

Child's Name:

**2017**

Indigo North  
Health inc



**RUTHERGLEN OSHC**

Please attach a passport size  
photo of your child here.



Or we will take one

**OFFICE USE:**

**Date Entered:** \_\_\_\_\_

**Entered By:** \_\_\_\_\_



**CHILD DETAILS**




Given name(s)	
Middle name	
Surname	
Name usually called	
Date of birth	
Sex (please circle)	Male/Female
Centrelink Reference Number (CRN) <b>Please note:</b> Parent and child have their own individual CRN number 	
Child's home address	
Child lives with	
Child's birth certificate or equivalent has been cited by nominated supervisor/certified supervisor and photocopied 	Yes/No
Days of attendance (Please circle)	Mon Tues Wed Thurs Fri
Child's start date	

**CULTURAL CONSIDERATION**

Language spoken at home	
Ethnicity	
Religion / Religious celebrations	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes/No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	

## MEDICAL INFORMATION

Medicare Number:		
Medicare Expiry Date:		
Number of child on card:		
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):		
<b>Child's Registered Medical Practitioner or Service Details:</b>		
Service Name:		
Practitioner's Name:		
Contact Numbers:		
Address:		
<b>Child's Registered Dental Practitioner or Service Details:</b>		
Service Name:		
Practitioner's Name:		
Contact Numbers:		
Address:		
Private Health Cover (Please Circle):		Yes/No
Private Health Fund Name:		
Private Health Care Membership Number:		
Ambulance Cover:		Yes/No

<p>Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle) </p>	<p>YES/No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include:</p> <ul style="list-style-type: none"> <li>• A photo of the child</li> <li>• If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li>• First aid needed</li> <li>• Contact details of the doctor who signed the plan</li> <li>• When the Plan should be reviewed.</li> </ul>
<p>Does the child have any dietary restrictions? (Please Circle) </p>	<p>Yes/No If yes, please attach relevant details.</p>
<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> <li>• The label must contain the child's name and</li> <li>• Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i> </p>	<p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p>
<p>Do you authorise the Nominated Supervisor or another educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</p>	<p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p>
<p>Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	<p>Parent 1 Signature: _____</p> <p>Parent 2 Signature: _____</p>

## IMMUNISATION DETAILS

<p>I have chosen not to have my child immunised.</p>	<p>Yes/No</p> <p>Please note: [Approved documentation must be provided before your child can attend – See Immunisation Policy]</p>
<p>Are your child's immunisations up to date?</p>	<p>Yes/No</p> <p>Please provide a copy of your child's:</p> <ul style="list-style-type: none"> <li>• Immunisation History Statement provided by Medicare</li> </ul>
<p>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)</p>	<p>Yes/No</p> <p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>
<p>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations Regulation 94.</i></p>	<p>Parent 1 Signature:</p> <hr/> <p>Parent 2 Signature:</p> <hr/>

## DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child  
(For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)

## TRANSITION TO SCHOOL KINDY CHILDREN ONLY

Have you decided what school to send your child to?  
If so, do you give the service permission to exchange information with the school to assist your child transition to school?

Name of School: \_\_\_\_\_

Permission to exchange information: Yes/No

While public schools have no requirements for entry, some private schools may have entry requirements. If relevant and known, please outline any requirements for entry to your child's private school so we can incorporate them in to your child's program:

Parent 1: Yes/No

Signature:

\_\_\_\_\_

Parent 2: Yes/No

Signature:


\_\_\_\_\_

## FAMILY INFORMATION

Does the child have any siblings? If so, please provide their names and ages.


Does the child have any other close relations attending the centre? E.g. cousins. If so, please provide their names and ages.

**PRIMARY PARENT**



Parent Name	
Parent Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	



**SECONDARY PARENT**

Parent Name	
Parent Surname	
Address	
Phone Number	(H) (M) (W)
Parent Date of Birth	
Email address:	
Relationship to child	
Parent Centrelink Reference Number (CRN)	
Country of Birth	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle)	Yes/No
Occupation	
Place of employment:	

## COURT ORDER

<p>Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?</p> 	<p>Yes/No</p> <p>If yes, please provide all relevant documentation paperwork</p>
<p>Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?</p> 	<p>Yes/No</p> <p>If yes, please provide all relevant documentation paperwork</p>
<p align="center"><b>Please note that without this documentation we cannot legally enforce the Order/s.</b></p>	

## First Emergency Contact

<p>There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances the service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.</p> <p align="center"><b>Please obtain the person's consent before listing them as an emergency contact</b></p>	
Full Name:	
Relationship to child:	
Address:	
Phone Number:	<p>(H)</p> <p>(M)</p> <p>(W)</p>
Email address:	
<p>Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)</p>	<p>Parent 1: Yes/No</p> <p>Signature:</p> <hr/>
<p>Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)</p>	<p>Parent 1: Yes/No</p> <p>Signature:</p> <hr/>

## Second Emergency Contact

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H)  (M)  (W)
Email address:	
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? (Please Circle)	Parent 1: Yes/No Signature: _____

Our program travels to Rutherglen Kindergarten and St Marys Primary School to either collect or deliver children that are booked into OSHC Care. We travel along the most direct and safest route to these venues. Along our way we discuss travelling safely, crossing roads, stranger danger, and looking at the natural environment and collecting some natural materials for our activities.

If the weather is deemed dangerous to walk in, your child will be travelling in a fully registered, insured vehicle with appropriate seatbelts/ car seats for the child. The driver will have a full licence.

Do you give permission for your child to participate in this daily event?

YES

NO

I understand that availability of placements will be given on a priority basis in accordance with Government guidelines, these are as follows.

- First priority – a child at risk of serious abuse or neglect
- Second priority – a child of a single parent **who satisfies, or of parents who both satisfy *the work/training/study test under section 14 of the Family Assistance Act.***
- *Third priority – any other child*

Yes

No

## CHILD CARE BENEFIT/CHILD CARE REBATE

If you plan to claim Child Care Benefit (CCB) and/or Child Care Rebate (CCR) please answer the following questions advising how you choose to claim CCB and/or CCR

1) Do you have a child attending this Service who has already attended another approved Child Care Service in the current financial year?

YES  NO

2) Do you have a child attending this Service who is also attending another approved Child Care Service?

YES  NO

3) Does the child enrolled have a sibling listed on the assessment notice who is attending another approved Long Day Care Centre, Family Day Care Scheme or specialised Outside Hours Care Service?

YES  NO

4) Have you completed the required registration with Centrelink advising your child will be attending the service?

YES  NO

5) Have you received confirmation of your CCB and/or CCR entitlements?

YES  NO

Please Note:

If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change you notify the Service immediately. If you have other children who attend an approved Vacation Care, you MUST advise in writing of the dates they will be attending to receive multiple child CCB rates during this time. (You also need to advise FAO to ensure this child is listed on your assessment notice).

## ENROLMENT AGREEMENT

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PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following items to authorise:

### HEALTH & SAFETY:

I/We give permission for this child to: Participate in outings to places of interest around Rutherglen. Mainly Main Street, Kindy, Nursing Home, Lake King Reserve, Supermarket, St Mary's, Rutherglen PS	Yes	No
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	Yes	No
Have Band-Aids or sticking plasters applied when necessary	Yes	No
Have staff apply Insect Repellent (supplied by parents)	Yes	No

### PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	Yes	No
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes	No
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes	No
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	Yes	No
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	Yes	No

Please tick box to confirm you have read each point.

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date.
- If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has

not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

- I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).
- I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the OSHC ROOM. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.
- I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.
- I, or someone I know has a skill they could share with the children.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

**We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.**