



**1. CHILD DETAILS**

CHILDS FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DOB: \_\_\_\_\_ MALE  FEMALE

CHILDS CENTERLINK REFERENCE NUMBER (CRN): \_\_\_\_\_

**2. HEALTH/MEDICAL DETAILS**

Does your child have any medical conditions or disability?  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 parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.*

Does your child have any allergies OR intolerances?  NO  YES (If yes, please provide details below)

*Please provide details of any allergy/intolerance management plans relating to your child*

If yes, What is the level of the threat?  MILD  SEVERE  ANAPHYLAXIS

*If anaphylaxis, the action plan relating to your child MUST be provided*

Does your child have a diagnosed disability?  NO  YES (If yes, please provide details below)

Does your child have asthma?  NO  YES (If yes, indicate the severity)  MILD  SEVERE

*Please provide details of any asthma management plans and action plans relating to your child*

Is your child's immunisation up to date? **Due to legislation, a copy of the statement of immunisation MUST be provided**

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

Has your child sustained any previous injuries? E.g. Broken arm, leg or wrist (if yes, please provide details below)

Does your child have any specific dietary requirements?  NO  YES \_\_\_\_\_

Will you supply food?  Or Centre will supply food?  (please provide a list of foods that the child cannot eat)

**3. BEHAVIOUR INFORMATION**

Does your child have a Positive Behaviour Support Plan?  NO  YES

Are there any particular behaviours that the staff should be aware of?  NO  YES \_\_\_\_\_

Are there any identifiable triggers to the behaviour?  NO  YES \_\_\_\_\_

*Please provide a copy of any Positive Behaviour Support plans relating to your child or organise an appointment with Co-ordinator to create a Child Wellbeing Plan*

## 4. ADDITIONAL INFORMATION

Is your child of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Aboriginal and Torres Strait Islander

Primary language:  English  Other ( Please Specify)

Do you require a translator?  Yes  No

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

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

Does your child have any special interests or talents?  No  Yes

## 5. PERMISSION AND AGREEMENT DETAILS

### HEALTH AND SAFETY

NO  YES I give permission for OSHC to assist my child to apply a SPF 30 + sunscreen prior to outdoor activities

NO  YES I give permission for staff to apply plaster strips/ band aids/ insect repellent/ice pack to my child if necessary.

NO  YES I give permission for an OSHC Educator to be authorised to sign my child in or out of Karalee State School OSHC service. I understand that I MUST verify (by signature) the attendance record signed by OSHC Educators on a weekly basis.

NO  YES I agree to keep our child from attending the program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council.

NO  YES I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child. I will supply a behaviour plan or help create a Child Wellbeing Plan.

### ACTIVITIES

NO  YES I hereby give permission for my child to participate in all activities offered by the service, I understand that the nature of the activities will include, but is not limited to , centre based activities/ meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for excursions.

### AUTHORISATION TO OBTAIN MEDICAL ATTENTION

NO  YES I authorise the educator on duty to provide first aid and/or seek medical attention for my child if necessary.

NO  YES I understand in case of a medical emergency, every effort will be made to contact parents/carers or authorised persons prior to taking action to seek medical treatment.

NO  YES I agree that in the event of my child requiring urgent medical attention, I authorise the services staff to obtain medical assistance at a suitable medical facility, and I accept responsibility for payment of all expenses with such treatment.

Parent / Guardian Name:

Signature:

Date: / /



**1. PARENTS/CARERS DETAILS** Fields marked with a \* must be completed

	Parent/Caregiver 1 Account Holder	Parent/Caregiver 2
*Family Name:		
*Given Name/s:		
*Date of Birth:		
Address:		
Profession:		
*CRN:		
*Email:		
Home Phone:		
*Mobile Phone:		
Work Phone:		
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Other Need Interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> English <input type="checkbox"/> Other Need Interpreter? <input type="checkbox"/> NO <input type="checkbox"/> YES

Details of siblings in care at **other centres** for the multiple child percentage:

Child 1:	DOB:	CRN:
Child 2:	DOB:	CRN:
Child 3:	DOB:	CRN:

**2. CARE ARRANGMENTS**

Are there any written agreements/court orders affecting the child?  NO  YES Certified Copy:  NO  YES

Is there anyone legally denied access to the child?  NO  YES Certified Copy:  NO  YES

**3. AUTHORISATION TO COLLECT/EMERGENCY CONTACTS**

(Please list the details of all persons, other than Parents/Carers nominated in section 1, who are authorised to collect your child and/or can be contacted in case of emergency.)

Full Name:	Relationship to child:
Address:	
Mobile:	Home Phone: Work Phone:

Full Name:	Relationship to child:
Address:	
Mobile:	Home Phone: Work Phone:

## 4. MEDICAL INFORMATION

Family Medicare Number:

Doctor's Name:

Telephone:

Address:

## 5. PERMISSION AND AGREEMENT DETAILS (Please tick the appropriate boxes to signal your agreement)

### POLICY AND PROCEDURE

- NO  YES I agree to adhere to the Service's Policies and Procedures, as outlined in the Family Handbook.
- NO  YES I give my consent to the information contained in this document being available to the Educators at Karalee State School OSHC employed to work with my child/ren. I understand this information and any information about my child's time at OSHC will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will be shared as a way of improving the quality of service provision and also shared when necessary amongst communities in order to enhance children's health and well being.
- NO  YES I agree for OSHC staff to liaise with the school, health/medical and other professionals in relation to the care of my child./ren
- NO  YES I have been informed of the Behaviour Management Policy and acknowledge that every effort will be taken to ensure children are treated equally and fairly. I understand if my child/ren's behaviour is unable to be supported by educators, I will be contacted and asked to collect my child/ren.
- NO  YES I have been informed of Medical Policies and understand my obligations in regards to my child/ren.
- NO  YES I understand that I am financially responsible for any wilful damage of equipment or property by my child/ren.

### NOTIFICATIONS

- NO  YES I agree to notify the Coordinator of any change in circumstances regarding the details as outlined in this enrolment form including contact details and living arrangements of my child/ren and/or parent/caregiver.
- NO  YES I understand that I must notify the service if a person, who is not authorised on this form to collect my child/ren, will be collecting my child/ren from the service.
- NO  YES I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our dates of birth and providing family and child/ren CRNs.

### FEES

- NO  YES I agree to pay for all fees within the seven days (including excursion costs) for all the days that my child/ren attends the program.
- NO  YES I agree to inform the Service of any absence of my child/ren 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.
- NO  YES I understand if my child/ren is not collected by closing time (6pm) that I will incur a late fee penalty as specified in the service's Policy and Procedures/Family Handbook being \$20 for each first 15 minutes period and \$1 per minute thereafter.

### PHOTOGRAPHY/ COMMUNICATION

- NO  YES I give permission for my child/ren to be photographed and displayed.
- NO  YES I give permission for staff to take photos of my child/ren 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 programing and evaluation. I also understand that these documents that are displayed will also have a chance to be emailed to other families of the centre.
- NO  YES I would like to receive documentation emails from the Educational Leader of the centre.

Parent/Carer's Signature: \_\_\_\_\_

Date:        /        /