



CONFIDENTIAL

PERSONAL

1 Birmingham Road
CARRARA QLD 4211

Ph: (07) 5529 7888
(07) 5561 4005

Email: oec.admin@youngdiscoverers.org.au
A.B.N: 43 139 430 934

Young Discoverers OSHC Emmanuel

Completion of this form is legally required to enable attendance, including emergency or unplanned attendance, at Young Discoverers OSHC Emmanuel

This enrolment is: Active- I would like my child to attend either casually or regularly **or**

Inactive- in an emergency/ unplanned situation I agree my child will be taken to Young Discoverers.
CRN information is not required for inactive enrolments

DATE: _____ **PHOTO ID MUST BE PRESENTED ON REQUEST AT PICKUP**

CHILD 1, FULL NAME: _____ CRN: _____

Date of Birth: _____ Child Address: _____

Gender: _____ Indigenous Status: _____ Cultural Background: _____ Enrolment Date: _____

~~~~~

CHILD 2, FULL NAME: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Indigenous Status: \_\_\_\_\_ Cultural Background: \_\_\_\_\_ Enrolment Date: \_\_\_\_\_

~~~~~

CHILD 3, FULL NAME: _____ CRN: _____

Date of Birth: _____ Child Address: _____

Gender: _____ Indigenous Status: _____ Cultural Background: _____ Enrolment Date: _____

FAMILY INFORMATION

PARENT/GUARDIAN #1: To be eligible for Child Care Subsidy, D.O.B. & CRN are required

Full Name: _____

Date of Birth: _____ CRN: _____

ADDRESS: _____

OCCUPATION: _____ NAME OF EMPLOYER: _____

Mobile: _____ HOME: _____ Work: _____

Email Address: _____

Australian Citizen: Yes No Country of Birth: _____ Years in Australia? _____

Ethnic/Cultural Background: _____ Indigenous Status: _____

~~~~

**PARENT/GUARDIAN #2**

Full Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ NAME OF EMPLOYER: \_\_\_\_\_

Mobile: \_\_\_\_\_ HOME: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Australian Citizen:  Yes  No Country of Birth: \_\_\_\_\_ Years in Australia? \_\_\_\_\_

Ethnic/Cultural Background: \_\_\_\_\_ Indigenous Status: \_\_\_\_\_

**Two emergency Contacts are legally required, these must not be the parent/guardian...**

**EMERGENCY CONTACT (One)**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Mobile: \_\_\_\_\_ HOME: \_\_\_\_\_ Work: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person is (mark all that apply):

- Authorised to collect my child from the service.
- Authorised to consent to medical treatment, administration of medication and to sign incident reports
- To give permission to another person to collect my child from the service.
- Authorised to give permission to an educator to remove my child from the centre for excursion or medical treatment from a medical practitioner, hospital or ambulance service

**EMERGENCY CONTACT (Two)**

FULL NAME: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Mobile: \_\_\_\_\_ HOME: \_\_\_\_\_ Work: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

This person is (mark all that apply):

- Authorised to collect my child from the service.
- Authorised to consent to medical treatment, administration of medication and to sign incident reports
- To give permission to another person to collect my child from the service.
- Authorised to give permission to an educator to remove my child from the centre for excursion or medical treatment from a medical practitioner, hospital or ambulance service

**Additional Authorised Pick Up** (Please list people you authorise as a pick up person with name, address and contact details. Add pages as needed)

---

---

**Family Circumstance**

Do both parents have legal custody of the child? \_\_\_\_ If not, who does? \_\_\_\_\_

Is there anything extra for us to know regarding your family circumstance? \_\_\_\_\_

---

**Please attach a court order, parenting order or parenting plan as relevant**

**About Your Child/ren**

(If you have more than one child, please specify *all* or *which child* in following answers)

**Languages spoken:**

At home between parents: \_\_\_\_\_ With child: \_\_\_\_\_

Describe anything about your child that will support their transition into our program:

---

---

List any cultural or religious customs or considerations our carers need to be aware of:

---

---

If you have more than one child, please specify *all* or *which child* in following answers...

**Your Child's Needs:**

Does your child have any dietary requirements?

---

---

Does your child have any additional needs &/disabilities?

---

---

Does your child have a need for additional assistance that could require additional support? (Learning and applying knowledge, Communication, Mobility, Self-Care, Interpersonal interactions and Relationships)

---

---

Any other useful information about your child/ren?

---

---

**Medical Conditions:**

**Family Medicare Number:** \_\_\_\_\_

Family Doctor's Name and Phone Number: \_\_\_\_\_

Doctor Address if known: \_\_\_\_\_

Is your child under any medical treatment at present?  Yes  No

**Please list all Medical Conditions below: e.g. allergies, risk of anaphylaxis, Asthma, seizures etc.**

**I have medical action plans for:**  Child 1,  Child 2,  Child 3,  N/A

**(Medical action plans, prepared by a doctor, are required for all conditions requiring medication)**

**Describe symptoms, precautions and treatment:** (add pages as required)

---

---

---

**Do any of your children have a Medical Action Plan for the above medical condition?**

No (Please organise one ASAP)  Yes (Please attach)

I confirm that I have received and read the centre's Medical Conditions & Medication Policy.

Yes

**The Medical Conditions and Medication Policy are found in the Parent Handbook. If you have not received this please advise by emailing: [oec.admin@youngdiscoverers.org.au](mailto:oec.admin@youngdiscoverers.org.au)**

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

**Please note: All medication must have a pharmacy label and will only be administered in line with a medical action plan prepared by your doctor.**

**Do we need to know anything else about your child?** (Add extra pages as required)

---

---

---

---

**Permissions:**

**Permission for staff to act in case of emergency or accident**

Although every care will be taken to ensure the safety of your child at the Centre, the staff can in no way be held responsible for any accident which may occur. In the event of an accident or illness requiring emergency medical treatment getting your child the medical support they require is our number one priority. Parents will be contacted as soon as possible in all emergency situations.

**YD recommend families seek independent advice on medical insurance as part of their enrolment due diligence.**

***Parents/Guardians are required to complete and sign the following as a condition of enrolment:***

I authorise educators of Young Discoverers to administer first aid, including lifesaving intervention (e.g. *Epipen, Ventolin, CPR etc.*) and/or seek emergency medical treatment, including ambulance transport, for my child should this be considered necessary. I agree to pay any costs involved.

I give permission for my child to be removed from the premises in the event of an emergency to a location deemed safe by the responsible person in charge or emergency services until parents/ emergency contacts can be contacted, or the emergency situation no longer exists.

Parent/Guardian Signature: \_\_\_\_\_ Co-Ordinator Signature: \_\_\_\_\_

**PERMISSION TO ADMINISTER MEDICINE**

Permission is given for my child/ren to be given paracetamol by Young Discoverers educators to reduce fever, at the directed dosage for their age and weight.

Yes       No

Please Note: Educators will always attempt to make contact with a parent before administering paracetamol and will document these attempts. If medication is given a parent signature will be required on the illness and medication report when your child is picked up.

**OSHC Movies**

We occasionally choose movies that we feel complement our Christian ethos, these may be 'PG'.

**PERMISSION TO WATCH 'PG' RATED MOVIES**

- I **do** give permission for my child to watch 'PG' rated movies
- I **do not** give permission for my child to watch 'PG' rated movies

### **Photo permissions:**

- I give permission for my child's photo to be taken and displayed within the Centre (including for use in portfolios which go home with families when complete).  
 Yes       No
- I give permission for my child's photo to be taken and distributed outside of the Centre, through newsletters and advertising.  
 Yes       No

### **Online Permission:**

I give permission for my child to be included in information posted online. This could include photos and first name mention of your child on **Young Discoverer's specific sites** such as web sites, our Facebook page or other online forums. Last names will not be used online.

Yes       No

### **Permission to Observe:**

I give permission for my child to be observed by Young Discoverers educators to develop programs that cater to their individual needs.

Yes       No

### **Ongoing Excursion Permission**

I give permission for my child to visit any part of Emmanuel College including buildings and grounds at any time during attendance at Young Discoverers.

Yes       No

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

### **AGREEMENT TO CONDITIONS**

I agree that the information provided in this enrolment form is correct. I agree to the conditions stated in the Parent Handbook, which I have read\*. I understand that if my fees are not kept in advance my enrolment may be cancelled. Inclusion in holiday programs are subject to fees being paid in advance at all times.

(\*A copy of the handbook is available on request: [oe.admin@youngdiscoverers.org.au](mailto:oe.admin@youngdiscoverers.org.au))

Parent/Guardian Signature: \_\_\_\_\_ Co-Ordinator Signature: \_\_\_\_\_

### ***Please ensure the following information is attached with your enrolment form:***

- Immunisation history- Can be found on your MyGov portal under 'Medicare'
- Court order/ Parenting plans- Both parents/guardians are legally able to pick up a child **unless** an active court order is in place
- Medical Action Plans- If your child suffers from a medical condition a medical action plan prepared by your medical practitioner must accompany this enrolment form

***Thank you for taking the time to complete your enrolment form, it will help us in ensuring your child always receives the best care possible while they are in our care!***

Lisa Selvey

***Executive Director, Young Discoverers Limited***

**Please return all forms and attachments to:**

[oe.admin@youngdiscoverers.org.au](mailto:oe.admin@youngdiscoverers.org.au) or

Drop them into our classroom after 2:30pm or before 8:30am

## Child Care Subsidy Information

The following information is required if you are eligible for child care subsidy. If your enrolment is 'inactive' this information will only be required once you become 'active'

*Upon completion, this paperwork becomes the "Complying Written Arrangement" which is required for receipt of Childcare Subsidy. Individual enrolment details need also to be **CONFIRMED** through your "MyGov" account, ideally prior to first day of attendance...*

**Enrolment Type:**  Routine Sessions with Casual Care permitted **or**  Casual only

Fee Schedule: For current Fee pricing please refer to the Daily Fee Schedules on display at Reception or email: oec.admin@youngdiscoverers.org.au

**Routine Enrolment** Please tick which days you would like your child to attend:

|                                                      | <b>Monday</b>                                                                   | <b>Tuesday</b>           | <b>Wednesday</b>         | <b>Thursday</b>          | <b>Friday</b>            |
|------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>BSC</b> 6.30am – 8.30am 2hrs                      | <input type="checkbox"/>                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ASC</b> 3.00pm – 6.00pm 3hrs                      | <input type="checkbox"/>                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Vacation Care</b><br>*6.30am – 6.30pm (see below) | See vacation care booking form distributed 6 weeks prior to all holiday periods |                          |                          |                          |                          |

**\* Session options are available for Vacation Care only and are dependent upon each family's individual Childcare Subsidy Entitlements.**

Please speak with our Office Staff to calculate your best option to ensure receipt of maximum benefits...

**\*Below Session Options available for Vacation Care only**

|                  |                                                          |  |
|------------------|----------------------------------------------------------|--|
| <b>11.5 Hrs.</b> | <b>6.30am – 6.00pm</b>                                   |  |
| <b>10 Hrs.</b>   | <b>7.30am – 5.30pm</b>                                   |  |
| <b>9 Hrs.</b>    | <b>8.00am – 5.00pm</b>                                   |  |
| <b>*Other</b>    | <i>* Our office staff will help you with this option</i> |  |

## **CHILD CARE SUBSIDY**

To be eligible to receive any Child Care Subsidy entitlements you must ensure that all details on this form are filled in completely and correctly.

If you have any issues or questions regarding Child Care Subsidy go to [www.education.gov.au/childcare](http://www.education.gov.au/childcare) or contact Centrelink on **13 6150**