

# OSHC Enrolment Form

Welcome to **Cordalba Primary OSHC**.

All children accessing education and care provided by our service must have a fully complete enrolment from submitted and accepted before care can be provided. Please return your completed enrolment form to the service, for confirmation of enrolment.

Please note: all personal information collected will be treated confidentially and only used for the intended purpose of providing education and care to children. Should parents require additional information on the handling of information, the service's privacy and confidentiality policy is available upon request.

Where a child requires additional support for relevant medical or health conditions, further information may be required for the development and collaboration of medical management plans. In these instances, a copy of the service's *Child With Medical Conditions* policy will be provided to parents.

Parent Details			
Details of each known parent of a child must be included. For the purposes of education and care a <i>parent</i> includes a person who has parental responsibility for the child under a decision or order of a court.			
Parent 1 (Account Holder)			
Title		DOB	
First Name			
Last Name			
Street Address			
Suburb		Postcode	
Mobile			
Home Phone		Work Phone	
Email			
Occupation			
Relationship to Child			
Centrelink CRN:		Medicare Number:	
Parent 2 ( <input type="checkbox"/> or parent not known)			
Title		DOB	
First Name			
Last Name			
Street Address			
Suburb		Postcode	
Mobile			
Home Phone		Work Phone	
Email			
Occupation			
Relationship to Child			

## Emergency and Collections Authorisations

The service must have the name, address and contact details for people who hold the following authorisations:

- **Authorised Nominees** are persons who have been given permission by a parent to collect the child from the service.
- **Authority to Authorise** are any persons who are authorised to give permission for excursion (or otherwise give authority to take the child outside the premises)
- **Emergency Contacts** are persons who you would like the service to notify of an emergency involving your children where a parent cannot be immediately contacted.
- **Medication and Treatment Authorisation Contact** are any persons with authority to consent to medical treatment or the administration to medication to the child.

Nominated Persons can have all four authority or just one. Please clearly indicate these authorities below.

### Nominee 1

Full Name:		<b>Please tick appropriate authorities:</b> <input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise an educator to take the child outside of the premises (i.e. excursions) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment and/or administration of medication.
Relationship to Child:		
Address:		
Mobile:		
Alternative Phone Number:		

### Nominee 2

Full Name:		<b>Please tick appropriate authorities:</b> <input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise an educator to take the child outside of the premises (i.e. excursions) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment and/or administration of medication.
Relationship to Child:		
Address:		
Mobile:		
Alternative Phone Number:		

### Nominee 3

Full Name:		<b>Please tick appropriate authorities:</b> <input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise an educator to take the child outside of the premises (i.e. excursions) <input type="checkbox"/> Emergency contact <input type="checkbox"/> Consent to medical treatment and/or administration of medication.
Relationship to Child:		
Address:		
Mobile:		
Alternative Phone Number:		

## Child Details

Please complete a separate child details form for each child you wish to enrol

First Name/s:		Last Name:	
Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
Child CRN:		Class/Grade:	
Child's Address:			
Language(s) used in the child's home			
Cultural background of the child/parents			
Dietary Requirements:			

## Court Orders and Parenting Plans

Is the child subject to any court orders or parents plans regarding duties, powers, or responsibility of the child, or access to the child, or the child's residence or contact with a parents or other person?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
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*\*Education and Care Services National Regulation 160 (c) & (d) require the parent(s) to provide copies of any court orders or parenting plan to the service.*

## Additional/Special Considerations

Does your child require any additional considerations for the following area? If so, please indicate how we can best support your child.

Culture	
Religion	
Dietary requirements	
Additional needs	

## Health and Medical Information

Medical Practitioner/Service		Phone	
Address			
Medicare Number	_____ / _____		Place on card
Does your child have any medical conditions? If so, please detail**			
Does your child have any allergies, including diagnosis of being at risk of anaphylaxis? If so, please detail**			
Immunisation status	<input type="checkbox"/> Fully immunised <input type="checkbox"/> Partially immunised	[Office use] Record sighted	

	<input type="checkbox"/> Not immunised		
<b>** If a relevant medical condition or allergy is identified, a medical management, risk-minimisation and communication plan is required to be established before care can be provided.</b>			

Booking Request					
<b>Booking Type</b>	<input type="checkbox"/> Permanent (routine) Booking (indicate days below) or <input type="checkbox"/> Casual Booking				
<b>Start Date</b>					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care</b>					
<b>After School Care</b>					
<b>Before School Care:</b> 6:00am to 8:30am			<b>After School Care:</b> 3:00pm to 6:00pm		
The schedule of fees for care can be found in the Parent Handbook. Please understand fees are reviewed from time-to-time and may be adjusted in the future. Parents are provided with notice of any upcoming fee changes.					

### Terms and Conditions

In consideration for enrolling my child/ren at Cordalba Primary Out of School Hours Care (referred to as 'the service') I understand and agree to the following terms and conditions:

#### Medical Authorisations

1. I consent to the Approved Provider, Nominated Supervisor or an Educator of the service to seek medical treatment for my child, including:
  - a. Medical treatment for the child from a registered medical practitioner, hospital or ambulance service
  - b. Transportation of the child by an ambulance service
2. I agree the cost of any emergency medical treatment or transport provided by a registered medical practitioner for my child's treatment will belong to myself (the parent, account holder or authorised person).
3. I give consent for a suitably qualified and trained educator to administer first aid, as required, to my child(ren).

#### Changes of Details

4. I will inform the service of any changes to my child(ren)'s details or information outlined in the enrolment form, including custody agreements, parenting plans, or court orders that limit contact or access by any person to my child.

#### Information Handling and Confidentiality

5. I acknowledge information collected and held by the service is not divulged or communicated to another person other than -
  - a. to the extent necessary for the education and care or medical treatment of the child whom the information relates;
  - b. a parent of the child for whom the information relates;
  - c. the Regulatory Authority or Authorised Officer;
  - d. as expressly authorised, permitted or required to by law; or
  - e. with the written consent from the person who provided the information.
6. All personal information collected by the service is only used in the provision of education and care and as required by statutory obligation. Employees and personnel are guided by the services Information Handling (Privacy and Confidentiality) Policy.

**Arrival and Departures**

7. I understand, unless otherwise agreed, children are to be signed into BSC by a parent, caregiver or suitable other person.
8. I understand children are only permitted to leave the service in a manner consistent with the *Education and Care Service National Regulations*. I acknowledge, apart from the exception of an emergency, I must provide written consent and instruction for my child to be collected or depart the service, including being collected by any persons not already specified in the enrolment form (i.e. an Authorised Nominee).

**Infectious Disease Control**

9. I agree to immediately notify the service of any occurrence of infectious disease my child(ren) has either received a diagnosis or is suspected to be a cause of their illness, where people attending the service have potentially been exposed.
10. I acknowledge that I must keep my child(ren) from attending the service if they are at risk of spreading an infectious disease.
11. I recognise the service's exclusion periods will be guided by the National Health and Medical Research Council and the service will refuse my child's attendance until this relevant period has been served or under the written advice of a registered medical practitioner.
12. I agree that my child will be excluded from the service where there is an outbreak of an infectious disease against which they have not been immunised. The period of exclusion will be in accordance with the National Health and Medical Research Council's recommendations.

**Absences**

13. I agree to inform the service of any absences where my child(ren) will not attend a session of care they have been booked for.
14. I acknowledge where I have failed to provide sufficient notice, as outlined in the service's policies, I will be charged the full fee for the session.

**Accounts and Fees**

15. I understand my child's placement, and the ongoing booking of care is conditional on the payment of account fees.
16. I understand the service's fee policy is accessible by parents upon request.
17. I understand that I must provide all necessary information (including CRN and birth date) to the service to receive Child Care Subsidy (CCS). I also acknowledge it is the caregiver's responsibility to link their child(ren) to the service through Centrelink.

**Parent Conduct**

18. I acknowledge I have received a copy of the service's expectations for parent conduct and agree to follow the expectations contained within.
19. I will follow any relevant code of conduct to uphold the service's commitment to quality education and care, child safety, and promoting healthy wellbeing.

**Safety and Wellbeing of Children**

20. I understand the safety of children and their wellbeing is paramount.
21. I acknowledge while at being educated and care for by the service, children are expected to reasonably behave consistent with the rules and standards of behaviour.
22. I understand educators and staff of the service will use positive guidance to direct children's behaviour.
23. I understand that should my child's behaviour be unable to be supported by staff, that I will be required to collect my child.
24. I acknowledge the continuation of enrolment is conditional on the service being able to support the safety and wellbeing of my child and others at the service. Should a child's behaviour be incompatible with this, actions such as suspension or exclusion may occur.

I, the parent/guardian, agree that the information provided in this application is true and correct and can be relied upon by the Service.

Parent Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date                    /                    /

*Office Use*

Submitted on:    /    /

Form complete: Y/N – Details

Additional Medical/Health follow up: Y/N

Accepted by (person):

Date

Information entered by:

Date