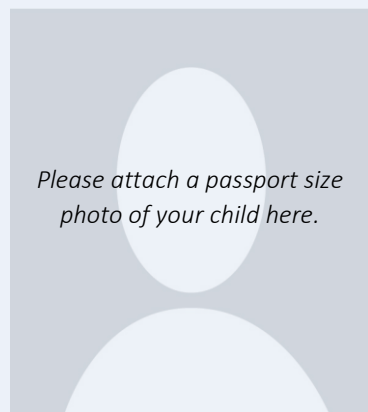


CHILWELL OUT OF SCHOOL HOURS CARE

2022 ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

| | | | |
|--|--|--|--|
| Child's birth certificate/identity documents | | Child Customer Reference Number (CRN) | |
| AIR Immunisation History Statement | | ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma) | |
| Parent Customer Reference Number (CRN) and date of birth | | Copies of medical documents | |
| Copies of any family law or other relevant court Orders and/or legal documents | | Photo identification of all emergency contacts | |

Service name: CHILWELL PRIMARY SCHOOL OSHC

Address: 313a PAKINGTON STREET NEWTOWN 3220

Phone number: 0417 014 973

Email: oshc@chilwellps.vic.edu.au

OFFICE USE ONLY

Date Entered

Entered By

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

| | | | |
|----------------------|--|-------------|--|
| Family Name | | | |
| First given name | | Middle name | |
| Preferred first name | | | |

| | | | |
|---------------|--|---------------------------|--|
| Date of Birth | | Gender (Please circle) | |
|---------------|--|---------------------------|--|

| | |
|--|--|
| Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i> | |
|--|--|

| | | | | |
|---------------------------|--|--|--|--|
| Child's home address | | | | |
| | | | | |
| Child normally lives with | | | | |

| | | | | | |
|-------------------------------------|-----|-----|-----|--------|-----|
| Primary School attending | | | | | |
| Child's Year Level & Teacher | | | | | |
| Days of attendance (Please circle): | Mon | Tue | Wed | Thurs. | Fri |
| Morning Session Required (Tick): | | | | | |
| Afternoon Session Required (Tick): | | | | | |

| | |
|--------------------|--|
| Child's Start Date | |
|--------------------|--|

| OFFICE USE ONLY | |
|-----------------|-------------|
| Date Entered: | Entered By: |

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

| | |
|---|---|
| Is your child of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both |
| Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i> | If yes, what language (s) other than English are spoken at home. |
| County of birth | |
| Child's residency status | |
| What is your child's cultural background? | |
| Please outline any cultural practices you would like followed | |
| Religion | |

| | |
|--|--|
| Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed. | |
|--|--|

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

| | |
|---|-------------------|
| Parent Name | |
| Parent Surname | |
| Address | |
| Phone Number/s | (H) (M) (W) |
| Parent Date of Birth: | |
| Email address | |
| Relationship to child | |
| Country of Birth | |
| Languages other than English spoken at home | |

| | |
|---|--|
| Parent Centrelink Reference Number (CRN): | |
|---|--|

| | |
|---|--|
| Please provide any relevant cultural background details | |
|---|--|

| | |
|---|----------|
| Does the child normally live with you? (Please circle) | Yes / No |
|---|----------|

| | |
|------------|--|
| Occupation | |
|------------|--|

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

| | |
|---|-------------------|
| Parent Name | |
| Parent Surname | |
| Address | |
| Phone Number/s | (H) (M) (W) |
| Parent Date of Birth | |
| Email address | |
| Relationship to child | |
| Country of Birth | |
| Languages other than English spoken at home | |

| | |
|--|--|
| Parent Centrelink Reference Number (CRN) | |
|--|--|

| | |
|---|--|
| Please provide any relevant cultural background details | |
|---|--|

| | |
|---|----------|
| Does the child live with you? (Please circle) | Yes / No |
|---|----------|

| | |
|------------|--|
| Occupation | |
|------------|--|

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

| | | |
|--|---|----------|
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No | Attached |
| | If yes, please provide all relevant documentation and paperwork | |
| Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person? | Yes/No | Attached |
| | If yes, please provide all relevant documentation and paperwork | |
| Have photographs and names of unauthorised people been attached to this form? | Yes/No | Attached |
| | | |
| Briefly outline court order requirements | | |

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or

you become aware of a newly diagnosed condition, you should contact management as soon as possible.

| | | | |
|---------------------------------------|----------|-----------------------------------|----------|
| Child's Medicare Number | | | |
| Medicare Expiry Date | | Child's Medicare reference number | |
| Doctor's name | | | |
| Medical Centre | | Phone number | |
| Doctor's address | | | |
| Dentist name | | | |
| Name of Service | | Phone number | |
| Dentist's address | | | |
| Private Health Cover | Yes / No | Private Health Fund Name | |
| Private Health Care Membership Number | | Ambulance Cover | Yes / No |

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

| | | | |
|--|--------|--|--------------|
| Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other | | | |
| Allergy to | | | |
| Medical specialist or doctor who may be currently treating your child for this condition | | | |
| Phone contact | | Address | |
| Risk of Anaphylaxis | Yes/No | Has a doctor diagnosed this allergy? | Yes/No |
| Does your child have a current ASCIA Action Plan? | Yes/No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) | Yes/No |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date). | | | |
| What is the expiry date of the adrenaline autoinjector? | | | Month / Year |

| | | | |
|---|--------|---------------------|--|
| Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i> | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| | | | |

Does your child have any special dietary requirements or restrictions? Yes/No

| Prohibited Food | Detailed information |
|-----------------|----------------------|
| | |

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

| | | | |
|--|--------|---------------------|--------|
| Medical condition | | | |
| Has a doctor diagnosed this condition? | | | Yes/No |
| Does your child have a current Medical Management Plan (eg ASCIA Asthma Plan) | | | Yes/No |
| If yes, is this plan attached? | | | Yes/No |
| REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION | | | |
| Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i> | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis). | | | |
| Doctor’s name | | | |
| Medical Centre | | Phone Number | |
| Signature | | | Date |

Students in junior classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student’s medical/health practitioner.

Please advise if your child’s medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

| |
|--|
| |
| |

| Medication agreement | | |
|--|---------------------------------------|--|
| <p>Medication will only be administered if:</p> <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child’s name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p> | <p>Parent 1 Signature:</p> | |
| | <p>Parent 2 Signature:</p> | |
| | | |

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

| | | |
|---|----------------|-----------------|
| <p>AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words ‘up to date’ recorded.</p> | <p>Yes/ No</p> | <p>Attached</p> |
|---|----------------|-----------------|

| | | |
|---|---------|----------|
| AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity. | Yes/ No | Attached |
| Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated. | Yes/ No | Attached |

FAMILY INFORMATION

| | |
|---|--|
| Does your child have any siblings attending our Service? If so, please provide their names and ages. | |
| Does your child have other siblings at home or attending school? If so, please provide their names and ages. | |
| Does your child have any other close relations attending the Service? If so, please provide their names and ages. | |

DEVELOPMENTAL INFORMATION

| | |
|--|--|
| | <i>Please provide any relevant information</i> |
| Does your child have any problems with hearing, sight or speech? | |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? | |
| Does your child require additional support for learning because of disability? | |

| | |
|--|--|
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? | |
| Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced. | |

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

| | | | |
|--|--------|--------------------|--|
| <p>There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.</p> <p>Please ensure you have obtained the person’s consent before listing them as an emergency contact.</p> | | | |
| Full Name | | | |
| Relationship to child | | | |
| Phone Number | (H) | | |
| | (M) | | |
| | (W) | | |
| Address | | | |
| Email Address | | | |
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for educators to take the child outside the Service’s premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |

| | | | |
|---|--------|-----------------------|--|
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

| | | | |
|--|--------|-----------------------|--|
| Full Name | | | |
| Relationship to child | | | |
| Phone Number | (H) | | |
| | (M) | | |
| | (W) | | |
| Address | | | |
| Email Address | | | |
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |

AUTHORISATIONS

Illness, accident and emergency treatment

| | | | |
|--|--------|---------------------|--|
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |

TRANSPORTATION AUTHORISATION

| | |
|--|--|
| The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: <ul style="list-style-type: none"> regular outings (once every twelve months) an excursion that is not a regular outing | |
| Parent 1 Signature: | |
| Parent 2 Signature: | |

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

| | | |
|--|-----|----|
| I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service) | YES | NO |
| I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |
| Have staff apply Insect Repellent (supplied by parents) | YES | NO |

PHOTOGRAPHY AND VIDEO

| | | |
|--|-----|----|
| For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service) | YES | NO |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service | YES | NO |
| For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources | YES | NO |

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service registration fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable or taken off the final account when the family ceases to use the service.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date.

- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
- I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.
- I give permission for my child to be involved with leisure activities offered at the OSHC Service.
- I, or someone I know, has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

| | | | | | |
|------------|--|-----------|--|------|--|
| PRINT NAME | | SIGNATURE | | DATE | |
| PRINT NAME | | SIGNATURE | | DATE | |

HOW DID YOU HEAR ABOUT US?

| | | | |
|---------------|--|-----------------|--|
| Word of Mouth | | Internet Search | |
| Advertisement | | Social Media | |
| Website | | Other: _____ | |

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.