

Please print clearly.  
Check all pages are  
filled in and signed.

Silverton Primary School  
**OUTSIDE SCHOOL HOURS CARE  
ENROLMENT RECORD**

**2017**

**ONE CHILD PER ENROLMENT FORM**

**First name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Child's CRN:** \_\_\_\_\_  
Gender: M / F    Country of Birth: \_\_\_\_\_    Cultural Background: \_\_\_\_\_  
Is this child: Only  Youngest  Middle Child  Eldest     Year Level: \_\_\_\_\_  
What is the MAIN language spoken at home? \_\_\_\_\_ Other language? \_\_\_\_\_  
Does the child identify as being Aboriginal or Torres Strait Islander?    Yes  No   
Does the child or any family member that resides with the child, have a disability?    Yes  No

**CHILD HEALTH AND MEDICAL DETAILS**

**Does your child have:-**

Hearing problem?    Yes  No     Sight Problems?    Yes  No     Epilepsy?    Yes  No   
Speech Difficulties?    Yes  No     A physical disability?    Yes  No     Diabetes?    Yes  No   
A behaviour disorder?    Yes  No     A learning disability?    Yes  No     ADD/ADHD/ODD ?    Yes  No

Medical conditions/ disability details:

Diet Requirements:

Illness/ Accident History:

Special Requirements due to religious beliefs

Any Other Issues:

**Anaphylaxis:**

**Has your child been diagnosed at risk of Anaphylaxis?**    Yes  No   
Does your child have an auto injection device? eg: EpiPen/Anapen?    Yes  No   
Has the anaphylaxis medical management plan been provided to the service?    Yes  No   
A risk management plan needs to be completed by the service in consultation with you?    Staff Initials: .....

**Asthma:**

**Has your child been diagnosed with Asthma?**    Yes  No   
Does your child carry Ventolin and or a spacer with them?    Yes  No   
Has an asthma medical management plan been provided to the service?    Yes  No   
A risk management plan needs to be completed by the service in consultation with you?    Staff Initials: .....

**Allergies:**

**Has your child been diagnosed with allergies?**    Yes  No   
Does your child need medication for those allergies?    Yes  No   
A risk management plan needs to be completed by the service in consultation with you?    Staff Initials: .....

**Immunisation:    Has your child been immunised?**    Yes  No

**Please provide a copy of your child's immunisation record to complete your child's enrolment into this service.**  
(Available from <http://www.humanservices.gov.au>)

• Is your child is exempt from immunisation?    Yes  No     If yes, please provide proof.

# FAMILY INFORMATION

## Lawful Authority

**Parents** All parents have powers and responsibilities in relation to their children that can only be changed by a court order. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.  
**Guardians** A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Education and Care Services National Law Act 2010 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

## ChildCare Benefit/ ChildCare Rebate Information

Who is the parent/guardian that claims CCB and/or CCR for this family through the Department of Human Services?

Name: \_\_\_\_\_ FAO CRN: 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

  
Customer Reference Number CRN

**Mother's Details:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_ Cultural Background \_\_\_\_\_

Mobile Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Work Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email address. WRITE CLEARLY \_\_\_\_\_

Does the child live with the mother? Yes  No

|                                      |  |                              |                             |
|--------------------------------------|--|------------------------------|-----------------------------|
| <b>Is this person authorised to:</b> | Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Father's Details:** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Country of Birth \_\_\_\_\_ Cultural Background \_\_\_\_\_

Mobile Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Work Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email address. WRITE CLEARLY \_\_\_\_\_

Does the child live with the father? Yes  No

|                                      |  |                              |                             |
|--------------------------------------|--|------------------------------|-----------------------------|
| <b>Is this person authorised to:</b> | Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Guardian's Details: (If applicable)** Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Cultural Background \_\_\_\_\_

Mobile Tel. \_\_\_\_\_ Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Post Code \_\_\_\_\_

Work Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email address. WRITE CLEARLY \_\_\_\_\_

Does the child live with the guardian? Yes  No

|                                      |  |                              |                             |
|--------------------------------------|--|------------------------------|-----------------------------|
| <b>Is this person authorised to:</b> | Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|                                      | Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No  go to the next section (Emergency Contacts)

Yes  please complete the following:-

1. Bring the **original** court order/s for staff to see and attach a copy to this enrolment form:
2. If these orders:
  - a) change the powers of a parent/guardian to:
    - authorize the taking of the child outside the Service by a staff member of the Service;
    - consent to the medical treatment of the child;
    - request or permit the administration of medication to the child;
    - collect the child from the Service, AND/OR
  - b) give these powers to someone else,  
please describe these changes and provide the contact details of any person given these powers:

## Please list any Authorised Nominees/Emergency Contacts

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. (**Authorised nominee** means a person who has been given permission by a parent or family member to collect your child from the education and care service. Section 170(5) of the Law.) (Contacts other than parents must be 16 years of age or older):-

**Please do not list anyone already listed as parents/guardians on Page 2**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Language/s Spoken \_\_\_\_\_ Mobile Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Name of Workplace \_\_\_\_\_

Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes  No

**Is this person authorised to:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Language/s Spoken \_\_\_\_\_ Mobile Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Name of Workplace \_\_\_\_\_

Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes  No

**Is this person authorised to:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Language/s Spoken \_\_\_\_\_ Mobile Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_

Name of Workplace \_\_\_\_\_

Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes  No

**Is this person authorised to:**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Collect your child/ren?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to medical treatment of your child/ren?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Consent to administration of medication to your child/ren? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Give authorisation for your child leave school premises?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## FAMILY MEDICAL DETAILS

|   |  |
|---|--|
| Medicare number: _____  | <div style="border: 1px solid black; padding: 2px;">For emergency use only</div> |
| Doctors Name: _____   | Telephone: _____   |
| Clinic: _____   |  |
| Address: _____  | Postcode: _____  |
| Do you have ambulance subscription? No <input type="checkbox"/> Yes <input type="checkbox"/> Number: _____<br>(Please tick yes if included in your pension) |  |
| Do you have private Medical Cover? No <input type="checkbox"/> Yes <input type="checkbox"/> Fund: _____ Policy No: _____                                    |  |

## CHILD CARE BENEFIT INFORMATION

Families that use approved Child Care services, such as Silverton OSHCare, may be entitled to ChildCare Benefit and the Commonwealth Child Care Rebate. Contact the Department of Human Services for eligibility or visit <http://www.humanservices.gov.au/>

To claim you CCB and CCR you must provide us with the following information;

- Claiming parents CRN ( Customer Reference Number) and Date of Birth
- Child/ren's CRN and Date of Birth
- Ensure your child is connected to your account and active.

◆ Do you have any other children attending any other approved Commonwealth Funded Child Care Centre, Long Day Care Centre or Family Day Care Centre?

No  Yes  If so how many? \_\_\_\_\_ This information is important when calculating your CCB percentage.

## ATTENDANCE BOOKINGS – *Please communicate any changes as required.*

PERMANENT PLACEMENT  CASUAL / EMERGENCY CARE

Please indicate what sessions you are booking your child/ren in for.

**Before School Care**

Monday  Tuesday  Wednesday  Thursday  Friday

**After School Care**

Monday  Tuesday  Wednesday  Thursday  Friday

## FEE PAYMENT

Please Tick One Box

- I agree to pay my fees daily. (Casuals)
- I agree to pay my fees weekly.
- I agree to pay my fees fortnightly.
- I agree to pay my fees monthly. (Agreement with Coordinator necessary)

- Eftpos/Credit Card Payment

Cash

## Four Weekly Statements

Yes I give permission for my fortnightly statements to be sent to my email account.

Email address; please print: .....

No I would prefer my four weekly statements to be printed and left in the statement box for me to collect for myself.

## PARENT / GUARDIAN CONSENT

### ◆ PERMISSION TO SEEK MEDICAL ATTENTION AND/OR ADMINISTER FIRST AID

In case of emergency or accident:

I grant the Silverton Outside School Hours Care Educators to administer First Aid, and when necessary to seek medical attention for my child from a medical practitioner, hospital, ambulance service or Nurses On Call.

Parent / Guardian signature: \_\_\_\_\_

### ◆ PERMISSION FOR TRANSPORTATION IN AN EMERGENCY

I give permission for my child to be transported by ambulance, if necessary, to seek medical attention.

Yes  No  Parent / Guardian signature: \_\_\_\_\_

### ◆ PERMISSION FOR BARRIER CREAM AND FACE PAINTS TO BE APPLIED TO SKIN

I give permission for my child to have face paint and cream applied to their skin.

Yes  No  Parent / Guardian signature: \_\_\_\_\_

### ◆ PERMISSION TO VIEW MOVIES

I give permission for my child to watch 'G' and 'PG' rated movies, under Educators supervision.

Yes  No  Parent / Guardian signature: \_\_\_\_\_

### ◆ DELIVERY OF EDUCATIONAL/RECREATIONAL PROGRAM

To enable OSHCare Educators to plan activities and experiences to assist the individual development of my child, I give permission for Observations to be taken.

Yes  No  Parent / Guardian signature: \_\_\_\_\_

### ◆ PERMISSION TO HAVE PHOTOGRAPHS TAKEN

I give permission for photographs to be taken of my child/ren and for them to be used outside the service. (eg Internet or Newspapers)

Yes  No  Parent / Guardian signature: \_\_\_\_\_

## CONSENT

### Please read and sign:

In signing this agreement, I understand that:

1. I will be charged for a session for which my child has been booked in for, even if my child does not attend, unless due notice is given of my child not attending.
2. I understand my child will be excluded from the program if fees due are not paid regularly (weekly, fortnightly or monthly by agreement).
3. I understand that in an emergency situations or fire/evacuation drill it may be necessary for my child to leave the school premises under the direction and supervision of OSHCare Educators.
4. I recognise that OSHCare Educators may need to openly communicate with principal, teachers or other professionals, in interest of my child's welfare, and authorise for Educators to do so.
5. I understand that Educators can take photos of my child at and within the service and its events and activities for evidence for the National Quality Frameworks, observations and record keeping purposes.
6. I understand that from time to time console games and computers may be offered to the children through the program. I agree for my child to be involved.
7. I have read and understood the enrolment information prior to signing this Enrolment Record.
8. I have filled in this Enrolment Record accurately and all details are true and correct.
9. I agree to keep the information contained in this Enrolment Record up to date.

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

Name of Person (please print): \_\_\_\_\_

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*Thank you, for helping us to smooth the easy for the inclusion of your child into Silverton OSHCare.  
The information supplied will be of great assistance to us in managing the health and safety of your child and in planning of daily programs.*

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### Check list on enrolment:

- Copy of Immunisation Record for the service
- ChildCare Benefit up to date and current with Centrelink
- Fill out the survey on the next page, this is to help us cater for your child and your needs at OSHCare.

**Please take time to fill in this survey. It will help us provide a well-balanced program form your child.**

◆ **Please indicate any festivals your family celebrates and/or list below any religious/cultural issues that staff need to be aware of:**

- Easter    Chinese New Year    Christmas    Mother's Day    Father's Day     
 Birthdays    Greek Easter  
 Others: \_\_\_\_\_

◆ **Reasons for child attending Outside School Hours Care Program.**

- Parents Working    Parents Studying    Fun/Recreation for child  
 Parents Seeking Work    Only for Emergencies    J.E.T.  
 Other: \_\_\_\_\_

◆ **What interests does your child have?**

- Reading    Craft    Writing    Ball Games    TV  
 Drawing    Board Games    Music    Card Games    Sport  
 Cooking    Painting    Craft    Drama Play    Dancing  
 Imaginative Play    Construction    Puzzles    Colouring    Play-station Games

◆ **What sort of things would you like to see your child doing at OSHCare?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

◆ **Parent Participation**

We are keen to include parent's skills and interest into our program, so if you have time, and would be willing to participate in an activity for the children during the afternoon program please give further details below. This could include give a talk about your profession or your culture. The Coordinator will contact you to organise a mutually convenient time.

I \_\_\_\_\_ would like to participate in the afternoon program, by \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_