



The Kuluin School P&C Association OSHC Application for Enrolment (CWA)

PLEASE COMPLETE A SEPERATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS

CHILD'S FULL NAME: _____ DOB: _____

HOME ADDRESS: _____ POSTCODE: _____

GENDER: MALE FEMALE CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

SCHOOL CLASS (AT TIME OF ENROLMENT): _____ (PLEASE UPDATE THIS AT THE BEGINNING OF EACH SCHOOL YEAR)

2. PARENT/GUARDIAN DETAILS

PARENT/ GUARDIAN 1 - ACCOUNT HOLDER

NAME: _____ DOB: _____

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

POSTAL ADDRESS: _____ POSTCODE: _____
(IF DIFFERENT TO HOME)

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

EMAIL: _____ (ALL EMAIL COMMUNICATIONS WILL GO HERE)

GENDER: MALE FEMALE FAMILY'S CENTRELINK REFERENCE NUMBER(CRN): _____

WORKING STUDYING EMPLOYER/COLLEGE: _____

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). Families MUST be assessed as eligible for Child Care Subsidy, please contact the Family Assistance Office on 13 61 50 for further information.

PARENT/GUARDIAN 2:

NAME: _____ DOB: _____

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

POSTAL ADDRESS: _____ POSTCODE: _____
(IF DIFFERENT TO HOME)

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

EMAIL: _____ INCLUDE IN EMAIL COMMUNICATIONS

GENDER: MALE FEMALE

WORKING STUDYING EMPLOYER/COLLEGE: _____

ARE THERE ANY COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS RELATING TO YOUR CHILD? NO YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED? NO YES Received (staff only)

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Order.

3. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the details of all adults, other than parents/guardians nominated in Section 2, who are authorised to collect your child and can be contacted in case of emergency. Please also indicate any other permissions you authorise each person to give. (Identification may be required.)

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

(W) _____

(W) _____

(M) _____

(M) _____

Relationship to child: _____

Relationship to child: _____

Is this person over the age of 18? Y N

Is this person over the age of 18? Y N

Permission for excursions

Permission for excursions

Request/Permit medication to be given

Request/Permit medication to be given

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

(W) _____

(W) _____

(M) _____

(M) _____

Relationship to child: _____

Relationship to child: _____

Is this person over the age of 18? Y N

Is this person over the age of 18? Y N

Permission for excursions

Permission for excursions

Request/Permit medication to be given

Request/Permit medication to be given

4. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions? NO YES

If yes, please provide details: _____

Does your child require regular medication? NO YES

If medication is required, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original labeled packaging with the child's name, doctor's name, dosage and instructions.

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

Please provide an asthma management plan relating to your child.
 Received(staff only)
You will be required to complete a separate medication authority form.

Does your child have any allergies? NO YES (If yes, please provide details below)
_____ MILD SEVERE ANAPHYLAXIS

*Please provide details of any allergy management plans relating to your child.
An epipen will need to be provided if your child is at risk of Anaphylaxis.*
 Received (staff only)

Does your child have any specific dietary requirements? NO YES _____

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

*Please provide details of any food intolerance/allergy management plans relating to your child.
An epipen will need to be provided if your child is at risk of Anaphylaxis.*
 Received (staff only)

Is your child's immunisation status Fully Immunised Not Immunised Partially Immunised?

If you have selected Partially Immunised, please provide details of your child's immunisation status below or attach a copy of their immunisation record.

If your child's immunisation status is not up to date, your eligibility to receive Child Care Subsidy will be affected and you may be asked to temporarily remove your child from care should an outbreak occur.

5. MEDICAL PRACTITIONER DETAILS

Doctor's Name: _____ Surgery/Practice Name: _____
Address: _____ Phone number: _____
Family Medicare No: _____

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 either parent/guardian or your child of Aboriginal or Torres Strait Islander descent? NO
 YES PARENT/GUARDIAN 1 YES PARENT/GUARDIAN 2 YES CHILD

Is either parent/guardian or your child from a non-English speaking background? NO
 YES PARENT/GUARDIAN 1 YES PARENT/GUARDIAN 2 YES CHILD

NATIONALITY: _____

Does either parent/guardian or your child have a disability? NO
 YES PARENT/GUARDIAN 1 YES PARENT/GUARDIAN 2 YES CHILD

DETAILS: _____

7. BEHAVIOUR INFORMATION

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

Are there any particular behaviours that staff should be aware of? 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

Requested Start Date: _____

After School Care: *please indicate requirements*
(this automatically includes Vacation Care unless indicated below)

Permanent days: MON TUES WED THURS FRI

Vacation Care is **NOT** required

Before School Care: *please indicate requirements*

Permanent days: MON TUES WED THURS FRI

I do not require permanent days. I understand there is no guarantee of availability. I will put my booking requests in writing when required.

I require Vacation Care only. I understand there is no guarantee of availability. I will put my Vacation Care booking request in writing prior to each school holiday period.

Days permanently booked for After School Care are also automatically booked for Vacation Care and Pupil Free Days. This does NOT apply to Before School Care bookings. Please refer to the Family Information booklet for further details or contact the OSHC administration for clarification.

9. PERMISSION & AGREEMENT DETAILS

(Please INITIAL beside each item to signal your agreement)

____ I give my consent to the information contained in this document being available to the Educators and Support Workers employed to work with my child. 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 Service, in writing, of any change in circumstances from the details as outlined in this enrolment form.

____ I understand that it is my responsibility to ensure all Child Care Subsidy details are completed. I further understand that I will be charged full fees until the Program has received electronic notification of Child Care Subsidy through the Child Care Subsidy System.

____ I understand that to access CCS funding, I must apply through Centrelink and that reduced fees will not apply until eligibility has been electronically received through the Child Care Subsidy System (CCSS). I understand that it is my responsibility to ensure these entitlements are correct and to liaise with Centrelink to ensure this.

____ I agree to inform OSHC of any absence of my child as soon as possible and to pay any fee that may be incurred, as set out in the service policy.

____ I agree to pay all fees published, updated and notified (including incidentals) for the days that my child is booked into the program. I acknowledge that fees will apply for all booked days regardless of attendance.

- ___ I understand that I am required to give 2 (two) weeks' notice to permanently cancel my child's permanent booking. I acknowledge that this applies to confirmed casual bookings also.
- ___ I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/mealtimes and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- ___ I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency including the administering of life saving medication including epipen or Ventolin. I give permission for OSHC staff to engage or seek advice from any medical, hospital or ambulance service in the case of an accident or emergency involving my child and to liaise with other health/medical professionals in relation to the care of my child. 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 agree to keep my child from attending the program should he/she be experiencing any illness, contagious disease or fever.
- ___ I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities. I understand that my child requires a broad brimmed hat for outside play.
- ___ I give permission for OSHC staff to assist my child to apply insect repellent for outdoor activities.
- ___ I give permission for staff to take photos/videos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed within the service and the school for the families to see and will also be used for the purposes of programming and evaluation.
- ___ I give permission for photographs/videos of my child to be posted to the Kuluin OSHC Facebook site. I understand it is my responsibility to ensure I am informed of the terms and conditions of Facebook in relation to photos/videos.
- ___ I give permission for my child to engage with media of various types, including but not limited to, games, movies, music with the Australian rating of 'G' or 'PG' for educational and entertainment purposes.
- ___ I give permission for my child to enjoy the sensory experience of going barefoot during their time at OSHC. I am aware that it is a requirement that my child has suitable shoes with them, and that staff will not permit my child to take off their shoes if they deem the environment unsafe to do so.
- ___ I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and requested to collect my child immediately.
- ___ I agree to receiving notifications/correspondence relating to OSHC, including invoices/statements via the email address listed.
- ___ I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Information Pack and in the Policy Procedure Manual available at the service or emailed to me upon request. I will discuss these with my child and make them aware of their obligations.
- ___ I have had the opportunity to talk with an OSHC Admin Team Member to discuss my child's enrolment and attendance at the Program.
- ___ I have completed the Application for Enrolment Form honestly and to the best of my knowledge. I understand that I must contact the Program immediately if any information changes.

PARENT/GUARDIAN 1- ACCOUNT HOLDER:

NAME: _____ SIGNED: _____ DATE: _____

RECEIVED BY:

PROGRAM REPRESENTATIVE: _____ SIGNED: _____

POSITION: _____ DATE: _____

Enrolment Fee must be paid before the Enrolment can be processed. This fee is non-refundable.

Received (staff only)

