

# Edge Hill State School P&C Association

## Outside School Hours Care

### Family Enrolment Form 2024

Please fill out ALL sections clearly and neatly

Parent/Carer 1 Details (Parent linked with Centrelink)										
First Name						Last Name				
Centrelink CRN								DOB		
Relationship to child										
Gender Identity	Female	Male	Non- Binary	Trans Female	Trans Male	Other				
Pronoun	He/ Him		She/ Her		They/ Them			Other		
Home Phone						Mobile Phone				
Email address										
Home Address								Postcode		
Postal Address (if different from above)								Postcode		
Occupation						Work Phone				
Organisation/Employer						Work Address				
Country of Birth				Primary Language Spoken					Secondary Language Spoken	
<b>Parent/Carer 2 Details</b>	Does the child live with this parent/carer							<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no please provide details										
Full Name						DOB				
Relationship to child										
Gender Identity	Female	Male	Non- Binary	Trans Female	Trans Male	Other				
Pronoun	He/ Him		She/ Her		They/ Them			Other		
Home Phone						Mobile Phone				
Email address										
Home Address								Postcode		
Postal Address (if different from above)								Postcode		
Occupation						Work Phone				
Organisation/Employer						Work Address				
Country of Birth				Primary Language Spoken					Secondary Language Spoken	

**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/ Consent to Medical Treatment <input type="checkbox"/> Call in the case of an Emergency <input type="checkbox"/> Confirm absence ( <b>only if this person lives with the child</b> )
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/ Consent to Medical Treatment <input type="checkbox"/> Call in the case of Emergency <input type="checkbox"/> Confirm absence ( <b>only if this person lives with the child</b> )
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/ Consent to Medical Treatment <input type="checkbox"/> Call in the case of Emergency <input type="checkbox"/> Confirm absence ( <b>only if this person lives with the child</b> )
Relationship to child		
Address		
Home Phone		
Work Phone		
Mobile		

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_

Child Details												
Full Name												
Name Child is known by					Year Level/ Class							
Gender Identity		Female		Male		Non-Binary		Trans Female		Trans Male		Other
Pronoun		She/ Her		He/ Him		They/ Them		Other				
Centrelink CRN												
Medicare Number					Date of Birth							
Medical Practitioner Name						Phone Number						
Country of Birth		Primary Language						Secondary Language				
Cultural Background (please tick)				Not Aboriginal or Torres Strait Islander				Aboriginal				
				Torres Strait Islander not Aboriginal				Aboriginal and Torres Strait Islander				
		Other:										
<p><b>Are there any current written arrangements for the care of this child? May include parenting plans, residence orders, custody orders etc.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>TO ENABLE THE SERVICE TO COMPLY WITH COURT ORDERS A CERTIFIED COPY MUST BE PROVIDED.</b></p>												
<p><b>Please indicate whether your child/ren have any known or suspected special needs – please tick Yes or No for each of the following:</b></p> <p><b><u>If you have ticked YES to any of the below please speak to co-coordinator as you will be required to complete a relevant action plan before your child may begin.</u></b></p>												
Physical needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medical 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: (more information required)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dietary requirements/ Intolerances: (more information required)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child present with any other additional needs or have a diagnosed disability (If yes, more information is needed)								<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your child's immunisation status up to date				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		Signature						
<p align="center"><b>A copy of Immunisation records must be supplied on enrolment</b></p>												
<p align="center"><b>Please tick days of care required for ongoing bookings</b></p>												
<b>Before School Care 6.45am – 9am (2.25hr session)</b> <b>Start date</b>												
Mon		Tues		Wed		Thurs		Fri				
<b>After School Care 3pm – 6pm (3hr session)</b> <b>Start date</b>												
Mon		Tues		Wed		Thurs		Fri				
<input type="checkbox"/> <b>Casual/ Vacation care Bookings only, please tick</b>												

Child Details												
Full Name												
Name Child is known by					Year Level/ Class							
Gender Identity		Female		Male		Non-Binary		Trans Female		Trans Male		Other
Pronoun		She/ Her		He/ Him		They/ Them		Other				
Centrelink CRN												
Medicare Number						Date of Birth						
Medical Practitioner Name						Phone Number						
Country of Birth		Primary Language						Secondary Language				
Cultural Background (please tick)				Not Aboriginal or Torres Strait Islander				Aboriginal				
				Torres Strait Islander not Aboriginal				Aboriginal and Torres Strait Islander				
		Other:										
<p><b>Are there any current written arrangements for the care of this child? May include parenting plans, residence orders, custody orders etc.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>TO ENABLE THE SERVICE TO COMPLY WITH COURT ORDERS A CERTIFIED COPY MUST BE PROVIDED.</b></p>												
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Physical needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Medical 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: (more information required)		<input type="checkbox"/> Yes <input type="checkbox"/> No		Dietary requirements/ Intolerances: (more information required)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child present with any other additional needs or have a diagnosed disability (If yes, more information is needed)								<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your child's immunisation status up to date				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt		Signature						
<p align="center"><b>A copy of Immunisation records must be supplied on enrolment</b></p>												
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<b>After School Care 3pm – 6pm (3hr session)</b> <b>Start date</b>												
Mon		Tues		Wed		Thurs		Fri				
<input type="checkbox"/> <b>Casual/ Vacation Care Bookings only, please tick</b>												

<b>Medical Access and Emergency – please insure you initial EACH box</b>	<b>Please initial for your agreement</b>
I/we agree that the staff at the service may administer basic 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.	
In the case of an 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 and share appropriate information as deemed necessary by staff at the service.	
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.	
<b>Other Consents – if you do not give consent for any of the below see Coordinator upon returning form.</b>	<b>Please initial for your agreement</b>
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 itch/ sting cream 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/ Nail painting/ Hair Spray 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 1 weeks’ notice must be given to cancel any Before/ After School Care bookings and 2 weeks’ notice must be given to cancel any Vacation Care booking.	
I/We acknowledge that fees are payable whether my child/ren attend or not on the day they are booked in. This applies to cancelled bookings, public holidays, 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 give permission for my child/dren to participate in any emergency procedures.	
I/We give authorisation for Edge Hill Outside School Hours Care to transport my child/ren using a suitable Bus Charter Company on any planned excursions.	
I/We give permission for my child/ren to participate in risky play (eg climbing trees, building forts using loose parts/ hammers and nails) activities while at Edge Hill Outside School Hours Care.	

Terms and condition

- I/We acknowledge that the service is **not nut free** and will endeavour to minimise the risk of nuts coming into the Service
- 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 that it is mandatory for Educators to report any suspicions of Child Abuse to the relevant authorities.
- I/We acknowledge it is the account holder's responsibility to collect an account from the service.
- I/We acknowledge that 1 weeks' notice is needed to cancel any After/ Before School Care bookings and 2 weeks is required for any Vacation Care bookings.
- I/We acknowledge children are to be collected prior to 6pm. A late fee penalty will be charged to the account if not.
- I/We agree to notify the Service 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 and 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 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 agreement with a Coordinator.
- I/We agree that I/we or our nominated person are required to enter the Service and sign my child/ren in each morning (**not before 6.45am**) and out each afternoon (**not after 6pm**).
- We adhere to the sun smart policy, meaning children are required to wear broad brimmed 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 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please advise of any extra information, family customs etc that may assist us in caring for your child/ren