WILLOW GROVE PRIMARY SCHOOL OSHC PROGRAM

ENROLMENT FORM : OUTSIDE SCHOOL HOURS CARE SERVICE

Service CRN : 407144619S   Provider ID: 190001678B
Service ID: 190013654T   Centre Name: Willow Grove PS After School Care

DETAILS OF CHILD

First Name: …………………………………. Surname: ……………………………………

Address: ………………………………………………………………………………………

……………………………………………………………………………………………….

Male   Female   (please circle)

Date of Birth ………………………

Languages spoken …………………………….. Main language spoken ……………………….

Cultrual background of child ………………………..…………………………..……………

Any special issues in relation to your child eg. Religion,food, etc ? ……………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

1. DETAILS OF PARENT/GUARDIAN	2. DETAILS OF PARENT/GUARDIAN
Name …………………………………………..	Name …………………………………………..
Address ……………………………………… ………………………………………………	Address ……………………………………… ………………………………………………
Phone (Home) ……………………………	Phone (Home) ……………………………
(Work) ……………………………	(Work) ……………………………
(Mobile)…………………………..	(Mobile)…………………………..
Email Address……………………………	Email Address……………………………
Date of Birth ……………………………..	Date of Birth ……………………………..
Employer ………………………………….	Employer ………………………………….
Occupation ……………………………….	Occupation ……………………………….
Does the child live with this parent/guardian? YES/NO	Does the child live with this parent/guardian? YES/NO

FEES

Have you applied for Child Care Subsidy? YES NO (please circle)

(If yes, please provide relevant information)

CRN = Customer Reference Number for Child Care Subsidy)

Parent/Guardian 1. Name CRN : …………………………………………..

Parent/Guardian 2. Name CRN: ……………………………………………

Child CRN: ……………………………………………………….

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE

PERMANENT BOOKINGS

AFTER CARE

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

CASUAL/EMERGENCY CARE

☐ Please tick if you will require casual care only

CUSTODY DETAILS

Are there special access/custody arrangements? YES NO (please circle)

If yes, please give details …………………………………………………………………….

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

If a court order exists, please provide this information to the Coordinator.

1. Bring the original court order/s for staff to sight and a copy to attach to the enrolment form.
2. If these orders –

a Change the powers of a parent/guardian to:
- authorise 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

AND/OR

b Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers: …………………………………………………………………………………………..

…………………………………………………………………………………………………

MEDICAL INFORMATION

How would you describe your child's health? ……………………………………………………….

……………………………………………………………………………………………………….

Is he/she under any medical treatment? …………………………………………………………

………………………………………………………………………………………………………

Has he/she had any history of illness? Please give details …………………………………….

………………………………………………………………………………………………………

Allergies ………………………………………………………………………………………………

Medical Conditions including diartary restrictions……………………………………………

Medical Plan ……………………………………………………………………………………………

Other ……………………………………………………………………………………………………

Asthma YES NO (please circle)

Asthma Medication/Treatment …………………………………………………………………….

Do you have an Asthma Plan? YES NO (please circle)

Are there any known triggers? …………………………………………………………………….

Anaphalxis YES NO (please circle)

Anaphalxis Medication/Treatment ………………………………………………………………………

Do you have an Anaphalxis Plan? YES NO (please circle)

Known Anaphlatic trigger? ………………………………………………………………………

Has your child been immunised? YES NO (please circle)

Please attach any action plans for medical requirements and immunisation status.

FAMILY DOCTOR

Doctor's Name ……………………………………………… Phone ………………………..

Name of Practice …………………………………………………………………………

Address ………………………………………………………………………………

Medicare Number ………………………………………………………………………..

Do you have Private Medical Insurance? ………………………………………………………..

Do you subscribe to an Ambulance Service? YES NO (please circle)

If yes, please state the Ambulance Subscription Number and Category ……………………

…………………………………………………………………………………………

Emergency Contacts/ Authorised Nominees (These people should be different to the parent/carer as they will be used in case of emergency or if we are unable to contact the parent/carer for advice) **Note: *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.

Emergency Contact/ Authorised Nominee # 1		
Name:		☐Authorised to consent to medical treatment of, or to authorise administration of medication to the child ☐ Authorised to authorise an educator to take the child outside the education and care services premises ☐ Authorised to collect the child from the education and care service ☐ This person is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted
Relationship to Child:		
Address:		
Home Phone:		
Mobile Phone:		

Emergency Contact/ Authorised Nominee # 2		
Name:		☐Authorised to consent to medical treatment of, or to authorise administration of medication to the child ☐ Authorised to authorise an educator to take the child outside the education and care services premises ☐ Authorised to collect the child from the education and care service ☐ This person is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted
Relationship to Child:		
Address:		
Home Phone:		
Mobile Phone:		

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We ……………………………………………………………….……………………… (print full name/s)

The undersigned approve of the enrolment and agree to abide by the rules and conditions or the Outside School Hours program and meet any costs incurred. I authorise the Coordinator/Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required, from a registered medical practitioner, hospital or ambulance service. I authroise, if required the transportation of the child by an ambulance service. I agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect my child as soon as possible.

Parent/s signature …………………………………………………Date ……………………………

PARENTAL CONSENT

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.

YES NO (please circle)

I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES NO (please circle)

As part of our activities we may watch age appropriate videos and on occasions the video may be rated PG.

I give permission for my child to view PG rated Videos/DVDs which have been chosen at the discretion of the OSHC Coordinator.

YES NO (please circle)

I would like to be informed of the Video/DVD being shown prior to the OSHC session

YES NO (please circle)

I give permission for my child to have 30+ SPF Sunscreen applied whilst in care?

YES NO (please circle)

Do you give permission for your child to be taken on regular outings with the program? All excursions and regular outings will be advised in writing and written consent will be sought prior to attendance.

YES NO (please circle)

Do you give authorisation for the school council to provide your child's information to third parties for Quality purposes?

YES NO (please circle)

PARENT/GUARDIAN SIGNATURES ……………………………………………………………

……………………………………………………………..

DATE ……………………………….

PRIVACY NOTIFICATION

The Willow Grove Primary OSHC Program uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

CONFIRMATION OF CHILDCARE AGREEMENT
Parties to the Agreement

Between:	………………………………………………………...	(Parent/Guardian)
	………………………………………………………...	(Home Address)
And:	Willow Grove Primary School, ABN 44446257821	(Provider)
For the Care of:	………………………………………………………...	(Child's Name)
By:	Willow Grove PS After School Care	(Service)

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

Session and Fee Details

Casual

Day	Usual Fee	Unit	Session Time
Any	$12.00	Session Fee	3:15pm to 5:30pm

I Confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and end times of these sessions of care.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as free schedule or parent handbook) which are subject to change over time based on advice from the provider and accepted by me.

PARENT/GUARDIAN SIGNATURE:

……………………………………………………………………….

Date:_____/______/_____