



Memorial Oval Primary School

Out of School Hours Care

Enrolment Form



Completing this form:

Pages 1 - 3 need to be completed *once per family*. Pages 4 - 5 need to be completed for *each child*. Enrolments cannot be processed until all forms are completed.

Child Care Benefit:

You will need to register with Centrelink and give us the CRNs for the person who registered with Centrelink as well as each child to process your CCB. These numbers will be different for each person. Please contact Centrelink if you cannot find them.

Parent Handbook:

Please read the parent handbook you received with this package. This outlines important information about OSHC and Vacation Care. The centre operates in line with specific policies for Outside School Hours Care and Vacation Care. These policies are available to be viewed at the centre in full. If you are enrolling for Vacation Care please also pick up the Vacation Care program available a few weeks before each holiday period.

Parent Agreements: Please initial the following:

- I agree to pay the required fees for my child's care fortnightly. *Initial:*
- I accept the policies and rules of the Service. *Initial:*
- I agree that the staff of the Service may administer simple first aid to my child if the need arises. *Initial:*
- I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child. *Initial:*
- I understand that my child may be excluded for inappropriate behaviour. This is at the discretion of the Director and school Principal. *Initial:*
- I acknowledge that the information provided within this form or verbally is used solely for the purpose of providing Outside School Hours Care and Vacation Care for my child/ren and will only be released when legally required. *Initial:*
- I understand that anything I hear or see at OSHC must be kept confidential. *Initial:*
- I certify that the information I have provided is true to the best of my knowledge and I undertake to inform the Service if any of these details change. *Initial:*

PARENT / CARER NAME: _____

SIGNATURE: _____ **DATE:** _____

Primary Contact Details (Parent / Carer 1)

This must be the person registered with Centrelink if the CCB is to be claimed.

Relationship to child:	_____	Title: Mr / Mrs / Miss /Ms Other:	_____		
First Name:	_____	Surname:	_____		
Home Address:	_____	Suburb:	_____	Post Code:	_____
Postal Address:	_____	Suburb:	_____	Post Code:	_____
Phone Numbers:	Home: _____	Mobile:	_____	Work:	_____
Email Address:	_____				
CRN:	_____	D.O.B:	___/___/___		
Employment Status:	Employed / Studying / Home Duties				
Work Address:	_____	Suburb:	_____	Post Code:	_____
Occupation:	_____	Organisation / Employer:	_____		

Parent / Carer 2

Relationship to child:	_____	Title: Mr / Mrs / Miss /Ms Other:	_____		
First Name:	_____	Surname:	_____		
Home Address:	_____	Suburb:	_____	Post Code:	_____
Phone Numbers:	Home: _____	Mobile:	_____	Work:	_____
Email Address:	_____				
Employment Status:	Employed / Studying / Home Duties				
Work Address:	_____	Suburb:	_____	Post Code:	_____
Occupation:	_____	Organisation / Employer:	_____		

Emergency Contact 1 It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

Relationship to child:	_____	Title: Mr / Mrs / Miss /Ms Other:	_____		
First Name:	_____	Surname:	_____		
Home Address:	_____	Suburb:	_____	Post Code:	_____
Phone Numbers:	Home: _____	Mobile:	_____	Work:	_____
Authority to collect child/ren:	YES / NO				

Emergency Contact 2

Relationship to child:	_____	Title: Mr / Mrs / Miss /Ms Other:	_____		
First Name:	_____	Surname:	_____		
Home Address:	_____	Suburb:	_____	Post Code:	_____
Phone Numbers:	Home: _____	Mobile:	_____	Work:	_____
Authority to collect child/ren:	YES / NO				

Additional people authorised to collect your child/ren:

1. Name: _____ R'ship to child: _____ Contact No: _____
2. Name: _____ R'ship to child: _____ Contact No: _____

Medical Information

Doctor: First Name: _____ Surname: _____ Phone: _____
Dentist: First Name: _____ Surname: _____ Phone: _____
Health Fund: _____ Member Number: _____ Ambulance Member: YES / NO
Medicare Number: _____
Child Reference Numbers:
Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____
Name: _____ Number: _____

Children in care at another centre

If you have children in care at another centre (eg. Long day care) that are registered under your name, please complete the information below. This affects your child care benefit (if applicable).

Name: _____ D.O.B _____ Centre attended: _____

Name: _____ D.O.B _____ Centre attended: _____

Name: _____ D.O.B _____ Centre attended: _____

Bookings –After School Care

I would like to book my children in on the following days (permanent bookings only):

(please write each child's name if care will vary for each child)

Weekly

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care					

Fortnightly

Week 1 beginning _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care					

Week 2 beginning _____

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care					

Child Details

Please complete one form per child.

First Name: _____ **Middle Name:** _____ **Surname:** _____

CRN: _____ **Gender:** Male / Female **D.O.B:** ____/____/____

Country of Birth: Australia / Other: _____

Aboriginal YES/No **Torres Straight Islander YES/NO**

School Start Date: ____/____/____ **School:** MOPS / Other: _____

Additional Information

Are there any current legal orders in place which involve this child? **YES / NO**

If yes, a copy of current orders MUST be provided.

Are there any family situations that we need to be made aware of?

Are there any people who must not see your child/ren?

Are there any religious or cultural requirements that need to be observed whilst your child is at the centre?

Does your child speak a language other than English? **NO / YES:** _____

Does your child suffer from any fears of phobias? **NO / YES:** _____

What activities does your child enjoy?

Medical Information

Immunisation: Is your child's immunisation up to date? **YES / NO**

Does your child have Allergies, Asthma, Special Needs or another Medical Condition? YES / NO.

If yes, please complete details and complete additional forms as required available from staff.

Type: _____ **Severity:** Mild / Moderate / Severe

Treatment: _____

Type: _____ **Severity:** Mild / Moderate / Severe

Treatment: _____

Type: _____ **Severity:** Mild / Moderate / Severe

Treatment: _____

Does your child require a designated teacher aide at school? **YES / NO**

Please list any activities that your child should not do or may be restricted by because of health or medical reasons:

Permissions Form

I give permission for my child to be photographed	YES / NO
I give permission for my child to be videoed	YES / NO
I give permission for photos and videos to be used for newspaper articles, displays, newsletters, advertising and other publications including the OSHC website	YES / NO
I give permission for my child to take part in supervised walking excursions within the local area as part of the centre's program.	YES / NO
I give permission for my child to watch movies at the centre or on excursions with a rating of: <i>(All PG rated movies will be suitable for children)</i>	YES / NO G / PG
I give permission for my child to use sunscreen supplied by OSHC	YES / NO
I give permission for my child to have juice	YES / NO
I give permission for my child to have iceblocks	YES / NO
I give permission for my child to have small amounts of party food for special occasions (including fairy bread, cupcakes, popcorn, sausage rolls, etc)	YES / NO

Name: _____ Signature: _____ Date: _____