/Fortnightly days: _____

Please supply details in relation to fortnightly bookings.

Vacation Care programs and booking forms are available at least 4 weeks before the vacation care period starts. The program has a mix of in-house activities, incursions and excursion days.

Bookings are essential by returning the booking form sent out with the vacation care programs. Cancellations for booked days must have 48 hours' notice 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 parent's responsibility.

9. PERMISSION & AGREEMENT DETAILS

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

- I give my consent to the information contained in this document being available to the Educators employed to work with my child on the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
- I agree to notify the Coordinator, 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 Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I agree to inform the Coordinator of any absence of my child as soon as possible 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 excursions.
- I agree to pay for all fees (including excursion costs) of the days that my child attends the program must be one week in advance at all times. 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 any 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 he/she 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 give permission for OSHC staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- 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:

NAME: _____

SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN 2:

NAME: _____

SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

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: _____

