Our Lady Star of the Sea Primary School Cowes

ENROLMENT FORM

Please complete and return a form for each individual child.

ELYSIUM OSHC

CHILD INFORMATION

Family Name _____ First Name(s) _____ Date of Birth _____

Year Level _____ Gender _____ Child CRN _____

Residential Address _____ Suburb _____ Postcode _____

Languages Spoken At Home: _____ Cultural Background: _____

WHICH SITE WILL YOUR CHILD ATTEND? – Please list your child's school or known Vacation Care sites in your region:

_____

ATTENDANCE REQUIRMENTS

Please circle/shade/tick/highlight the days that are needed in a permanent schedule, or select casual if you need occasional care.

Before School Care	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL
After School Care	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

COMMENCEMENT DATE
When will this child start their first day of care with Elysium OSHC: _____

ENTITLEMENTS
Do you receive the **Child Care Subsidy (CCS)?** ☐ Yes ☐ No

CHILD WELLBEING
Are you connected to an agency for the purpose of **Additional Child Care Subsidy?** ☐ Yes ☐ No

PARENT/GUARDIAN INFORMATION – Account Holder (Please give full names)

Title _____ Family Name _____ First Name(s) _____

Date of Birth _____ Gender _____ Guardian CRN _____

Residential Address _____ Suburb _____ Postcode _____

Postal Address (If different from above) _____ Suburb _____ Postcode _____

Home Phone _____ Work Phone _____ Mobile _____

Email Address _____ Relationship to child _____

Languages Spoken At Home: _____ Cultural Background: _____

OTHER CONTACTS

These contacts can be chosen for the following:
Emergency Contact: someone that can be contacted and authorise the administration of medication for the child or approve the use of emergency services and medical treatment. **Approved Pick-up**: Someone that can pick up the child in the absence of the Guardian. **Excursion:** Someone that can authorise the student to go outside the school premises on excursion.

Contact 1 **Emergency Contact** ☐ **Approved Pick-Up** ☐ **Excursion** ☐ **Authorise medical treatment** ☐

Title _____ Family Name _____

First Name _____ D.O.B _____

Address _____

Phone _____ Mobile _____

Relationship _____

Contact 2 **Emergency Contact** ☐ **Approved Pick-Up** ☐ **Excursion** ☐ **Authorise medical treatment** ☐

Title _____ Family Name _____

First Name _____ D.O.B _____

Address _____

Phone _____ Mobile _____

Relationship _____

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Contact 3 **Emergency Contact ☐** **Approved Pick-Up ☐** **Excursion ☐**
Authorise medical treatment ☐

Title _____ Family Name _____

First Name _____ D.O.B _____

Address _____

Phone _____ Mobile _____

Relationship _____

Contact 4 **Emergency Contact ☐** **Approved Pick-Up ☐** **Excursion ☐**
Authorise medical treatment ☐

Title _____ Family Name _____

First Name _____ D.O.B _____

Address _____

Phone _____ Mobile _____

Relationship _____

Is the child involved in a custody dispute? ☐ Yes ☐ No Is there a Court Order in place? ☐ Yes ☐ No

Please provide all current information regarding this issue to the staff at the program. If there is a change to the custody arrangement, please provide the correct documentation to enable us to enforce this arrangement at the service. Please list below any specific instructions or information that would be helpful in assisting us in the care of your child. This may include powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.

_____

_____

_____

MEDICAL DETAILS & OTHER INFORMATION

Does your child have any of the following:			
A.D.D/A.D.H.D	☐ YES ☐ NO	**If yes, please provide details of severity, medication and any plan for management.**	
Diabetes	☐ YES ☐ NO	**If yes, please provide a diabetes plan prior to commencement** – authorised by the child's medical practitioner.	
Heart Problems	☐ YES ☐ NO	**If Yes, please provide an action plan prior to commencement** – authorised by the child's medical practitioner.	
Physical Needs	☐ YES ☐ NO	**If yes, please provide details.**	
Allergies	☐ YES ☐ NO	**If Yes, please provide an action plan if applicable prior to commencement** – authorised by the child's medical practitioner.	**Please remember to bring your child's medication if required. Please provide:** **- Allergy Management Plan ☐** **- Medications ☐**
Epilepsy	☐ YES ☐ NO	**If Yes, please provide an action plan prior to commencement** – authorised by the child's medical practitioner.	
Anaphylaxis	☐ YES ☐ NO	**If Yes, please provide an action plan prior to commencement** – authorised by the child's medical practitioner.	**Please remember to bring your child's Epipen if required.** **- Allergy Management Plan ☐** **- Medications ☐**
Educational Needs	☐ YES ☐ NO	**If yes, please provide details.**	
Asthma	☐ YES ☐ NO	**If Yes, please provide an action plan prior to commencement** – authorised by the child's medical practitioner.	**Please ensure you bring your child's medication and inhaler to the program each day.** **- Asthma Management Plan ☐** **- Medications/Puffer ☐**
Haemophilia	☐ YES ☐ NO	**If Yes, please provide an action plan prior to commencement** – authorised by the child's medical practitioner.	

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Behavioural Needs	☐ YES ☐ NO	**If yes, please provide details.**
Dietary Needs or restrictions	☐ YES ☐ NO	
Any other Special Needs	Please provide details	

ALLERGIES

Please provide us with information if they are at risk of severe reactions to anything.

Please provide us with the information regarding the risk of severe reactions to the following		
Bee Sting	☐ NOT ALLERGIC or ☐ HIGH ☐ MEDIUM ☐ LOW	**Please provide an action plan**
Food	☐ NOT ALLERGIC or ☐ HIGH ☐ MEDIUM ☐ LOW	**Please provide an action plan**
Medication	☐ NOT ALLERGIC or ☐ HIGH ☐ MEDIUM ☐ LOW	**Please provide an action plan**

Does your child wear glasses? ☐ Yes ☐ No **Does your child wear a hearing aid? ☐ Yes ☐ No**

IMMUNISATIONS

Up to date immunisations are required for guardians to access child care subsidised places in Education and Care services. As Elysium OSHC is an approved service and registered for Child Care Subsidy, guardians will need to declare the immunisation status and records as a requirement of providing care to the child in this application.

I Declare My Child's Immunisations Are Up To Date? ☐ **Immunisation Record Attached? ☐**

Please provide information on things such as dietary, cultural or religious considerations. This information will be used to support the health and wellbeing of your child at the service. (e.g. Doesn't like clowns, fears heights, etc)

_____

_____

PLEASE PROVIDE ANY MEDICAL MANANGEMENT PLANS, MEDICAL & BEHAVIOURAL ASSESSMENTS OR OTHER DOCUMENTATION RELATED TO THE CHILDS NEEDS PRIOR TO COMMENCEMENT AT ELYSIUM OSHC.

DOCTOR INFORMATION

Please provide details of your child's doctor

Doctors Name _____ Phone _____ Centre Name _____

Centre Address _____

Medicare Number _____ Ambulance Membership Number _____

Does your child currently take any medication? ☐ Yes ☐ No

Please ask staff for a medical information and authorisation form to complete.

TELL US MORE ABOUT YOUR CHILD

CHILD'S INTERESTS

Elysium OSHC staff will be creating a profile for your child, which will remain at the service. This profile will help us create programs and activities that support your child's individual interests. Please provide information about any interests/hobbies your child may have.

_____

_____

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MEDICAL AND DECLARATIONS

Please read and sign the following statements.

I give permission to the staff of Elysium OSHC to administer medically prescribed medication to my child as needed. I understand that the staff will record each occasion where medication is provided. I acknowledge that all care will be taken and will not hold Elysium OSHC responsible. I also understand my child cannot attend the service if suffering from an infectious or communicable disease that has been identified by the Department of Health.	☐ Yes	☐ No
I give permission for the Elysium OSHC staff to provide first aid treatment to my child if a minor accident occurs. In the case of a more urgent situation, I understand an ambulance will be called first then I will be notified. I give permission for my child to be transported in an ambulance to seek further treatment by a medical practitioner or hospital and authorise the contacts above accordingly to act as delegated by myself. I agree to pay any expenses incurred.	☐ Yes	☐ No
From time to time, we require the children's work or pictures of them doing activities to be used to promote the service. I understand that photographs of my child or items of my child's work completed at the Elysium OSHC Service may be used at a later date for marketing and promotional purposes. I hereby give my consent for them to be used for this purpose.	☐ Yes	☐ No
I acknowledge that all information given in this document is confidential and, pursuant to the Privacy Act, will only be used by the Elysium OSHC team to responsibly and effectively care for my child and will not be used for any other purpose. Representatives from appropriate Government Departments may view the information as part of the programs assessment and reporting processes.	☐ Yes	☐ No
As a requirement during the higher UV exposure periods such as summer, there is a strict need for my child to wear sunscreen to play outdoors. I understand this requirement and give permission the Elysium OSHC staff to apply sunscreen supplied by the service, if no other sunscreen is provided.	☐ Yes	☐ No
During the program, children will be given time to relax and watch DVD's. Sometimes these DVD's are of a G & PG rating. I give permission for my child to watch movies and games with the G & PG rating.	☐ Yes	☐ No

TERMS & CONDITIONS

- The rate charged is dependent on whether it is a permanent recurring booking or not. Permanent bookings must be identified before booking the child into the service. Additional days, which are outside the agreed and identified booking, will be charged at the casual rate for that day.
- A period of one week notice, in a permanent form such as writing, email or text, must be provided if a booking is to be cancelled. This applies to all bookings once they are made. If this has not been done correctly, the booking will not be cancelled and the child will be marked absent for that booking.
- No refunds are given for absences and full fees are charged to the guardians account (less any Childcare entitlements). All public holidays will be cancelled by the Program Manager if a program is not provided that day.
- Interest on overdue accounts shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of five percent (5%) will be charged per day until the full payment has been collected.
- In the event that your Direct Debit payment is dishonoured in a billing cycle, for any reason, you shall be held responsible for any dishonour fees incurred by Elysium OSHC and will pay them within the next billing cycle.
- If you default in payment when due, you shall be held responsible for all costs and disbursements incurred by Elysium OSHC in pursuing the debt including legal costs on a solicitor and Elysium OSHC's collection agency costs.
- If at any time you are in breach of your obligations under this agreement, Elysium OSHC may suspend attendance or terminate the enrolment and shall not be responsible for providing care to the enrolled child. Elysium OSHC will not be liable to you for ant loss or damage that you may suffer as a result of Elysium OSHC activating this clause.
- If payment for an account has not been received in the billing cycle after being issued, you will receive a non-payment fee of $25 per child per account that is overdue.
- Elysium OSHC may collect, retain and use any information about you when assessing your credit worthiness
- Elysium OSHC may disclose any information about you, whether collected by Elysium OSHC from you directly or obtained by Elysium OSHC from any other source to any credit reporting agency for the purposes of debt collection or notifying a default by you.

I declare that I have read this document fully and that the information given is true. I acknowledge that in order to retain bookings at Elysium OSHC that I need to keep my account up to date and provide all information promptly if it has changed.

I am aware that any default by me for the payment of outstanding fees may result in debt collection actions and all costs associated with this action will be solely at my expense.

Name _____ Signature _____ Date _____

Please return the form to the Program Coordinator or the School's Office. If you need to contact us, please use the details below.