

**Toolamba Primary School**

# **Out of School Hours Care Enrolment Form**



**Where Everyone Counts**



**ENROLMENT DETAILS****Enrolment Date:** \_\_\_\_\_

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk \* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

**Information about the child**

Family Name: _____ (please tick)	Date of Birth: _____	*Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Given Names: _____	*Usually called: _____	
Child's CRN Number: _____		
Home Address: _____		
Language(s) spoken in the home: _____		
Cultural background----- Religion-----		
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)		
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait Islander	
<input type="checkbox"/> Do you require the services of an interpreter?		
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes (please tick)		

**Information about the child's parents or guardians**

Mother	Father
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
CRN No: _____	CRN No: _____
Address - as per child or: _____	Address - as per child or: _____
Email: _____	Email: _____
Telephone/s (H) _____ (W) _____ (Mobile) _____	Telephone/s (H) _____ (W) _____ (Mobile) _____
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
<b>Guardian (if applicable)</b>	<b>Guardian (if applicable)</b>
Name _____	Name _____
Address - as per child or: _____	Address - as per child or: _____
Telephone/s (H) _____ (W) _____ (Mobile) _____	Telephone/s (H) _____ (W) _____ (Mobile) _____
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

## Authorised Nominees

*This list may be added to or changed throughout the year.  
In the event that the child is not collected from the children's service and the  
Parents/Guardians cannot be contacted, this list will be used to arrange someone to collect the child.*

Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>	<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>	<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Relationship to child	Relationship to child
<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>	<ul style="list-style-type: none"> <li>○ Authorise to consent to medical treatment or administration of medication.</li> <li>○ Authorise an educator to take the child outside of the service premises.</li> <li>○ Authorise to collect the child.</li> </ul>

***Court Orders, parenting orders or parenting plans relating to the child***

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

# **Parenting Order** means a parenting order within the meaning of section 64B(1) of *Family Law Act 1975* of the commonwealth.

# **Parenting Plan** means a parenting plan within the meaning of section 63C(1) of the *Family Law act 1975* of the commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

No ☐ go to the next section.

Yes ☐ **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this 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;  
in the case of a family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer;

consent to the medical treatment of the child;

request or permit the administration of medication to the child;  
collect the child from the service or family day care,

AND/OR

b) give these powers to someone else,

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

.....  
.....  
.....  
.....

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**CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE**

**CASUAL/EMERGENCY CARE**

**PERMANENT BOOKINGS**

**AFTER SCHOOL CARE:**

Monday/Tuesday/Wednesday/Thursday/Friday

**BEFORE SCHOOL CARE:**

Monday/Tuesday/Wednesday/Thursday/Friday

## Child's Health Information

Name Doctor/Medical Service: ..... Telephone: .....

Address Doctor/Medical Service: .....

\*Maternal & Child Health (MCH) Centre: .....

Does your child have a child health record? No ☐ Yes ☐ (please tick)

If **yes**, please provide to the service for sighting.

**Child health record means a record that documents a child's health and developmental assessments and immunisations.**

Name and position of person at the children's service who has sighted the child's health record.

Name: ..... Position: .....

## Child's Medical Information

Does your child have any special needs? No ☐ Yes ☐ (please tick)

If **yes** please provide details of any special needs and any management procedure to be followed with respect to the special need.

.....  
.....  
.....

Does your child have any allergies or sensitivity? No ☐ Yes ☐ (please tick)

If **yes** please provide details of any allergies and any management procedure to be followed with respect to the allergy.

.....

## Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No ☐ Yes ☐

Does your child have an auto injection device (eg EpiPen®)? No ☐ Yes ☐

Has the anaphylaxis medical management plan been provided to the service? No ☐ Yes ☐

Has a risk management plan been completed by the service in consultation with you? No ☐ Yes ☐

**In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.**

**More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)**

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child)

Asthma? No ☐ Yes ☐

Hearing problems? No ☐ Yes ☐

Sight problems? No ☐ Yes ☐

Speech difficulties? No ☐ Yes ☐

Epilepsy? No ☐ Yes ☐

A behavioural disorder? No ☐ Yes ☐

Diabetes? No ☐ Yes ☐

Any other medical condition? No ☐ Yes ☐

*Does your child have:*

Any special requirements due to religious beliefs? No ☐ Yes ☐



If **yes** please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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.....  
.....

Does the child have any dietary restrictions?

No ☐ Yes ☐ (please tick)

If **yes**, the following restrictions apply:

.....  
.....

#### PERMISSION FOR SUNSCREEN AND/OR INSECT REPELLENT TO BE APPLIED

I give permission for my child/ren \_\_\_\_\_ to have sunscreen applied to skin Yes ☐ No ☐

I give permission for my child/ren \_\_\_\_\_ to have insect repellent applied to skin. Yes ☐ No ☐

Parent/Guardian Signature \_\_\_\_\_

(A signature is required for either a yes or no answer) (Please print name next to signature)

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

I give permission for my child/ren \_\_\_\_\_ to have a barrier cream applied to skin. Yes ☐ No ☐

I give permission for my child/ren \_\_\_\_\_ to have face paints applied to skin. Yes ☐ No ☐

Parent/Guardian Signature \_\_\_\_\_

(A signature is required for either a yes or no answer) (Please print name next to signature)

#### PERMISSION TO VIEW PG MOVIES

I give permission for my child/ren \_\_\_\_\_ to watch a PG rated movie at the Out of School Hours Care Program.

Parent/Guardian Signature \_\_\_\_\_ Yes ☐ No ☐

(A signature is required for either a yes or no answer) (Please print name next to signature)

#### PERMISSION FOR PHOTOGRAPHS

I give permission for photographs to be taken of my child/ren \_\_\_\_\_ and for them to be used in displays within the school, information booklets, local and national newspaper, school website, school Face book page and mountain monthly

Parent/Guardian Signature \_\_\_\_\_ Yes ☐ No ☐

(A signature is required for either a yes or no answer) (Please print name next to signature)

## Child's immunisation record

Has the child been immunised?

No ☐ Yes ☐ (please tick)

**\*If yes**, provide the details by:

attaching a copy of the Immunisation Record from the Child Health Record book OR  
attaching a copy of the Immunisation Record printout from local government OR  
attaching the Child History Statement from the Australian Childhood Immunisation Register OR  
completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation (valid from March 2008)	Birth	2months	4months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

**Medicare Card No:**.....

**Expiry Date:**.....

**Ambulance Membership:**.....

**Private Health Insurance:**.....

### Declaration and Consent to Emergency Medical Treatment

I, ..... (Print full name)

a person with lawful authority of the child referred to in this enrolment form,

declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;

agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;

consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service;

administer such first aid as the Principal or OSHC Educators or staff member may judge to be reasonably necessary.

.....

.....

**Signature**

**Date**

**\*Other information**

Is there anything else that the children's service should know about the child? (eg. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

.....

.....

.....

**Please read and sign:** (both parents/guardians to sign where at all possible and if applicable)

We/I

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(Print full name/s)

Person/s with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in the form, if s/he becomes unwell at the service.
- Agree that any personal property brought into the program, by the child referred to in the form is that child's responsibility. Staff does not take responsibility for loss of, or damage to that property.
- I recognise that OSHC staff may need to openly communicate with principals, teachers or other professionals, in the interests of my child's welfare, and authorise for staff to do so.
- I understand that in an emergency situation, where an evacuation drill is necessary, that my child may need to leave the school premises under the direction and supervision of OHSC staff.
- Have read, and agree to abide to the conditions outlined in the Parent Handbook.
- Is responsible for the payment of any fees incurred at the Toolamba Primary Out of Hours School Care service for the aforementioned child.
- Understand that fees are to be paid fortnightly.
- Understand that any outstanding, unpaid fees will be referred to School Council where a decision will be made on how to retrieve outstanding fees.

Signed (Mother/Guardian) \_\_\_\_\_

Signed (Father/Guardian) \_\_\_\_\_

Date \_\_\_\_\_

*Thank you, for helping us to smooth the way for the inclusion of your child into the Toolamba Primary Out of Hours School Care. The information supplied will be of great assistance to us in managing the health and safety of your child and in the planning of the daily programs.*



## ***Confidentiality of Enrolment Records***

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 (regulation 653)

## ***Lawful Authority***

### ***Parents***

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 2011 refer to these powers and responsibilities as "lawful authority". 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.

### ***Proprietors***

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

### **OFFICE USE ONLY**

Medical Condition Management Plan given ☐ Date \_\_\_\_\_ Staff members signature:- \_\_\_\_\_

Medical Condition Management Plan returned ☐ Date \_\_\_\_\_ Staff members signature:- \_\_\_\_\_