

Authorised Nominee / Emergency Contacts (other than those listed on page 1)

Authorised Nominee 1 – This person is authorised to carry out the following responsibilities for my child

Full Name		<input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise administration of medication <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Confirm absence (if this person lives with the child)
Relationship to child		
Address		
Home Phone		
Work Phone		
Mobile		

Authorised Nominee 2 – This person is authorised to carry out the following responsibilities for my child

Full Name		<input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise administration of medication <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Confirm absence (if this person lives with the child)
Relationship to child		
Address		
Home Phone		
Work Phone		
Mobile		

Authorised Nominee 3 – This person is authorised to carry out the following responsibilities for my child

Full Name		<input type="checkbox"/> Collect the child from the service <input type="checkbox"/> Authorise administration of medication <input type="checkbox"/> Consent to medical treatment <input type="checkbox"/> Confirm absence (if this person lives with the child)
Relationship to child		
Address		
Home Phone		
Work Phone		
Mobile		

Parent/Carer Signature _____ Date _____

Child Details										
Full Name										
Name Child is known by										
Centrelink CRN					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			DOB		
Gender			<input type="checkbox"/> Male <input type="checkbox"/> Female		Year level/class					
Country of Birth										
Primary Language spoken					Secondary Language spoken					
Cultural Background (please tick)			<input type="checkbox"/> Not Aboriginal or Torres Strait Islander					Aboriginal		
			<input type="checkbox"/> Torres Strait Islander not Aboriginal					Aboriginal and Torres Strait Islander		
			Other:							
Are there any current written arrangements for the care of this child? May include parenting plans, residence orders, custody orders etc.							<input type="checkbox"/> Yes <input type="checkbox"/> No			
TO ENABLE THE SERVICE TO COMPLY WITH COURT ORDERS A CERTIFIED COPY MUST BE PROVIDED.										
Service use only: Copy of relevant orders provided										
Please indicate whether your child/ren have any known or suspected special needs – please tick Yes or No for each of the following:										
Physical needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medication needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Educational needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Behavioural needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dietary requirements:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child present with any other additional needs or have a diagnosed disability							<input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>If you have ticked YES to any of the above please speak to co-coordinator as you will be required to complete relevant action plan before your child may begin.</u>										
Is your child's immunisation status up to date				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		Signature				
A copy of Immunisation records must be supplied on enrolment										
If your child is exempt from immunization please provide exemption notice.										
Please tick days of care required for permanent bookings, for casual bookings and vacation care leave blank and see a Coordinator										
Before School Care start date										
Mon		Tues		Wed		Thurs		Fri		
After School Care Start date										
Mon		Tues		Wed		Thurs		Fri		
Is there anything else you can tell us to help better care for your child? I.e. Culture, fears, likes, dislikes, hobbies, living arrangements, family										

Child Details													
Full Name													
Name Child is known by													
Centrelink CRN						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			DOB				
Gender				<input type="checkbox"/> Male <input type="checkbox"/> Female				Year level/class					
Country of Birth													
Primary Language spoken						Secondary Language spoken							
Cultural Background (please tick)			<input type="checkbox"/> Not Aboriginal or Torres Strait Islander			<input type="checkbox"/> Aboriginal							
			<input type="checkbox"/> Torres Strait Islander not Aboriginal			<input type="checkbox"/> Aboriginal and Torres Strait Islander							
			Other:										
Are there any current written arrangements for the care of this child? May include parenting plans, residence orders, custody orders etc.										<input type="checkbox"/> Yes <input type="checkbox"/> No			
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Physical needs:			<input type="checkbox"/> Yes <input type="checkbox"/> No		Medication needs:			<input type="checkbox"/> Yes <input type="checkbox"/> No		Educational needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioural needs:			<input type="checkbox"/> Yes <input type="checkbox"/> No		Allergies:			<input type="checkbox"/> Yes <input type="checkbox"/> No		Dietary requirements:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child present with any other additional needs or have a diagnosed disability										<input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>If you have ticked YES to any of the above please speak to coordinator as you will be required to complete relevant action plan before your child may begin.</u>													
Is your child's immunization status up to date						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		S Signature					
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likes, dislikes, hobbies, living arrangements, family	
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Medical Access and Emergency – please insure you initial EACH box	Plases initial for your agreement
I/we agree that the staff at the service may administer simple first aid to my/our child/ren if needed.	
I/we agree that a trained staff member may administer Adrenaline (Epipen) for treatment of Anaphylaxis and Salbutamol inhaler (Ventolin) for the treatment of acute asthma.	
Is In the case of accident or an emergency, every effort will be made to contact parents. I/we authorise staff to access medical, hospital and ambulance services to attend my/our child/ren as deemed necessary by staff at the service.	
Other Consents – if you do not give consent for any of the below see Coordinator upon returning form.	Please initial for your agreement
I/we give permission for OSHC staff to liaise with teaching staff, when relevant to the wellbeing of my child/ren.	
I/we give permission for my/our child/ren to be photographed and/or videoed at the service, for use within service and the Edge Hill OSHC’s social media page/ web page (no last names used)	
I/we give permission for staff to apply insect repellent to my/our children when needed. (if no please provide an alternative)	
I/we give permission for staff to apply calamine or stingose to my/our children when needed	
I/we give permission for staff to apply 30+ sunscreen to my/our children when needed (if no please provide an alternative)	
I/we acknowledge appropriate PG & G videos will be included in the program	
I/we give permission for my child/ren to participate in face painting activities	
I/we agree if my child constantly misbehaves or causes harm to any other child he/she may be dismissed immediately and no refund of money will be given. The child will not be allowed to return to the service until such time as appropriate behaviour management plans have been negotiated.	
I/we acknowledge that fees are payable whether my child/ren attend or not on the day they are booked in. This applies to public holidays, pupil free days, school camps and unforeseen closures.	
I/we agree to pay all fees for my/our children’s care at the service at least 1 week in advance	
I/we acknowledge that medication will only be administered when it is accompanied by written instructions from the medical practitioner, is in the original container with dispensing label as prescribed including dosage, and the service medication form is completed. This includes prescribed and non-prescribed medication	

Do you have any other children using registered Child Care (other than those listed)

Yes No

No’ of children using *other* registered care _____

Please note if your child is starting at Prep this year it is your responsibility to inform Centrelink your child is now “School Aged” or you may need to repay CCB.

Terms and conditions

- I/we acknowledge that if my child/ren become ill while at the service I/we will collect or arrange an authorised person to collect as soon as possible
- I/we acknowledge that the service is unable to care for children who are sick or have a contagious illness, and a medical clearance may be necessary before my child/ren is able to return
- I/we will inform the service of any changes to the information included on the enrolment form to ensure our family details remain current.
- I/we acknowledge children are to be collected prior to 6pm. A late fee penalty is payable immediately. See Handbook for rates.
- I/we agree to notify the Coordinator promptly if my child/ren is to be absent for any reason.
- I/we acknowledge if using Before School Care that if my child is in years 1-6 they will be signed out of care by an educator at 8:30am to proceed to their class, they will not be escorted by educators. At this time they will no longer be the responsibility of EHOSHC.
- I/we acknowledge if using Before School Care that if my child is in Prep they will be escorted to their class at 8:45am by an Educator. At this time they will no longer be the responsibility of EHOSHC.
- I/we agree that my child/ren cannot leave Outside School Hours Care Centre with anyone other than a nominated person stated on this enrolment form without prior written agreement with a Coordinator.
- I/we agree that I/we or our nominated person are required to enter the school grounds and sign my child/ren in each morning (**not before 7am**) (when applicable) and out each afternoon (**not after 6pm**).
- We adhere to the sun smart policy, meaning children are required to wear hats, shoes and shirts with sleeves (short) when playing outside. Please ensure your child has his / her hat and shoes upon arrival each day.
- I/we certify that the information entered on this enrolment form is true and to the best of my/our knowledge is accurate.

Name _____ Relationship to child/ren _____

Please advise of any parenting arrangements, family customs etc that may assist us in caring for your child/rem

Signature _____ Date _____