CONFIDENTIAL: RESTRICTED ACCESS

☐ Full Enrolment ☐ Casual Enrolment

Edwardstown Primary School OSHC/VAC
Enrolment Form: Part 1

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CHILD

Family Name: ____________ Gender: F / M

First Name(s): ____________ Known as: ____________

Date of birth: __ /__ /____ CRN: ____________

Address No. / Street: ____________ Town/ Suburb: ____________

Postcode: ______ Primary Language: ____________

Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No

ENROLLING PARENT/GUARDIAN & BILLING DETAILS

Name: ____________

Date of birth: __ /__ /____ CRN: ____________

Relationship to child: ______ Contact Priority: ☐ Primary Language: ____________

Address: (h) ____________

(w) ____________

Phone: (h) ______ (w) ______ (m) ______

Email: ____________

IN CARE ELSEWHERE

I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC,OSHC,FDC,IHC,OCC) for this number of children: ☐

OTHER PARENT/GUARDIAN (if applicable)

Name: ____________

Relationship to child: ______ Contact Priority: ☐ Primary Language: ____________

Address: (h) ____________

(w) ____________

Phone: (h) ______ (w) ______ (m) ______

Email: ____________

PARENTING PLANS / ORDERS relating to this child

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: ____________ Contact Priority: ☐

Address: ____________ Relationship to child:

Phone: (h) ______ (w) ______ (m) ______ ______

Name: ____________ Contact Priority: ☐

Address: ____________ Relationship to child:

Phone: (h) ______ (w) ______ (m) ______ ______

N.B. 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.

COLLECTION AUTHORITIES ONLY

Name: ____________

Address: ____________ Relationship to child:

Phone: (h) ______ (w) ______ (m) ______ ______

Name: ____________

Address: ____________ Relationship to child:

Phone: (h) ______ (w) ______ (m) ______ ______

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

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Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATION

Has the child received all immunisations appropriate for her/his age? Yes / No

If no, please give details:

Has the child received the following immunisations? (please tick):

	10 - 15 years
Hepatitis B	☐
Diphtheria	☐
Tetanus	☐
Pertussis (Whooping Cough)	☐
Varicella (Chickenpox)	☐
Human Papillomavirus (HPV)	☐

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities? Yes / No Effective date: __/__/____

If yes, please record specifics:

Has the child any special needs? Yes / No Effective date: __/__/____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods:	Reaction / Medication:
Penicillin:	Reaction / Medication:
Others:	Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name: Phone No.:

Clinic name:

Address:

Usual Dental attendant

Dentist's name: Phone No.:

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number: Health Care Card number:

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Enrolment Form: Part 3

Child's Name: ____________________

IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

CONSENTS

Please initial next to each item to which you consent.

- I consent to my child's participation in all activities and excursions. [ ]
- I consent to the exchange of information between OSHC and school staff or medical personnel. [ ]
- I consent to staff administering first aid to my child, or seeking medical help if required. [ ]
- I consent to photos or videos being taken of my child and being displayed in OSHC. [ ]
- I consent to a staff member administering sunscreen if the child has difficulty. [ ]
- I consent to my child's participation with child appropriate "G8" and "PG" rated movies/games, as deemed suitable by the OSHC staff. [ ]
- In the event of an emergency, I consent to the use of an ambulance at my expense. [ ]

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

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.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: ____________________ Date: __/__/____

sighted a child health record (tick) [ ]

Interviewed / Accepted by: ____________________ Date: __/__/____

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