



Moggill State School P & C Association Outside School Hours Care Enrolment Form

All information on this form will be treated as STRICTLY CONFIDENTIAL

STAFF USE ONLY

ALL INFORMATION IS FILLED OUT CORRECTLY

NO YES

COURT ORDERS ARE ATTACHED

NO YES

MEDICAL ACTION PLAN IS ATTACHED

NO YES

STAFF MEMBER'S NAME ACCEPTING ENROLMENT FORM:

DATE:

SIGNATURE:

1. PARENT/GUARDIAN DETAILS

Parent/Guardian 1:- Account Holder

Name: _____

Address: _____ Postcode: _____

Phone (H): _____ (M) _____ (WK) _____

Email: _____ Date of Birth: _____

Gender: Male Female Family CRN: _____

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits, (CCB) and the 50% Child Care rebate. Families must be assessed as eligible for child care benefits please contact the Family Assistance Office on 136150 for further information.

Parent/Guardian 2:

Name: _____

Address: _____ Postcode: _____

Phone (H): _____ (M): _____ (WK): _____

Gender: Male Female

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD? No Yes

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED? No Yes

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Orders

An enrolment form is to be completed by each family who attends the Service. A non-refundable registration fee of \$20.00 is payable on enrolling your children each year.

New enrolment forms are completed each new school year.

2. Emergency Contacts/Alternative Collectors

Please list the details of all persons, other than parents/guardians, nominated in Section 1, who are authorised to collect your child and /or can be contacted in case of emergency.

Contact 1

Name: _____ Relationship to child: _____

Address: _____ Postcode: _____

Phone (H): _____ (M): _____ (WK): _____

Contact 2

Name: _____ Relationship to child: _____

Address: _____ Postcode: _____

Phone (H): _____ (M): _____ (WK): _____

3. MEDICAL PRACTITIONER DETAILS

Doctor's Name: _____ Surgery/Practice Name: _____

Address: _____ Phone No: _____

Medicare No: _____ Preferred Hospital: _____

In the case of not having a doctor or preferred hospital, I give permission to utilise the nearest hospital.

No Yes Parent Signature: _____

4. BOOKINGS INFORMATION

Date child/children will commence at Moggill OSHC:- _____

After School Care: Please tick

Permanent Days: MON TUES WED THURS FRI Casual Care:

Before School Care: Please tick

Permanent Days: MON TUES WED THURS FRI Casual Care:

Vacation Care programs and booking forms are available at least 3 weeks before the vacation care period starts.

Bookings are essential and made by returning the booking form attached to the vacation care program.

Cancellations for bookings must be made by **the cut-off date** otherwise **fees will be charged** at the normal rate and **excursions fee will apply** to those **absent on excursion days or late cancellations**.

Alternate care is not provided at the service on excursions days.

Alternate care will be the parent's responsibility.

Do you have any other children in child care? Please provide their name and ages.

Name: _____

Name: _____

5. CHILD'S DETAILS

(1) Child's Full Name: _____

Address: _____

(If different from Parent 1: Account Holder)

Date of Birth: _____ Child's CRN: _____

(CENTRELINK)CUSTOMER REFERENCE NUMBER

Gender: Male Female Class _____ e.g. prep 4, 1C

Does your child have any medical conditions? No Yes (If yes please provide details): _____

Does your child require regular medication? No Yes

If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage clearly displayed.

Does your child have any allergies? No Yes (If yes please provide details below): _____

MILD SEVERE ANAPHYLAXIS

Please provide details of any allergy management plan relating to your child.

Does your child experience asthma? No Yes (If yes, please indicate severity) MILD SEVERE

Please provide details of any asthma management plan relating to your child,

Is your child's immunisation up to date? No Yes

If your child's immunisation status is not up to date, your eligibility to receive Child Care Benefits may be affected.

Does your child have any specific dietary requirements? No Yes _____

(Please fill in Care Plan for Children with Dietary Needs.)

Does your child have food intolerances or allergies? No Yes _____

If yes, is the intolerance/allergy life threatening? No Yes

Please provide details of any food intolerance/allergy management plan relating to your child.

Does your child have any religious/cultural needs? No Yes _____

Does your child have any dislikes, fears or phobias? No Yes _____

Is your child of Aboriginal or Torres Strait Islander Descent? No Yes

Is your child from a non – English speaking background? No Yes Nationality _____

Does your child have any particular behaviour that staff should be aware of? No Yes

Are there any identifiable triggers to the behaviour? No Yes _____

Please provide a copy of any Behaviour Support plans relating to your child.

*I give my child permission to leave Before School Care at 8:15am (Grade 2 and over) No Yes

I give my child permission to have sunscreen applied No Yes

I give my child permission to have insect repellent applied No Yes

*I give permission for my child to watch & play PG rated games and movies No Yes

2) Child's Full Name: _____

Address: _____

(If different from Parent 1: Account Holder)

Date of Birth: _____ Child's CRN: _____

(CENTRELINK)CUSTOMER REFERENCE NUMBER

Gender: Male Female Class _____ e.g. prep 4, 1C

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3) Child's Full Name: _____

Address: _____

(If different from Parent 1: Account Holder)

Date of Birth: _____ Child's CRN: _____

(CENTRELINK)CUSTOMER REFERENCE NUMBER

Gender: Male Female Class _____ e.g. prep 4, 1C

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4) Child's Full Name: _____

Address: _____

(If different from Parent 1: Account Holder)

Date of Birth: _____ Child's CRN: _____

(CENTRELINK)CUSTOMER REFERENCE NUMBER

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6. PERMISSION & AGREEMENT DETAILS

(Please tick the appropriate boxes and initial beside each to signal your agreement)

- I understand all information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
- I agree to notify the Coordinator, in writing of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and /or parent/guardian.
- I understand that I must notify the service, if a person, who is not authorised as a person to collect my child, will be collecting my child. This person will need to show their driver's license as proof of identity.
- I understand that a permission form will need to be signed for each excursion, incursion or activity for which consent is required.

- I acknowledge that if my child/ren is not collected from Moggill Outside School Hours Care by closing time will incur a late fee penalty as per specified in the policy/parent handbook.

- *I understand that should my child's behaviour be unable to be supported by staffs, that I will be contacted and asked to collect my child. I acknowledge that the Centre will not accept responsibility unless a parent/career/staff member signs in children attending.
- *I understand that unacceptable behavior of my child may result in a warning, and may lead to exclusion.
- *I agree that unacceptable behavior by parents may result in exclusion of their children.
- I understand I am financially responsible for any willful damage of equipment or property caused by my child.
- *I understand it is my responsibility to ensure all Child Care Benefits requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our dates of birth and providing family and child Customer Reference Numbers.
- *I agree to inform the Coordinator/staff of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy (applies to casual bookings only).
- *I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that I am liable for and charged for booked sessions. I understand that fees are to be paid weekly or fortnightly at the latest, unless otherwise agreed by Management / Coordinator.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I agree to receiving promotional materials, programs, newsletters and/or account statement via email as listed below.
- *I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Handbook.
- I give permission for my child/rens photo's to be put on the school website.

Parent/Guardian 1:

NAME: _____ SIGNED: _____ DATE: _____

EMAIL ADDRESS: _____

Care plan for Children with Special Dietary Needs.

1. Personal Details:

Child's name: _____ Date of Birth: _____

Parent/Guardian's name: _____ Signature: _____

Address: _____ Postcode: _____

Phone (H): _____ (M) _____ (WK) _____

2. Reason for child's special diet (please tick) Religious/Cultural
 Health
 Other

Child's Photo Office use only

3. What foods and substances should the child avoid or include? (please tick)

4. What alternative foods can be used? (e.g. eggs, dairy food, beans, tofu as alternative for products vegetarians).

5. How long will the child be on this special diet?

6. Who will provide the food for the child while they are in OSHC? (please tick)

Breakfast Parent OSHC Service

Afternoon Tea Parent OSHC Service

Drinks Parent OSHC Service

7. Does the child's special diet need any other consideration? (e.g. eating times, additional supervision)

8. Do you wish to discuss or plan strategies for programs involving food? (e.g. parties, cooking and food activities)

9. If the child is accidentally exposed to food or substances that should be avoided, what would occur? (e.g. possible symptoms)

10. What action should be taken if the child if accidentally exposed to food or substances that should be avoided? (e.g. Contact parents/doctor, no action required)