

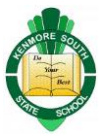


Kenmore South OSHC

Parents' and Citizens' Association

ABN 86 830 160 474

Account Information					
Account Holder Surname:			Account Holder CRN:		
Legal Parent/Guardian 1	Full Name:		D.O.B:		<input type="checkbox"/> M <input type="checkbox"/> F
	Address:			Postcode:	
	Phone:		Relationship to Child/ren:		
	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:		D.O.B:		<input type="checkbox"/> M <input type="checkbox"/> F
	Address:			Postcode:	
	Phone:		Relationship to Child/ren:		
	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? <input type="checkbox"/> Y <input type="checkbox"/> N					
<i>*if yes, please provide a certified copy of the order</i>					
Is the child/children subject to a Domestic Violence Order? <input type="checkbox"/> Y <input type="checkbox"/> N					
<i>*if yes, please provide a certified copy of the order</i>					
Child/ren Information					
	Child/ren's name	Grade	D.O.B	Gender	Child's CRN
1					
2					
3					
4					
Initial Bookings					
Please be aware that any changes made to these bookings must be submitted to KSSS OSHC in writing or emailed to enrolments.oshc@ksss-pnc.org.au					
Before School Care (\$12.50) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		After School Care (\$18.50) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		OR <input type="checkbox"/> Casual Care: bookings made as needed via email or phone <input type="checkbox"/> Fortnightly Bookings Date Care is to Begin:	



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Medical & Cultural Information

Family Doctor: _____ Phone: _____

Practice Name: _____

Practice Address: _____

Medicare Number: _____

Please tick corresponding boxes below and provide details at the bottom of the page:

Has your child/ren had a history of ill health or been hospitalised? Y N

Does your child/ren have any allergies? Y N

Does your child/ren require staff to administer medication? Y N

Does your child/ren have any fears? Y N

Has your child/ren received the relevant immunisations for their age? Y N

***please provide copies**

Does your child/ren have any special needs or disabilities? Y N

Does your child/ren suffer from Asthma? Y N

***if yes, does the child self-medicate or require assistance?**

Is your child/ren of Aboriginal or Torres Strait Islander descent? Y N

What is the primary language of your family?

Family Religion:

Does your child have any cultural or religious requirements? Y N

Are there any behavioural concerns that you would like KSSS OSHC to be made aware of? Y N

Does your child have any special dietary requirements? Y N

Details of disabilities, medical conditions, behavioural concerns, allergies and/or religious requirements:



Photo Permission

Do you give permission for photographs of your child/ren to be used within the service and in newsletters accessible by KSSS OSHC families only? Y N

Parent/Guardian Name: _____

Signature _____

Privacy Permission

Do you authorize Kenmore South State School and Kenmore South OSHC to communicate relevant information about your child i.e. administered medication? Y N

Parent/Guardian Name: _____

Signature _____

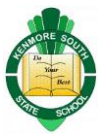
Emergency Contacts

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 members of family or friends that are not able to collect children i.e. living interstate.

Please ensure you check the box for authorisation type. **Collection** – authorises pickup and drop of, **Medical** – authorise permission to administer medication, **Emergency** – authorise to be contacted in an emergency, **Excursion** – authorise to permit attendance to an excursion.

3 rd Contact	Full 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	
4 th Contact	Full 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	
5 th Contact	Full 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	



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 at the commencement of Term 1*).
- 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.
- Acknowledge that I/we agree to abide by the rules, policies and procedures of the service including the Parent Code of Conduct.
- 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
- 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 and, further, to ensure that appropriate medical attention is provided in an emergency. I/We give permission for staff to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/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 checkbox 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

Parent/Guardian Name:

Signature:

Date:

Office Use Only

Date entered:

By: