Brunswick East Primary School
Out Of School Hours Care Service

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Enrolment Form 2016 – Before & After School Care

DETAILS OF CHILD

First Name…….Preferred First Name……

Surname……...

Male Female (please circle)

Date of Birth……

Languages spoken……Main language spoken…….

School……..

Grade……Teacher…….

Is your child of Aboriginal or Torres Straight Islander origin? (Please circle)

- No
- Yes, Aboriginal
- Yes, Torres Straight Islander

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

1. DETAILS OF PARENT/GUARDIAN	2. DETAILS OF PARENT/GUARDIAN
Name……...	Name……...
Address……...	Address……...
…….	…….
Telephone (Home)……	Telephone (Home)……
(Work)…….	(Work)…….
(Mobile)……..	(Mobile)……..
Date of Birth……	Date of Birth……...
Employer……	Employer……
Occupation…….	Occupation…….
Languages spoken……	Languages spoken……
Does the child live with this parent/guardian?	Does the child live with this parent/guardian?
YES/NO	YES/NO
Email Address:……..	Email address:……
(Please write clearly so we can read it)	(Please write clearly so we can read it)

ACCOUNT DETAILS – invoice to be emailed to/picked up by:
(Please circle)

Parent/Guardian 1…….. E-mail address: ……

Parent/Guardian 2……E-mail address:……

CHILDCARE BENEFIT, REBATE, LUMP SUM (Please circle)

Are you eligible to claim for Child Care Benefit (CCB) /Rebate (CCR) ? YES NO

Have you contacted Centrelink regarding CCB/ CCR ? YES NO

(If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit/Rebate)

Claiming Parent/Guardian CRN: ……..DOB: ……..

Child CRN: ……..DOB: ……..

Do you have other children attending an approved childcare service in the same week your child attends BEPS OSHC? YES NO How many children……

Are you applying for JET assistance? YES NO

(if these details are not filled in you may not receive childcare benefit, rebate or the lump sum)

TICK THE DAYS YOUR CHILD HAS BEEN APPROVED TO ATTEND THE OSHC SERVICE

PERMANENT BOOKINGS

BEFORE CARE

❑	❑	❑	❑	❑
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

AFTER CARE

❑	❑	❑	❑	❑
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CASUAL/EMERGENCY CARE

❑

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…….

Has your child been diagnosed at risk of anaphylaxis? YES NO

Does your child have an auto injection device (Epipen/Anapen)? YES NO

Has a current Anaphylaxis Management Plan been provided to the service? YES NO

Dos your child have Asthma YES NO (please circle)

Asthma Medication/Treatment…….

Have you provided a current Asthma Plan to the service? YES (Please attach) NO

Are there any known triggers? .....

……..

Has your child been immunised? YES NO (please circle)

Please provide a copy of Immunization status to the service

(Please provide a copy of all medical/immunization/asthma/allergy plans and records to the service as enrolment and attendance at the OSHC service cannot be processed until we have this documentation)

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? YES NO (please circle)

If yes, please state the Ambulance Subscription Number and Category

……

OTHER INFORMATION

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural/religious 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

Name/Relationship…….

Address…….

Phone Numbers……..

Name/Relationship…….

Address…….

Phone Numbers……..

Name/Relationship…….

Address…….

Phone Numbers……..

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. 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)…… (Work)…….(Mobile)……..

Name/Relationship…….

Address…….

Phone Number: (Home)…….. (Work)……(Mobile)……

If your child is a Prep, have you provided a copy of the Learning & Transition Statements to the OSHC Service

YES (Please provide a copy) NO (please circle)

Does your child have any special or additional needs that we should know about?

……

……

……

……

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
- Allow their child to be transported by ambulance service to hospital
- 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

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)

PARENTAL GUIDANCE MOVIES

For children enrolled in the Out of School Hours Care Program to watch movies classified P.G. we need to have a signed permission form from their Parent / Caregiver. A lot of care is taken when choosing movies, but if a movie does turn out to be unsuitable for the younger children we do arrange alternative activities. No P.G. movies are shown unless a staff member has already seen it.
I do / do not give permission for my child / children to watch the P.G. classified movies.

Parent / Caregivers signature: _____Date: _____

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service.

YES NO (Please circle)

PARENT/GUARDIAN SIGNATURE

…… **DATE**……

PRIVACY STATEMENT NOTIFICATION

The BEPS OSHC 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.