Family Name ____________________________________________

SACRED HEART
OSHC
&
HOLIDAY CARE

Enrolment Form

Picture by Elisha Habets

Start Date
Finish Date
Received
Staff
Waitlisted

Aug 2014
Child’s Details:

Given Names:__________________________________________ Surname:_________________________________

CRN:      ______________________________________      DOB______________________________________________

Address: _________________________________________________

Country Of Birth: ________________________________________

Male  Female   Aboriginal/Torres Strait Islander   YES   NO

Main Language spoken at home __________________________________________

Any special issues in relation to your child e.g. religion, food etc. YES NO

If yes please state: _______________________________________________________________________________

Are there Court Orders in place regarding the child YES NO

If yes please supply a copy

Does your child have additional needs YES NO

If yes please state: _______________________________________________________________________________

_______________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Child’s Interests:

Please list your child’s likes and dislikes and favourite things (this helps us settle your child through the first few weeks)

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Names and ages of other children in the family____________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

I give permission for staff to check my child’s hair for head lice to minimise the spread of cross infection in the Centre YES NO

Signature:____________________________ Print Name:_____________________________________

I give permission for photos to be taken and used within the service, on the school website, occasionally in the media. Also from time to time staff may need to take the photos home to make up our albums and digital frames. At no time will photos be kept on personal laptops or computers, do you agree? YES NO

Signature:____________________________ Print Name:_____________________________________

Throughout your child’s enrolment we will utilise all of the school, rooms and the grounds, do you give your permission for your child to go anywhere within the school fence line?

YES NO

Signature:____________________________ Print Name:_____________________________________

Medical Details:

Does your child have a Medical Condition: ___________________________________________________________

Medication (if any): YES  NO

If yes please state what is it for and the name:________________________________________________________

Does this need to be administered at   BSC  ASC  Holiday Care   YES       NO

Signed and date letter must be filled out. NO Medication will be administered without this form stating: time, date
name of medication and signature of parent. **ALL MEDICATION MUST BE IN ITS ORIGINAL CONTAINER**

Has your child been immunised  YES (please supply a copy of records)  NO

If no please supply reason:_____________________________________________________________________________

Any special diet: YES  NO

If yes please state:_______________________________________________________________________________________

Allergies: YES  NO

If yes please state:_______________________________________________________________________________________

Anaphylaxis YES  NO  Please State: Nuts  Insects  Grass  Other: ______________________________

If Yes, please provide a current Anaphylaxis Action Plan signed by their Medical Practitioner with colour photograph

Does your child have an auto injection device (e.g. an Epipen or Anapen)  YES  NO

Does your child have Asthma?  YES  NO

If Yes, please provide a current Asthma Action Plan signed by their Medical Practitioner with colour photograph.

Doctor’s Name: _____________________________________  Phone: ______________________________________

Doctor’s Address: _______________________________________________________________________________________

Medicare Number: _____________________________  Private Health Fund: _____________________________

Can staff apply sun screen?  YES  NO  (please apply sun screen before attending Holiday Care)

Permission to seek medical aid  YES  NO

Other Information we may need to know: _________________________________________________________________

Is there any other information regarding your child’s health or background that the staff should be
aware of? (Please attach a separate sheet if necessary)

______________________________________________________________

**If your child is diagnosed with a medical condition an action/management plan must be provided.**

Do you give permission for the plan with photo to be displayed?  YES  NO  Signed:___________________________
Mother’s/ Guardian Details:
Title: ________  Given Names:________________________________ Surname:______________________________
Phone Numbers: (H) ______________________ (W) ________________________ (M) ________________________
Address: ______________________________________________________________________________________
Postal Address: __________________________________________________________________________________
Email: ___________________________________________ Occupation: ____________________________________
Name & Place of employment: ___________________________________________________________________

Father’s/ Guardian Details:
Title: ________  Given Names:________________________________ Surname:______________________________
Phone Numbers: (H) ______________________ (W) ________________________ (M) ________________________
Address: ______________________________________________________________________________________
Postal Address: __________________________________________________________________________________
Email: ___________________________________________ Occupation: ____________________________________
Name & Place of employment: ___________________________________________________________________

1st Authorized Person To Collect Your Child:
Title: ________  Given Names:________________________________ Surname:______________________________
Phone Numbers: (H) ______________________ (W) ________________________ (M) ________________________
Address: ______________________________________________________________________________________
Email: ___________________________________________ Occupation: ____________________________________
Name & Place of employment: ___________________________________________________________________

Photo ID will be required

2nd Authorised Person To Collect Your Child:
Title: ________  Given Names:________________________________ Surname:______________________________
Phone Numbers: (H) ______________________ (W) ________________________ (M) ________________________
Address: ______________________________________________________________________________________
Email: ___________________________________________ Occupation: ____________________________________
Name & Place of employment: ___________________________________________________________________

Photo ID will be required
Authorized Person To Collect Your Child:

Title: ________  Given Names:________________________________ Surname:_____________________

Phone Numbers:  (H) ______________________ (W) ________________________ (M) ________________________

Address: ________________________________________________________________

Email: ______________________________________ Occupation: ________________________________

Name & Place of employment: ______________________________________________________________________

______________________________________________________________________________________________

Photo ID will be required

Authorized Person To Collect Your Child:

Title: ________  Given Names:________________________________ Surname:_____________________

Phone Numbers:  (H) ______________________ (W) ________________________ (M) ________________________

Address: ________________________________________________________________

Email: ______________________________________ Occupation: ________________________________

Name & Place of employment: ______________________________________________________________________

______________________________________________________________________________________________

Photo ID will be required

Sustainability:

At Sacred Heart OSHC & HC we are trying to be a sustainably conscious service by encouraging the children, families and communities to be more conscious of our wastage. As a service we have seen how wasteful we can be and are trying to cut back on our paper wastage, one way to help is to have your accounts emailed instead of printed out.

Yes I would like to have my account emailed through to the supplied email address to help the service with a sustainable future.

______________________________________________________________________________________________

No I wouldn’t like to have my account emailed.

Signature: ___________________________  Print Name: ___________________________  Date: ____________
Centrelink Details:

- Name: of parent registered with centrelink: ________________________________
- DOB: ____/____/____ Family CRN: ________________________ Child’s CRN: ________________________
- Number of children in care in all centres: ________________
- Are you claiming CCB? YES NO  Are you claiming CCR to go to this service? YES NO

Hours & Fees:

BSC is open Monday to Friday (school days) from 7:00am to 8:15am.

ASC is open Monday to Friday (school days) from the last bell of the day 3:00pm to 5:30pm and NO later. A fee of $2.00 per min per child will be charged.

Upon enrolment a bond of full fortnight fees must be paid before your child starts care.

OSHC fees are to be paid fortnightly in advance; your fees are to be in advance at all times. If they are not, your placement will be at risk.

I understand and agree to the fee notice: Print Name:____________________ Signature: __________________

Care Required:

BSC   M  T  W  TH  F   ASC   M  T  W  TH  F   HOLIDAY CARE   M  T  W  TH  F

Please note that placements are given on availability and Priority Of Access. See parent hand book.

Movies/DVD’s:

Do you give permission for your child to watch G & PG movies? All movies are chosen very carefully. YES NO

Print Name:____________________________ Signature: ______________________________

Collection of your child:

I agree to collect my child from the service in case of illness/unwell or unacceptable behaviour.

No custodial parent can collect their child from the school office from 2:50pm onwards without informing OSHC by coming down to the service and signing your child away and/or seeing a staff member.

No child will be sent/taken to the office for collection by custodial parent from 3:00pm all OSHC children are to be collected from the service and signed out.

At all times the Director/Co-ordinator must be informed if your child will not be attending OSHC either by phoning the service or in writing via the communication book on parent table.

The safety of your child’s is our 1st priority

I understand and agree to the collection details of my child.

Print Name:____________________________ Signature: ______________________________ Date:________________