**BALLAN AND GORDON OUTSIDE SCHOOL HOURS CARE**

**ENROLMENT FORM – BEFORE AND AFTER SCHOOL CARE SERVICE**

### DETAILS OF CHILD

First Name……………………………………………………………………………………………………

Preferred First Name …………………………………………………………………………………….

Surname……………………………………………………………………………………………………

Male   Female   (please circle)

Date of Birth……………………………

Languages spoken……………………………Main language spoken………………………………

Any special issues in relation to your child e.g. religion, food, etc.?............................................

………………

Does either parent/guardian have a disability?  YES   NO   (please circle)

School……………………………………………………………………………………………………..

Grade………………………………Teacher…………………………………………………………….

### 1. DETAILS OF PARENT/GUARDIAN

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone (Home)</th>
<th>Email</th>
<th>Date of Birth</th>
<th>Employer</th>
<th>Occupation</th>
<th>Languages spoken</th>
<th>Does the child live with this parent/guardian?</th>
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<td>YES/NO</td>
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</tbody>
</table>
OTHER RESIDENCY ARRANGEMENTS
(Please give details)
Name……………………………………………... Telephone (Home)………………………………
Address…………………………………………... (Work)……………………………………
............................................................................. (Mobile)………………………………
.............................................................................

ACCOUNT DETAILS – invoice to be sent to:
(Please circle)
Parent/Guardian 1……………………………….. Parent/Guardian 2………………………………..

FEES
Have you applied for Child Care Benefit? YES NO (please circle)
(If yes, please provide relevant information)
(CRN = Customer Reference Number for Child Care Benefit)
Parent/Guardian CRN:……………………………………………..
Parent/Guardian CRN:……………………………………………..
Child CRN:…………………………………………………………..

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE

PERMANENT BOOKINGS (All permanent bookings must be paid for)

BEFORE CARE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER CARE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

CASUAL/EMERGENCY CARE  (Additional fees will be incurred)

Please tick if you will require casual care only
MEDICAL INFORMATION
How would you describe your child’s health? ...................................................................................
Is he/she under any medical treatment? .......................................................................................
Has he/she had any history of illness? Please give details ..........................................................
Allergies ...........................................................................................................................................
Medical Conditions ........................................................................................................................
Medical Plan ....................................................................................................................................
Other ................................................................................................................................................
Asthma ............................................................................................................................................
(A please circle)
Asthma Medication/Treatment ........................................................................................................
Do you have an Asthma Plan? ..........................................................................................................
Are there any known triggers? ........................................................................................................
Has your child been immunised? .....................................................................................................
(please circle)

FAMILY DOCTOR
Doctor’s Name ..................................................................................................................... Phone 
Name of Practice ....................................................................................................................... 
Address ........................................................................................................................................ 
Medicare Number ....................................................................................................................... 
Do you have Private Medical Insurance? ..................................................................................... 
Do you subscribe to an Ambulance Service? ...........................................................................
If yes, please state the Ambulance Subscription Number and Category

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OTHER INFORMATION
Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.

……………………………………………………………………………………………………………
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CUSTODY DETAILS
Are there special access/custody arrangements? YES NO (please circle)
If yes, please give details……………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
If a court order exists please provide this information to the Coordinator.
1. Bring the original court order/s for staff to sight and a copy to attach to the 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
      - Consent to the medical treatment of the child
      - Request or permit the administration of medication to the child
      - Collect the child

   AND/OR
   b. Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:
……………………………………………………………………………………………………………
……………………………………………………………………………………………………………
**PERSONS AUTHORISED TO COLLECT CHILDREN**

<table>
<thead>
<tr>
<th>Name/Relationship</th>
<th>Address</th>
<th>Phone Numbers</th>
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**EMERGENCY CONTACTS (Maximum 30 minutes from the service)**

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day or authorise to consent to medical treatment of the child or to authorise the administration of medication to the child. In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

| Name/Relationship | Address | Phone Number  (Home) | | Phone Number  (Work) | | Phone Number  (Mobile) |
|-------------------|---------|-----------------------|-------------------|-----------------------|-----------------------|
|                   |         |                       |                   |                       |                       |
|                   |         |                       |                   |                       |                       |
DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We ………………………………………………………………………………………………………………..(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 OSHC service in the event of any change to this information
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service
- Undertake to inform the staff of any absence of my child from the service
- Accept full responsibility for my child’s belongings whilst attending the service

Signed…………………………………………………………………………………………………………………

TRAVELLING TO AND FROM OHSC PROGRAM

BEFORE CARE
TICK THE DAYS YOUR CHILD/CHILDREN WILL BE WALKING FROM ST BRIGID’S PS TO THE OHSC SERVICE

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

☐ CASUAL

AFTER CARE
TICK THE DAYS YOUR CHILD/CHILDREN WILL BE WALKING FROM ST BRIGID’S PS TO THE OHSC SERVICE

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

☐ CASUAL

I authorise for an OHSC staff member to walk my child/children to and from the Ballan and Gordon OHSC program.

Signed ………………………………………………………………………………………………………………

Date…………………………………………………………………………………………………………………..
PHOTOGRAPHIC CONSENT
I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.
YES          NO          (Please circle)
I give permission for my child to be photographed and/or video taped in the event of media reportage.
YES          NO          (Please circle)

SUNSCREEN CONSENT
I give permission for my child to have a 30+ sunscreen applied as per the service’s Sun Smart Policy.
YES          NO          (Please circle)

POLICY AND PHILOSOPHY STATEMENT
I agree to abide by all policy and philosophy guidelines of the service.
YES          NO          (Please circle)

PARENT/GUARDIAN SIGNATURE/S


DATE


PRIVACY NOTIFICATION
The (Service Name) uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

Enrolment record addendum for children’s services
Child’s Name: ___________________________ Child’s Date of birth: _____/_____/_____
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.
Health information
Does your child have any special needs? Yes ☐ No ☐
If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.


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Anaphylaxis
Has your child been diagnosed at risk of anaphylaxis? Yes ☐ No ☐
Does your child have an auto injection device (eg EpiPen®)? Yes ☐ No ☐
Has the anaphylaxis medical management plan been provided to the service? Yes ☐ No ☐
Has a risk management plan been completed by the service in consultation with you? Yes ☐ No ☐

In the case of anaphylaxis you will be provided with a copy of the service’s 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 can be found at www.education.vic.gov.au/anaphylaxis

Does your child have a child health record? Yes ☐ No ☐

If yes, please provide to the service for sighting.

Child health record means a record that documents a child’s health and development assessments and immunisations.

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

__________________________________________ ________________________________

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 Children’s Services Regulations 2009 (regulation 35(1) (d-e))

I _______________________________ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.

Parent’s signature: _____________________________ Date: ________________________

Lawful Authority

Parents
All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 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 Children’s Services Act 1996 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.