



# ENROLMENT FORM



Name:

## ATTACHED DOCUMENTS

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

Child's birth certificate		Child Customer Reference Number (CRN)	
Immunisation record		Photo identification of all emergency contacts	
Written Arrangement form completed & signed		Medical documents & Action Plans	
Documents regarding additional needs or diagnosed disability		Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order etc.	

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

OFFICE USE ONLY	
Date Entered:	Entered By:

# CHILD DETAILS

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

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Sex (Please circle):	Male / Female
----------------	--	----------------------	---------------

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

Child's home address:				
Child 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):					

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

# CULTURAL CONSIDERATION

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

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or? Torres Strait Islander Descent?  <i>(Please circle)</i>	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:	
Religious celebrations:	
Are there any activities at the centre that may go against your family values or beliefs?	
Have you got anything that you would like to contribute or come in and show the children such as pictures, artefacts, musical instruments etc that could help us to share about your culture in our centre?	

# MEDICAL INFORMATION

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

Medicare Number:			
Medicare Expiry Date:		Number of children 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):			
Do you agree to your child independently administering their own medication?	Yes	No	
<b>SELF MANAGEMENT OF MEDICATION</b>			
<p>Students in the infant classes require supervision of their 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 the student’s medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment.</p>			
<b>AUTHORISATION</b>			
Name of Medical/Health Practitioner:			
Professional Role:			
Signature:			
Date:			
Contact details:			
Parent/Guardian Name:			
Signature:			
Date:			

**Child’s Registered Medical Practitioner or Service Details:**

Service Name:	
Practitioner’s Name:	
Contact Numbers:	
Address:	

**Child’s Registered Dental Practitioner or Service Details:**

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

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	Yes / No If yes, please provide a medical management plan, which the child’s medical practitioner has prepared.  The Plan should include:	
	<input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.	
Does the child have any dietary restrictions? Yes/No Is the child vegetarian? Yes/No	Yes / No (If yes, please attach relevant details.)	Attached _____
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:	Parent 1 Signature:	_____
	Parent 2 Signature:	_____

<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></p> <p>Any medication, including non-prescription medication like 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>			
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:	

## IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No  Please note: Approved documentation must be provided before your child can attend See <i>Immunisation Policy</i>	Attached
Are your child’s immunisations up to date?	Yes/No  Please provide a copy of your child’s: Immunisation History Statement provided by Medicare	Attached
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:
		Parent 2 Signature:
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>	Yes/No	Parent 1 Signature:
		Parent 2 Signature:

## DEVELOPMENTAL INFORMATION

<p>Please provide us with any other information we should know about your child</p> <p><i>(For example, additional learning and support needs, information about the child's wellbeing, physical comfort or personal needs, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)</i></p>	
---	--

## FAMILY INFORMATION

<p>Does the child have any siblings? If so, please provide their names and ages.</p>	
<p>Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.</p>	

# PRIMARY PARENT

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

**Primary Parent must also be the registered CRN number holder**

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	

**Primary Parent only**

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

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

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

Occupation:	
Place of employment:	



## 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:	
Please provide any relevant cultural background details:	
Does the child live with you? (Please circle):	Yes / No
Occupation:	
Place of employment:	

## COURT ORDER

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

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?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other 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	

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

# FIRST EMERGENCY CONTACT

*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. To deal with these circumstances and in case of an emergency 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.

**Please obtain the person’s consent before listing them as an 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)	Yes/No	Parent 1 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:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	

# SECOND EMERGENCY CONTACT

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

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)	Yes/No	Parent 1 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:	
Can this person be contacted to give consent to the transportation of the child by an ambulance service?	Yes/No	Parent 1 Signature:	

# CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:

**1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?**

YES  NO

**2. Are you liable for fees for care provided at an approved child care service?**

YES  NO

**3. Do you meet residency requirements?**

YES  NO

**4. Does your child meet immunisation requirements?**

YES  NO

**5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website?**

YES  NO

**6. Have you received confirmation about your Child Care Subsidy?**

YES  NO

**Please Note:**

If you need assistance with filling out this form, please speak to the OOSHC Co-Ordinator who will be happy to help. Please ensure that if any details change, you notify the Service immediately.

# ENROLMENT AGREEMENT

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 supervised walking excursions within the local area as part of the centres program	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
I understand that my child will be expected to behave appropriately while in care	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 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
I give permission for my child to watch G and PG movies at POSHC	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/ Cedar College OSHC** 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: \_\_\_ / \_\_\_ / \_\_\_\_\_

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. I understand that all booked days are paid for even when my child is absent due to sickness.
- 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 giving two weeks written notice to withdraw my child or 1 week to reduce booked days
- 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 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 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 foyer. 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 can make this suggestion in person to a staff member or anonymously in the suggestion box.

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.



## ABOUT ME

Date:.....

Name :.....

How old are you?.....

Favorite Food:.....

Food I don't like:.....

Interests/Hobbies:.....

Favorite colour:.....

Allergies:.....

What's your favorite animal?.....

Do you have any pets at home?.....

.....

Favorite game/Activities?.....

I am afraid of:.....

What do you like to do on the weekends?.....

.....

Anything else you would like to tell us about yourself?

.....

.....

.....

