

Emanuel OOSH Enrolment Form

Full name of child: _____

Date of Birth: _____ Year group in 2017: _____

Address of child: _____

Child CRN: _____ Gender (please circle): MALE / FEMALE

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully before completing and signing the form.

Please complete a separate form for each child you are enrolling.



Parent/Guardian Details

Parent/ Guardian #1 Name (family assistance registered parent):	Parent/Guardian #2 Name:
Relation to child:	Relation to child:
Home Address:	Home Address (if different to #1):
Home Phone Number:	Home Phone Number (if different to #1):
Mobile Phone Number:	Mobile Phone Number:
Email Address:	Email Address:
Work Details Occupation:..... Company Name: Address: Phone Number:.....	Work Details Occupation:..... Company Name: Address: Phone Number:.....
Are you currently: working / studying / unemployed (circle)	Are you currently: working / studying / unemployed (circle)
PARENT/GUARDIAN (family assistance registered parent) CRN: _____ D.O.B: _____	

Additional Information

Language(s) spoken at home:	Cultural background of child/family:
Family's religion (optional):	Is your child of Aboriginal or Torres Strait Islander Origin? (Please circle) Aboriginal/Torres Strait Islander/Neither
Are there any specific cultural or religious considerations we need to be aware of?	

Custody Matters

- Are there any court orders/parenting orders/parenting plans relating to the child? YES / NO

If yes, please attach a copy to be kept in your child's file at the centre.

NOTE: The service cannot enforce custody requirements without a copy of relevant Court Orders being provided. Please discuss any custody matters with the Director before enrolment.

Contacts (Please provide a minimum of 1)

Please list below people **OTHER THAN PARENTS/GUARDIANS**, who are authorised to collect your child from Emanuel OOSH or to be an Emergency contact. All names not listed on this form that have previously been provided, will be removed from your authorisation list.

Name:	Contact Number(s) (during the day):	Relationship to child:	State whether this person is authorised to collect your child from Emanuel OOSH or is ONLY a contact person:

NOTE: Only names of people you have provided with collection authorisation will be allowed to collect your child from the centre, unless staff have been informed otherwise by a parent/ guardian.

Child Attendance

Please indicate the day(s) your child will attend the centre.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoon					

NOTE: Bookings from 2017 carry over to 2018 unless you have otherwise informed the centre. Please only mark the day(s) that you have been offered/currently have. Do not mark day(s) you are waiting on.

Please note:

- Enrolments will be allocated as follows:
 - Priority 1 ~ a child at risk of harm
 - Priority 2 ~ a child or a parent (or both parents) who satisfies the Government's work, training, study test
 - Priority 3 ~ any other child

A childcare service may require a Priority 3 child to vacate a place to make room for a child with a higher priority.

- The main requirement of the service is to provide care for children aged 5-12 years old, therefore children between these ages will receive preference when enrolling at the service.
- Booked days incur a charge and need to be paid for when children are absent.
- Children requiring CASUAL days must request this prior to the day to ensure that a position is available. Please speak to the Director to find out more about casual vacancies.

Photo

Please attach a recent photo of your child.

NOTE: Your child's photo will assist Emanuel OOSH staff during the orientation period, in the case of allergies, dietary requirements or additional needs and in the case of an emergency.

Medical Information

Name of Doctor:			
Address:			
Phone Number:		Medicare Number:	

Does your child have any allergies (including asthma or anaphylaxis)? <i>If yes, please provide details, including a copy of an action plan/medical management plan (required for asthma and anaphylaxis) and a risk minimisation plan prepared by your child's doctor (if applicable).</i> NOTE: Children with asthma or anaphylaxis are not permitted to attend the service unless all relevant documents are provided and a spare epi-pen/reliever is provided to be kept at the centre.	YES	NO
Does your child follow any special diet requirements for religious, medical or health reasons? <i>If yes, please specify. (Please note all meals provided at the service are Kosher)</i>	YES	NO
Does your child require any long term/regular medication? <i>Please indicate the reason for the medication</i> (A Medication form will need to be completed)	YES	NO
Is your child fully immunised for their age?	YES	NO

NOTE: Medication will only be administered in accordance with the centres Medication Policy.

Medical Conditions/Additional Needs

Does your child have a medical condition or require additional assistance to meet their needs? YES / NO

If YES please provide details of the condition/needs they require assistance with:

Attachments

I have attached:

- Any court orders/parenting orders/parenting plans relating to my child (if applicable) ☐
- A recent photo of my child ☐
- A copy of an action plan/medical management plan (required for asthma and anaphylaxis) ☐



- A risk minimisation plan prepared by your child's doctor (if applicable)



Authorisation and Approval (permission) (please circle your response):

Do you give permission for your child to be photographed/videoed at the centre that may be used for centre purposes including website and newsletters? NOTE: <i>There may be a number of reasons the service takes photographs/videos of your child while they are at the service including: Providing visual documentation to families or to assist with evaluations of the program.</i>	YES	NO
Do you give permission to students from TAFE, Colleges and Universities to do child studies and observations on your child?	YES	NO
Do you give permission for the centre to apply sunscreen and/or insect repellent to your child?	YES	NO
Do you give permission for an Emanuel OOSH staff member to administer an age/weight appropriate dose of a fever reducing agent to your child, should he/she have a fever while awaiting your arrival to seek medical treatment?	YES	NO

Disclaimer/Informed Consent

I hereby acknowledge that:

- In an emergency my child will be transported to hospital by ambulance.
- That medication will not be administered to my child unless (excluding asthma and anaphylaxis medications):
 - The medication is in its original container
 - My child's name is on the medication
 - The medication is current
 - A separate medication form has been obtained by Emanuel OOSH staff and filled out by the parent/guardian
- That I must undertake an orientation with a Emanuel OOSH staff member before the commencement of my child's first day.
- I understand that fees are to be paid fortnightly and I need to make payment on time (which may be changed by notice from time to time by the centre at its sole discretion) (Policies and Procedures)
- When caring for my child/children the service will rely on the information provided by me in this enrolment form. It is my responsibility to notify the service of any changes or other instructions/information (of any nature whatsoever).
- The Policies & Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child.
- I must strictly comply with the Policies and Procedures at all times.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service its employee's or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Person's.

Declaration

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent and/or Guardians Full Name (please print): _____

Signature: _____ Date: _____

The information requested in this form is in accordance with the Education and Care Services National Regulations and the Education and Care Services National Law

Updated: November 2016

Office use only:

<u>Date received:</u>	<u>Received By:</u>	<u>Entered By:</u>
<u>Other Instructions:</u>		