

Kenmore South OSHC 2021 Enrolment Form

Account Information

Enrolment Type: Complying Written Agreement (Claiming CCS) Relevant Arrangement (Not Claiming)

Account CRN:

CRN Holder name:

D.O.B.:

Child/ren Information

	Child/ren's name	Class	D.O.B.	Gender	Child's CRN
1					
2					
3					
4					

Parent/Guardian Information

Legal Parent/Guardian 1	Full Name:		Relationship to Child/ren:			
	Address:			Postcode:		
	Mobile:		Work:		Home:	
	Email:					
	Authorisations (please tick): <input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion					

Legal Parent/Guardian 2	Full Name:		Relationship to Child/ren:			
	Address:			Postcode:		
	Mobile:		Work:		Home:	
	Email:					
	Authorisations (please tick): <input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion					

Is your child/children subject to a Family Court Order? Y N
**if yes, please provide a certified copy of the order*

Is the child/children subject to a Domestic Violence Order? Y N
**if yes, please provide a certified copy of the order*

Bookings

Any changes made to these bookings **must** be submitted to KSSS OSHC in writing/emailed to
enrolments.oshc@ksss-pnc.org.au

Care Type	Before School Care (\$14.00)	After School Care (\$20.00)
<input type="checkbox"/> Routine Care: permanent bookings each week (Please tick which sessions you require)	<input type="checkbox"/> Monday	<input type="checkbox"/> Monday
<input type="checkbox"/> Casual Care: bookings made as required (please note that CCS may time out if you are casually enrolled)	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Fortnightly bookings - please give details via email	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday
Date Care is to Begin: _____		

Photo Permission

Do you give permission for photographs of your child/ren to be used in the following: (please tick)

Newsletters within the Service KSSS P&C Facebook Page

I **do not** want photographs taken of my child/ren

Parent/Guardian Name: _____ Signature _____

Emergency Contacts

Please note that all emergency contacts must be over the age of 18 and authorised by account holder to collect. Please place in **call order**. Note that emergency contacts must be contactable in any case a child needs to be collected due to illness or any reason. Please do not add family members or friends that are not able to collect children i.e. living interstate.

Authorisations - Please ensure you check the box for authorisation type FOR EACH contact.

Collection – authorised for pickup and drop off
 Medical – authorised to administer medication and make medical decisions
 Emergency – authorise to be contacted in an emergency
 Excursion – authorise to permit attendance to an excursion

3rd Contact	First Name: _____	Last Name: _____
	Address: _____	Postcode: _____
	Phone: _____	Relationship to Child/ren: _____
	Authorisations (please tick): <input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion	

4th Contact	First Name: _____	Last Name: _____
	Address: _____	Postcode: _____
	Phone: _____	Relationship to Child/ren: _____
	Authorisations (please tick): <input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion	

5th Contact	First Name: _____	Last Name: _____
	Address: _____	Postcode: _____
	Phone: _____	Relationship to Child/ren: _____
	Authorisations (please tick): <input type="checkbox"/> Collection <input type="checkbox"/> Medical <input type="checkbox"/> Emergency <input type="checkbox"/> Excursion	



CULTURAL INFORMATION, CONNECTIONS AND FAMILY TRADITIONS

Is your child/ren of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other: _____
Cultural background:	_____
What is the primary language of your family?	_____
Does your child have any cultural or religious requirements?	_____
Does your family observe any particular religious or cultural practices that are significant to your child?	_____
Do you celebrate any cultural/religious tradition? How do you celebrate these traditions?	_____
What 'family' traditions do you celebrate together? (e.g. Sunday dinner at Grandmas.)	_____
Are there any specific songs/stories you share with your children?	_____
As a family do you have any favourite foods? Please provide details.	_____

MEDICAL CONTACT DETAILS

If you do not have a specific doctor, please add the details of your regular practice.	
Family Doctor:	Phone:
Practice Name:	
Practice Address:	
Medicare Number:	Authorisations (please tick): <input type="checkbox"/> Medical <input type="checkbox"/> Emergency

MEDICAL INFORMATION

IMMUNISATIONS	Has your child/ren received the relevant immunisations for their age? <input type="checkbox"/> Yes <input type="checkbox"/> No *Please provide copies
Does your child have a diagnosed medical condition? Please tick (✓) and provide details in the spaces provided below. If yes, an action plan/medical management plan by an authorised medical practitioner may be required. Please speak with the OSHC team to ascertain what paperwork you require. A risk minimisation plan is required for all medical conditions, this can be located on our website at Risk Minimisation Plan	
KNOWN ALLERGIES <input type="checkbox"/> Yes <input type="checkbox"/> No	What causes the allergy? _____ <input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic (Epipen must be provided to the service before the child commences) Medical management plan and/or action plan attached <input type="checkbox"/> Yes <input type="checkbox"/> No (A current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment) Further information may be required – please contact OSHC – enrolments.oshc@ksss-pnc.org.au
DIETARY RESTRICTIONS <input type="checkbox"/> Yes <input type="checkbox"/> No	Special dietary restrictions (provide details) _____ _____ <input type="checkbox"/> Medical <input type="checkbox"/> Personal Choice <input type="checkbox"/> Religious Reasons

INTOLERANCE <input type="checkbox"/> Yes <input type="checkbox"/> No	What causes the intolerance?	
	<input type="checkbox"/> Mild <input type="checkbox"/> Severe	
	Symptoms:	
	Current Action Plan: (provide details and a copy of any medical action plan if applicable)	

ASTHMA <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mild <input type="checkbox"/> Severe	
	Known causes:	
	Asthma action plan provided? <input type="checkbox"/> Yes <input type="checkbox"/> No (updated plan required when a change occurs) *action plan and chemist labelled medication must be provided before commencement	

Does your child/ren take any medication that may affect their general health or behaviour when at OSHC? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details: _____ _____
--	--

Does your child/ren have any other medical conditions not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details: _____ _____
--	--

Does your child present with any additional needs or have a diagnosed disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details: _____ _____
--	--

Are there any behavioural concerns that you would like KSSS OSHC to be made aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details: _____ _____
--	--

Does your child/ren have any phobias or fears? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please provide details: _____
---	-------------------------------

MEDICAL CONSENT STATEMENT

- I/We agree to provide a Medical Action Plan and Risk Minimisation Plan if required.
- I/We agree to complete a Medication Authority form as required and provide the appropriate medication.
- I/We understand the service is unable to administer prescription or non-prescription medication (except in the event of an emergency) unless I/we have completed a Medication Authority form, the prescription medication is in its original container, a dispensing label is attached by a pharmacist that details the name of the child and dosage to be given.
- I/We acknowledge a service will record any medication administered by staff on a Medication Administration Form for the parent to sign upon collection.
- I/We understand legislation requires the service to hold generic medication for asthma and anaphylaxis.
- For further information refer to the Medical Conditions Policy.

Parent Name:	Sign:
--------------	-------

Terms and Conditions of Enrolment / Enrolment Agreement

I/we:

- Confirm the child/ren being enrolled in this service are currently enrolled at Kenmore South State School *(NB: Prep students are eligible to commence using OSHC in January of the year they are enrolled for Prep)*.
- Have read, understood, the Service's Privacy Policy relating to disclosure of my/our family's personal information and voluntarily consent to this personal and sensitive information being collected, used and disclosed in this policy.
- Agree to update any change to information provided on the enrolment form.
- Have read and understand the services' fee and cancellation policy and agree to pay all fees when incurred. (subject to change based on approval by the P&C each November)
- Acknowledge that I/we agree to abide by the rules, policies and procedures of the service including the Parent Code of Conduct.
- Service and Vacation Care rules are established for the safety and enjoyment of all children. Children are expected to respect and follow their rules. Any breach of these rules may result in exclusion from activities or the program following consultations between Coordinator and parents
- It is a condition of enrolment that you personally sign children in/out as required utilising the KIOSK system for the various care programs. If any person, apart from those listed on the enrolment form, is to collect and sign out my/our child/ren, the service will be notified in writing e.g. email
- Parents and authorised contacts are not to pass on their phone number and pin to a third party, including family and friends, to sign their child in/out.
- I/we must be contactable at all times whilst my child is in care. This may require alternative and/or work phone numbers
- Understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so, I/we will be responsible for paying full fees.
- Understand that I/we **must** link my/our child/ren to the service, provide my/our date of birth and provide family and child Customer Reference Numbers.
- I/We agree to inform the service of any absence of my child/ren as soon as possible and understand that there may be fees associated with changing bookings and notice periods, as well as failure to communicate an absence.
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.
- I/We understand that, in the case of a foster care arrangement, management can contact any relevant Case Worker to obtain strategies to work with the child/ren.
- I/We agree to keep my/our child/ren from attending the service should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the service will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases". <https://www.nhmrc.gov.au/>
- I/We authorise staff to provide any required first aid commensurate with their level of training and, further, to ensure that appropriate medical attention is provided in an emergency.
- I/We accept responsibility for payment of all expenses associated with medical treatment for our child/ren.
- I/We give permission for staff to apply sunscreen to my/our child/ren prior to outdoor play.

As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be eligible to receive Government funding if available. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement. Please read these items and confirm via the checkboxes your acceptance of these items:

- I confirm that my details in this enrolment form as well as the details of the child I am enrolling are correct
- I confirm I have agreed to days of care with this service/s and understand the start and end times of the care provided
- I confirm that care may be provided on a casual or flexible basis where available at my service(s) at my request
- I confirm I understand the usual fees associated with the care of my child which may vary from time to time

Acknowledgement:

Parent/Guardian Name: _____ Signature _____

Office Use Only

Date entered:

By: