



Enrolment Form 2016

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD (TO BE UPDATED ANNUALLY)

1. CHILD DETAILS

CHILD'S FULL NAME: _____

HOME ADDRESS: _____

DOB: _____ MALE FEMALE DISABILITY: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

SCHOOL ATTENDING IF NOT GLENVALE: _____

2. PARENT/GUARDIAN DETAILS

PARENT/ GUARDIAN 1 - ACCOUNT HOLDER

NAME: _____ DOB: _____

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

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

GENDER: MALE FEMALE FAMILY CRN: _____

EMAIL ADDRESS: _____

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 Benefits (CCB) and the 50% Child Care Rebate. Families MUST be assessed as eligible for Child Care Benefit, please contact the Family Assistance Office on 13 61 50 for further information.

PARENT/GUARDIAN 2:

NAME: _____ DOB: _____

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

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

EMAIL ADDRESS: _____

GENDER: MALE FEMALE

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD? NO YES

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED? NO YES

PLEASE NOTIFY IN WRITING ANY CHANGES TO CONTACT DETAILS AND/OR UPDATES TO EMERGENCY CONTACTS

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

3. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the FULL details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child and/or can be contacted in case of emergency.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

(W) _____

(W) _____

(M) _____

(M) _____

Relationship to child: _____

Relationship to child: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: (H) _____

Phone: (H) _____

(W) _____

(W) _____

(M) _____

(M) _____

Relationship to child: _____

Relationship to child: _____

❖ I UNDERSTAND THAT I MUST HAVE AT LEAST TWO ALTERNATE EMERGENCY CONTACTS LISTED AND THAT I WILL NOTIFY GOSHC OF ANY CHANGES IMMEDIATELY (PLEASE INITIAL) _____

❖ I ACKNOWLEDGE THAT IN THE INTEREST OF MY CHILD'S SAFETY ANYONE WHO COLLECTS MY CHILD FROM GOSHC IS REQUIRED TO SHOW PHOTO IDENTIFICATION UNLESS KNOWN ON SIGHT BY THE STAFF. (I UNDERSTAND THAT GOSHC HAS MANY CASUAL STAFF AND IT MAY TAKE SOME TIME FOR ALL STAFF TO BECOME FAMILIAR WITH INDIVIDUAL FAMILY & FRIENDS WHO COLLECT MY CHILD) (PLEASE INITIAL) _____

4. HEALTH/MEDICAL DETAILS

❖ I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE STAFF AT GOSHC OF ANY MEDICAL, ALLERGIC CONDITIONS OR SPECIAL NEEDS MY CHILD MAY HAVE AND WILL COMPLETE THE APPROPRIATE MEDICAL MANAGEMENT FORMS ANNUALLY OR UPDATE AS REQUIRED (PLEASE INITIAL) _____

➤ Does your child have any medical conditions? NO YES

If yes, please provide details: _____

➤ Does your child require regular medication? NO YES

➤ Does your child have any allergies? NO YES (If yes, please provide details below)

_____ MILD SEVERE ANAPHYLAXIS

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

_____ MILD SEVERE

❖ I WILL PROVIDE MEDICATION THAT IS PRESCRIBED BY A DOCTOR IN ITS ORIGINAL PACKING, WITH THE CHILD'S NAME, AND COMPLETE THE APPROPRIATE WRITTEN AUTHORISATION FORMS BEFORE SUCH MEDICATION WILL BE ADMINISTERED.

❖ I UNDERSTAND STAFF WILL BE UNABLE TO ADMINISTER ANY OVER THE COUNTER MEDICATIONS UNLESS ACCOMPANIED BY A CURRENT DOCTORS LETTER OF AUTHORISATION PLEASE INITIAL _____.

Is your child's immunisation status up to date? NO YES

Hepatitis B	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Hib	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Measles/Mumps/Rubella	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Pneumococcal	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Whooping Cough	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Rotavirus	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Diphtheria, tetanus and pertussis	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Meningococcal C	<input type="checkbox"/> NO	<input type="checkbox"/> YES
Polio	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Varicella	<input type="checkbox"/> NO	<input type="checkbox"/> YES

If your child's immunization status is not up to date, your eligibility to receive Child Care Benefit may be affected

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

➤ Does your child have any food intolerances or allergies? NO YES _____

If yes, is the intolerance/allergy life threatening? NO YES

❖ I UNDERSTAND THAT I MUST COMPLETE AN ALLERGY MEDICAL MANAGEMENT FORM ANNUALLY IF MY CHILD CURRENTLY HAS OR IN THE FUTURE DEVELOPS ANY ALLERGIES OR INTOLERANCES. I ACKNOWLEDGE THAT STAFF WILL DO THEIR BEST TO PROVIDE A MENU THAT IS INCLUSIVE OF EVERY CHILDS NEEDS BUT UNDERSTAND THAT IF THE ALLERGY /INTOLERANCE IS COMPLEX I MAY BE REQUIRED TO PROVIDE FOOD TO MEET MY CHILDS INDIVIDUAL NEEDS PLEASE INITIAL _____.

5. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Doctor 2 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 your child of Aboriginal or Torres Strait Islander descent? NO YES

Is your child from a non-English speaking background? NO YES NATIONALITY: _____

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 or behaviour strategies you use? 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

❖ I AM AWARE THAT BEFORE ANY BOOKINGS CAN BE MADE I MUST :

- RETURN THE COMPLETED ENROLMENT FORM AND ANY ADDITIONAL FORMS I.E MEDICAL MANAGEMENT
- PAY THE \$50 BOND & ANNUAL \$15 ADMINISTRATION FEE
- RETURN THE COMPLETED EZI-DEBIT FORM
- I UNDERSTAND THAT IF MY FEES BECOME IN ARREARS MY CHILD'S PLACE WILL BE SUSPENDED

(Please initial) _____

✓ Before School Care/After School Care/Vacation care: *please indicate*

START DAY AND DATE.....CHILDS YEAR LEVEL & CLASS ON FIRST DAY.....

Before School Care: MON TUES WED THURS FRI

After School Care : MON TUES WED THUR FRI

Vacation Care only:

PLEASE INDICATE IF YOU WOULD LIKE TO BE ON THE CASUAL OR PERMANENT FEE: FOR MORE INFORMATION SEE HANDBOOK.

CASUAL FEE

PERMANENT FEE

❖ I AM AWARE THAT TO CHANGE FEE TYPE I MUST GIVE 2 WEEKS NOTICE AND I AM AWARE OF THE CHARGES I WILL INCUR IF I DO NOT GIVE THE CORRECT NOTICE OF CANCELLATION AS SET OUT IN THE GLENVALE OSHC POLICIES & PROCEDURES.. (PLEASE INITIAL) _____

VACATION CARE

Vacation Care programs and booking forms are available 4 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Bookings are essential by emailing, phoning or adding your child's name to the bookings sheet in person. Cancellations for booked days must have 2weeks prior to the last day of term or fees and excursion costs will be incurred.

Alternative care is not provided at the service on excursion days where all children are attending. Alternative care will be the parent's responsibility.

- ❖ I AM AWARE I MUST RENEW MY CHILD'S VACATION CARE BOOKINGS EACH VACATION CARE PERIOD AND THAT THEY DO NOT AUTOMATICALLY CARRY OVER FROM THE PREVIOUS VACATION CARE. (PLEASE INITIAL) _____
- ❖ I UNDERSTAND BSC & ASC BOOKINGS RUN SEPERATERLY TO VACATION CARE.. (PLEASE INITIAL) _____
- ❖ I UNDERSTAND TERM FEES MUST BE UP TO DATE IN ORDER TO ATTEND VACATION CARE (PLEASE INITIAL) _____
- ❖ BSC & ASC BOOKINGS CARRY OVER EACH TERM TIME FROM THE FIRST DAY OF TERM 1 TO THE LAST DAY OF TERM 4 UNLESS OTHERWISE NOTIFIED.(PLEASE INITIAL) _____

DO YOU HAVE OTHER CHILDREN WHO ATTEND CHILDCARE OTHER THEN AT GLENVALE OSHC: YES NO

CHILD'S NAME	DOB	CENTRE NAME

PLEASE NOTIFY ANY OTHER CHILDCARE CENTRE YOU USE THAT YOU HAVE CHILDREN ATTENDING GLENVALE OSHC TO ENSURE MAXIMUM CCB FOR YOUR FAMILY

**IF YOU HAVE ANY FURTHER INFORMATION YOU WOULD
LIKE TO ADD THAT WILL ASSIST IN THE CARE OF YOUR CHILD
PLEASE LET US KNOW BELOW**

Permission & Agreement Details

Please **READ, TICK & INITIAL** the appropriate boxes to acknowledge and agree to the below:

- I give my consent to the information contained in this document being available to the Educators employed to work with my child on the Outside School Hours Care Program. 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 Coordinator, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I acknowledge that it is my responsibility to ensure my child is signed in for before school care out at afterschool care, and in and out at vacation care.
- I agree to inform the Coordinator of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy. I acknowledge that I am to notify GOSHC directly in person, on 0408 717 616 via phone call or text message or in writing/email in advance.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay an annual administration fee per family of \$15 and a Bond of \$50 per family prior to commencement of care. (Bond being refundable on exiting service when all payments up to date.)
- I agree to pay for all fees (including excursion costs) on the days that my child attends the program. I understand that **7 days' notice for Permanent BSC and ASC bookings** is required. For families using **casual care, notice prior to session commencement time** must be given i.e 7am or 3pm. **2 weeks prior to the last day of each term for vacation care places.** I understand a **non-attendance fee of \$5** will apply each time staff are required to locate my child/children. must be given otherwise I will be liable for, and charged, for the booked sessions.
- I acknowledge that GOSHC does not open until 7am and I am unable to leave my child prior to this. I agree to pay late fees as set out in the family handbook if my child is late being picked up. \$5 for the first 5 minutes after 6pm and \$5 a minute there after,
- I agree that as a new family commencing in 2016 I will use the Ezi-Debit direct debit payment system and return documentation for such **prior to commencement of care.** (Vacation care ONLY families may pay fees in advance by other means if paid in full.)
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and 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 authorize staff of Glenvale OSHC, to administer Adrenaline by way of an Epi-pen for allergic emergencies and/or Ventolin for Asthma emergencies. **(This authorization also applies to children whom have not previously had an allergic reaction and may require adrenaline for the first time)**
- Should my child/children have a medical condition eg asthma food, allergies or anaphalaxis I give permission for this to be displayed in a prominent place to ensure all educators/volunteers are aware of triggers.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen provided by GOSHC prior to outdoor activities.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation
- I understand that should my **child's behaviour** be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, newsletters and/or account statements via email.
- I acknowledge that I have sat with my child and read through and explained the online safety agreement they are to abide to whilst at GOSHC.
- I give permission for my child to watch G rated movies and PG movies if first they are scrutinized by GOSHC staff and deemed acceptable for children's viewing.
- I am aware that at the beginning of Term 3 each year prep children walk themselves to GOSHC independently rather than being collected from their classroom.
- I understand that if I wish my child to do **homework at GOSHC** I will **complete the required form** I acknowledge that GOSHC staff will provide a space and remind my child to do their homework however due to the capacity of GOSHC staff may not be able sit with and help individual children. **GOSHC staff are not able to do home readers and sight words, are not expected to know what homework each child is required to do each day and will not sign off homework. I understand it is my responsibility to follow up and ensure my child's homework is complete.**
- I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Handbook.

PARENT/GUARDIAN 1:

NAME: _____ SIGNED: _____ DATE: _____

PARENT/GUARDIAN 2:

NAME: _____ SIGNED: _____ DATE: _____