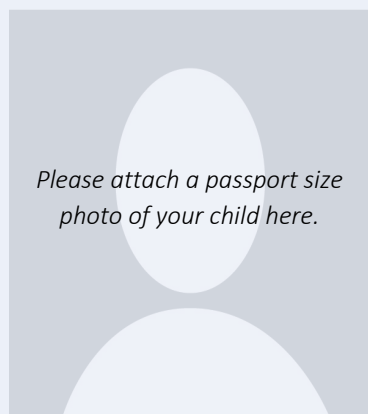


PARADISE OUT OF SCHOOL HOURS CARE ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

Service Name: Cedar College OSHC & Paradise Vacation Care (circle those that apply)

OFFICE USE ONLY	
Date Entered	Entered By

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Middle name	
Preferred first name			

Date of Birth		Gender (Please circle)	
---------------	--	---------------------------	--

Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
----------------------------------------------------------------------------------------------------------------	--

Child's home address	
Child normally lives with	

Primary School attending					
Child's Year Level & Teacher					
Days of attendance (Please circle):	Mon	Tue	Wed	Thurs.	Fri
Morning Session Required (Tick):					
Afternoon Session Required (Tick):					
Vacation Care (Tick):					

Child's Start Date	
--------------------	--

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home? (Please circle) Yes / No	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN):	[Ensure Primary parent is registered as CCS Claimant]
-------------------------------------------	-------------------------------------------------------

Please provide any relevant cultural background details	
---------------------------------------------------------	--

Does the child normally live with you? (Please circle)	Yes / No
-----------------------------------------------------------	----------

Occupation	
------------	--

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	
------------------------------------------	--

Please provide any relevant cultural background details	
---------------------------------------------------------	--

Does the child live with you? (Please circle)	Yes / No
-----------------------------------------------	----------

Occupation	
------------	--

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant 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?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			

Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

<p>Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other</p>			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month / Year
<p>Please be advised that if your 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>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition			
Has a doctor diagnosed this condition?	Yes/No		
Does your child have a current Medical Management Plan (e.g. ASCIA Asthma Plan)	Yes/No		
If yes, is this plan attached?	Yes/No		
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/No		
If yes, is this plan attached?	Yes/No		
Does your child take any prescribed regular medication for this condition?	Yes/No		
Medication Name/s			
REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION			
Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).			
Doctor's name			
Medical Centre		Phone Number	
Signature			Date
<p>Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.</p> <p>Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating</p>			

equipment. Please include information about how you support your child at home to administer their medication.

Medication agreement		
<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight or speech?	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced.	

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

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. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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)	Yes/No	Parent 1 Signature	
		Parent 2 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)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, i, ii, 1b)

Full Name			
Relationship to child			
Phone Number	(M)		
	(W)		
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
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)	Yes/No	Parent 1 Signature	
		Parent 2 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)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

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?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
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?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4), 102D (4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: <ul style="list-style-type: none"> regular outings (once every twelve months) an excursion that is not a regular outing 	
Parent 1 Signature:	
Parent 2 Signature:	

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
I/we give permission for this child to apply SPF30+ sunscreen 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

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the 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

WRITTEN ARRANGEMENT

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between _____ and _____ **Paradise Out of School Hours Care** is an ongoing agreement between the Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Paradise Out of School Hours Care (POSHC)				
Service ID:	Cedar: 3-6HGHBO Paradise: 1-BHVPZ				
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session: BSC					
End time for Session: ASC					
Vacation care start and end times					
Care Arrangement:			Flexible Casual Care		
Fees to be charged to the individual for the sessions of care provided					

Note: Proposed fees can be detailed by reference to other material such as fee schedule or information on website maintained by the provider. Parties understand and are aware fees may vary from time to time.

Signed: _____ Name: _____ Date: ____ / ____ / ____

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

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 pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
- ☐ 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. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- ☐ 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 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, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- ☐ I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- ☐ I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- ☐ I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of 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 letter

(within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.

- ☐ I give permission for my child to be observed by 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 give permission for my child to be involved with leisure activities offered at the OSHC Service.
- ☐ I have read the Family Handbook and am familiar with the Service's Policy Manual located in the foyer area and in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.
- ☐ I, or someone I know, has a skill they could share with the children to enhance the educational program.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		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.

DIRECT DEBIT

I/We request Paradise Out Of School Hours Care (ID 217981) to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name:

Address:

Postcode

☐ Credit Card

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:

__	/	__	ccv	
----	---	----	-----	--

Name of Card Holder:

Or

☐ Bank Account

Bank:

BSB:

Account Number:

Account Name:

Signature:

Commencing on please debit \$ from the above

account each: Week Fortnight

MEDICAL RISK MINIMISATION PLAN

CHILD'S NAME:				DOB:	
1.	Details of medical condition?				
2.	Does the child need dietary modifications? <i>(If yes, please comment in sections below.)</i>	Y/N	3.	Has a medical management plan been submitted for this condition?	Y/N
4	RISK: What are the issues or triggers <i>and/or</i> actual/potential situations that could lead to a medical emergency?	STRATEGY: What can be done to reduce these risks? What resources are needed?		WHO: Who needs to be included in the process? Why?	
5.	Dietary Modification: Unsafe foods, drinks & meals: (If applicable)				
6.	Safe foods, drinks & meals: (If applicable)				

All relevant staff members have been made aware of this plan and understand the risk, plan to minimise the risk and how to respond if a risk has been detected.

Responsible Person Name		Date	
Responsible Person Signature			

Parent/Guardian's Name		Date	
Parent/Guardian's Signature			

Nominated Supervisor Name		Date	
Nominated Supervisor Signature			