

Brunswick North OSHC Enrolment Form 2009

Please note: It is essential that prior to commencement the following information is complete and up to date. This form must be completed by a parent or guardian who has lawful authority in relation to the child. Please notify the centre of any change of address, phone number or care arrangements.

Thank you for your cooperation.

Child Details

One Enrolment form per child
Child's Full Name: _____ Usually Called: _____
Home Address: _____ P/C: _____
Date of Birth: ____/____/____ Sex: M / F Language(s) spoken at home: _____
Is the child of Aboriginal and/or Torres Strait Islander decent? Yes / No

Parent or Guardian Details

Full Name: _____ Country of Birth: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____
Does the child live with the mother? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)
Occupation: _____ Place of Employment: _____

Full Name: _____ Country of Birth: _____
Home Address: _____ P/C: _____
Telephone: H _____ W _____ M _____
Does the child live with the father? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please Tick)
Occupation: _____ Place of Employment: _____

Child Care Benefit

Only the parent that has applied to Family Assistant Office for the child care benefit will need to fill in this.
Parent Name: _____ Parent Date of Birth: ____/____/____
Parent Customer Reference Number: _____ - _____ - _____
Childs Customer Reference Number: _____ - _____ - _____

Account Information

Would you like your account sent to you through your e-mail address? Yes <input type="checkbox"/> No <input type="checkbox"/>
Your Email address _____

Court Orders Relating to the Child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?
No proceed to the next page. Yes please complete the following:

1. Bring the court order/s for staff to see and a copy to attach to this enrolment form;
2. a) If these orders affect the powers of a parent or guardian of the child to:
 - Authorise the taking of the child outside the service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child;
- b) Give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers _____

THE INFORMATION BELOW IS GUARDIAN INFORMATION – NOT EMERGENCY CONTACT INFORMATION

Guardian's Full Name (**not** emergency contact): _____

Home Address: _____

Telephone: H _____ W _____ M _____

Does the child live with the guardian? Yes No (Please Tick)

Details of People Who Can Collect the Child and Other persons to be notified in an Emergency
 In the event that the child is not collected and the parent/s or guardian/s **cannot** be contacted, the children's service will use this list to arrange someone to collect the child. This list may be added to throughout the year. There may be times when the child has an accident, injury, trauma or illness and the parent/s or guardian/s cannot be contacted
Identification must be produced upon request from staff.

Name: _____

Address: _____

Telephone: H _____ W _____ M _____

Name: _____

Address: _____

Telephone: H _____ W _____ M _____

Medical and Health Information

Name Doctor/Medical Service: _____

Address: _____

Telephone: _____ Medicare No: _____

Ambulance Subscription: Yes No Private Health Cover: Yes No

Does the child have any allergy or sensitivity? Yes No (Please Tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached or a doctor's letter indicating the correct procedure to follow):

Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service?
 Yes No (Please Tick)

If yes, the following management procedures are to be followed (or a copy of the management plan is attached):

Does the child have any dietary restriction? Yes No (Please Tick)

If yes, the following restrictions apply: _____

In the case of an emergency, do you consent a blood transfusion: Yes No

Sunscreen Protection

In line with the Anti-Cancer Council of Victoria recommendations, the children's service suggests all children are protected by SPF 15 (or higher) sunscreen when exposed to sunlight. In conjunction with TRY's Sun Smart Policy, we ask that each parent apply SPF 15 (or higher) sunscreen to their child prior to their arrival at the children's service. Copies of TRY's Sun Smart Policy are available on request from staff.

Yes **reapply** SPF 15 (or higher) sunscreen, which I have supplied, to my child as required when going outside during October through to and including April.

No do not **reapply** SPF 15 (or higher) sunscreen to my child.

_____ **Print Name**

_____ **Signature**

_____ **Date**

Other Information

If there is anything else that the children's service should know about the child (eg excessive fears, favourite activities, developmental delay or disability etc) please provide details:

Are you willing to have your child photographed to appear in videos or newspapers? Yes No (Please Tick)

Lawful Authority

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The children's Services Regulations 1998 refer to these powers and responsibilities as lawful authority. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order such as under the Family Law Act may take away the authority of a parent to do something or may give it to another person.

A guardian of a child has lawful authority. A legal guardian is given lawful authority by a court order. The definition of guardian under the children's Services Act 1196, also covers situations where a child does not live with his or her parents and there are no court orders. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

Declaration

I _____
Print Full Name

- a person with lawful authority of the child referred to in this enrolment form,
- declare that the information provided for the purpose of this enrolment is true and correct and that I undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable necessary and that I will reimburse any necessary expenses incurred by the children's service;
- I have read, understand and agree to follow the fee payment structure and policies.

_____ **Signature**

_____ **Date**

Privacy Disclaimer

TRY uses this form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies, trainers and administrators. You will be able to access and amend or correct information on request.

Permanent Bookings

Families can nominate permanent days for their child(ren) to attend the program. The Coordinator will have an attendance sheet listing the children who are permanently booked for each day. Each child is to be signed in by the parent or guardian for BEFORE SCHOOL CARE and by the Coordinator for AFTER SCHOOL CARE. When children are collected from AFTER CARE, they must be signed out by a person authorised to collect the child, indicating the time of collection.

Before School Care cancellations is flexible.
After School Care cancellations must be made before 8:30am on the day of care

Please tick the appropriate box

BEFORE SCHOOL CARE

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am - 8:45am					

AFTER SCHOOL CARE

	Monday	Tuesday	Wednesday	Thursday	Friday
3:30 pm - 6:00pm					

Casual Bookings

Permanent bookings have the priority of places. If there are a limited or no places available on any day for the program the Coordinator must record the availability in the Out of School Hours Care diary that is kept at the school office between 8:45 am – 3:00 pm daily. Casual bookings can be made in person with the Coordinator, over the telephone or answering service or by filling out a form. Casual bookings cannot be made by children and will NOT be accepted without prior enrolment.

Please tick if you would like to use the services casually