



### ENROLMENT FORM

The Ormiston College Outside School Hours Care is committed to protecting your privacy.

Staff will at all times ensure confidentiality and security of the information contained on this Enrolment Form. No information will be disclosed without written consent being received by the Nominated Supervisor.

Child's Surname		First Name(s)	
Child's Preferred Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female (please tick)
Date of Birth		Place of Birth	
Nationality		Religion	
Child's Residential Address			Postcode
Family's Home Phone Number			
Family's Postal Address			Postcode
Family's Email Address			
Year Level		Teacher	
Claiming Child Care Benefit (CCB)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(to claim lump sum or 50% work/study rebates you and your child/ren MUST have a CRN number and must have been assessed for CCB. Please contact the Family Assistance Office on 13 61 50 for more information)			
CRN Number		Child's CRN Number	
(Please circle who the CRN number is assigned to – Mother / Father)			
Will you be claiming CCB for more than one child in care?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, how many?

Please fill out sibling table below:

Sibling Name	Age	Attending School or ELC	Year Level/ELC Group

## PRIMARY DETAILS

Parent/Guardian 1	Parent/Guardian 2
Surname:	Surname:
Given Names:	Given Names:
Date of Birth:	Date of Birth:
Residential Address:	Residential Address:
Postcode:	Postcode:
Home Phone: <input type="checkbox"/> Silent	Home Phone: <input type="checkbox"/> Silent
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:
Email:	Email:
Country of Birth:	Country of Birth:
Ethnic Background:	Ethnic Background:
Religion:	Religion:
Language(s) Spoken:	Language(s) Spoken:
Language(s) spoken at Home:	Language(s) spoken at Home:
Occupation:	Occupation:
Place of Employment:	Place of Employment:
Place of Employment Phone:	Place of Employment Phone:
Work/Study Status:	Work/Study Status:
(e.g. full time, study, at home, job seeker, volunteer +15 hrs/week, shift worker, self employed)	
Is your child Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any cultural or religious needs? (e.g. diets, festivals etc). Please give details:	
Is there any other information regarding the family that you would like to share with us:	
Child lives with: Both Parents / Mother / Father / Step Parent / Guardian / Grandparents (Please circle)	
PARENTING ORDERS/PARENTING PLAN (under Family Law Act 1975 C'wlth):	<input type="checkbox"/> YES <input type="checkbox"/> NO
(If YES please provide copies)	
I understand that even if a legal parent has not been listed on this Enrolment Form, he/she still has the right to collect the child unless there is a Court Order to the contrary which has been sighted by staff of the Service <input type="checkbox"/> YES	

## EMERGENCY CONTACT

Name of child	
Date of birth	

## AUTHORISED EMERGENCY CONTACT PERSONS

### (OTHER PERSONS TO BE NOTIFIED)

Please ensure that persons nominated are aware that they are nominated as an emergency contact for your child and that they have the authorisation from you to make decisions re your child's care. There may be times when the child is involved in an incident or has an injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the Education and Care Service should notify one of the following people who are authorised to collect and care (including consent to medical treatment or permitting the administration of medication) for the child, after an incident injury, trauma or illness. They are also authorised to authorise an educator to take the child outside the Education and Care Service premises.

These nominated person(s) will be required to present photo ID when collecting your child.

Surname:	Surname:
Given name:	Given name:
Residential Address:	Residential Address:
Post code:	Post code:
Home Phone:	Home Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Place of Employment Phone:	Place of Employment Phone:
Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PARENT SIGNATURE</b>	<b>PARENT SIGNATURE</b>
Date:	Date:

## PERSONS AUTHORISED FOR COLLECTION OF CHILD (OTHER THAN PARENT(S)/ GUARDIAN(S)) – AUTHORISE NOMINEE

*Authorised nominee* means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

**Please list below you Authorised nominees (A list of people who are authorised to collect your child).**

**These nominated person(s) will be required to present photo ID when collecting your child.**

Surname:	Surname:
Given name:	Given name:
Residential Address:	Residential Address:
Post code:	Post code:
Home Phone:	Home Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
Place of Employment Phone:	Place of Employment Phone:
Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to collect my child from the education and care service <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to consent to medical treatment of, or to authorise administration of medication for my child <input type="checkbox"/> YES <input type="checkbox"/> NO
Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorised to authorise an Educator to take the child outside the education and care services premises <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PARENT SIGNATURE</b>	<b>PARENT SIGNATURE</b>
Date:	Date:

## MEDICAL INFORMATION

Doctor:	
Address:	
	Postcode:
Phone Number:	
Medicare Number:	
Has your child suffered any major illnesses/injuries? Please provide details and attach copies of any relevant medical records. Also provide details of any ongoing concerns or regular medical procedures/ medication that have resulted from this illness/injury.	
Does your child suffer from any non-life threatening allergic reactions? (foods, medicine, grass, etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details below.	
Does your child suffer from any LIFE THREATENING allergic reactions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you MUST meet with the Nominated Supervisor to complete necessary forms and discuss procedures before your child commences.	
Does your child suffer any REGULAR medical conditions? e.g. asthma, convulsions, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please provide details: (Action Plans from the doctor are required)	
Please provide details any other relevant medical history:	
Does your child have any additional needs/ challenging behaviours?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details:	
Has your child any fears? (e.g. thunder, dogs etc)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your child any disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide details and attach any relevant reports:	

## IMMUNISATION RECORD

Has your child been immunised?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If NO please SIGN below acknowledging that you have read and fully understand the Ormiston College OSHC's policy re Non-Immunised children (summarised in Parent Handbook) and you agree to abide by these requirements if an incidence of a communicable disease occurs.		
PARENT/GUARDIAN'S SIGNATURE:		Date:
If YES please fill in where applicable below and SIGN as a true and correct record of your child's immunisation status. Please ensure you update this immunisation record when applicable.		
Chicken Pox:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Diphtheria:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Hepatitis B:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Measles, Mumps, Rubella:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Meningococcal:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Polio:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Tetanus:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
Whooping Cough:	<input type="checkbox"/> YES <input type="checkbox"/> NO (please tick)	Year:
<b>Any child who is not up to date with their immunisation will be considered NOT immunised.</b>		
PARENT/GUARDIAN'S SIGNATURE:		Date:
Immunisation/health record have been sighted by:		
Staff Name:	Signature:	Date:

## ADMINISTRATION OF MEDICATION (INCLUDING PANADOL/NUROFEN)

Parents acknowledge that medication including Panadol/Nurofen will only be administered as per the following:

1. Medication is recorded in the Medication Record Form.
2. In the case of an emergency:
  - a. a parent or person named in the child's enrolment record as authorised to consent to the administration of medication is contacted and verbal permission to two staff is given, or in writing by email; or
  - b. if a parent or authorised person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service provider will be contacted.

PARENT/GUARDIAN'S SIGNATURE:		Date:
------------------------------	--	-------

## PARENT/GUARDIAN AUTHORISATIONS

1. I/We authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending doctor and/or Paramedics for my child and waive my right to informed consent of treatment. This waiver applies ONLY in the event that neither parent/guardian can be reached in the case of an emergency. I/We give the discretionary power to the staff to provide appropriate medical attention. I/We agree to accept responsibility for all medical expenses arising as a result of emergency treatment sought for my child.
2. I/We authorise that staff at the Ormiston College OSHC to provide medical attention in case of an emergency or any required first aid treatment for my child when the need arises and administration of prescribed medications. I/We understand that ONLY staff members holding a current Senior First Aid and CPR qualification will administer any necessary medication/treatment.
3. I/We will keep our child home while he/she is suffering from any infectious or contagious illness or when he/she is in such poor health as to be unfit for normal day care conditions.
4. I/We agree to ensure the Ormiston College OSHC is notified in writing or verbally of any changes in arrangements for my child to be picked up from the Ormiston College OSHC. I/We will ensure any person collecting my child will bring photo ID.
5. I/We hereby agree that the Ormiston College OSHC will be notified as early as possible if I am going to be late picking up my child. I/We agree to pay the incurred late fee, which will apply after Ormiston College OSHC closure at 6pm.
6. I/We understand the importance of booking in our children or notifying the Ormiston College OSHC of cancellations by 2pm for permanent bookings. I/We acknowledge that penalty charges apply from the close of school times.
7. I/We agree to pay all Ormiston College OSHC fees and understand that all fees for regular bookings must be paid in advance. Casual Care fees are to be paid on the day the child/ren attends. I/We understand that I/We will be charged for all booked days if notification of cancellation is NOT received.
8. I/We understand the importance of booking for care or notifying of cancellation of care by 10am for casual bookings. I/We understand that a penalty will apply for notification after 10am the day care is required.
9. I/We understand that fees are to be paid in FULL by the date stated on the Account. I/We understand that continual late payment of fees may result in a loss of placement for my child.
10. I/We give permission for the staff at the Ormiston College OSHC to take my child's photo/video during activity and routine times for the purpose of displays within the Ormiston College OSHC, internal and external promotion and to include in the student's portfolios of the children who regularly attending the Ormiston College OSHC.  YES  NO (please tick which applies)
11. I/We hereby give permission for my child to use and where applicable the staff to apply the Ormiston College OSHC's SPF 30+ Coles Every Day Use Sunscreen.  YES  NO (please tick which applies). If NO, I/We will supply named sunscreen for my child.
12. Privacy Consent - The Ormiston College OSHC collects information from you for the primary purpose of providing quality childcare and meeting your family's and child's needs. Information you provide will be used for administrative purposes, billing and debt collection, disclosure to Family Assistance Office and Department of Communities, emergency situations whereby staff/hospitals require access to records for appropriate purposes. I/We consent to the handling of my information by the Ormiston College OSHC for the purposes set out above, subject to any limitations that I have notified the Ormiston College OSHC of in writing and attached to this enrolment form.
13. I/We give permission for people listed as Parent/Guardian and Emergency Contact / Authorised Pickup Persons on this enrolment form on presentation of photo ID to drop off and collect my child from the Ormiston College OSHC unless the Ormiston College OSHC is otherwise authorised in writing.
14. I/We declare all the information given on this Enrolment Form is accurate and agree to notify the Ormiston College OSHC in writing immediately there are any changes to any of the above information.

I/We the undersigned hereby acknowledge and accept the conditions one (1) through fourteen (14) listed as detailed above.

Mother/Guardian's Signature:

Date:

Father/Guardian's Signature:

Date:

Preferred method of receiving statement:  EMAIL  PRINT (please tick)

NAME and SIGNATURE of person responsible for payment of account:

NAME:

SIGNATURE:

DATE: