

DAYLESFORD OUTSIDE SCHOOL HOURS ENROLMENT FORM

This must be returned with booking form

2017

CHILD (Please print in black or blue VERY CLEARLY)

Child's Name	Usually called	Date of birth / /
Address	Postcode	Sex F or M
Family Assistance Office CRN (customer reference number)	Home Ph	
	Home language	
	Medicare number	

PARENTS/GUARDIANS WITH WHOM THE CHILD RESIDES AND IS CHILDS NOMINATED PARENT WITH FAO

1	Name	Date of birth / /	Occupation
	Employer	Employer Address	
	Work Ph	Family Assistance Office CRN This will be your own unique number	
	Mobile Ph	Email address	

2	Name	Occupation	Work phone
	Employer	Employer Address	
	Mobile Ph		

ANY OTHER PARENT/GUARDIAN (if applicable)

1	Name	Home address		
	Employer	Employer address	Work Ph	
	Occupation	Home Ph	Mobile Ph	

COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to this child, or access to the child? No go to the next section.

Yes PLEASE COMPLETE THE FOLLOWING.

1. Bring the original court order/s for staff to see and a copy will be placed on file.
2. If these orders:
 - a/ change the power of a parent/guardian 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.

OR/AND

- b/ give these powers to someone else,

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

Parent/Guardians instructions/information regarding possible conflict/issues with other family members

PLEASE NOTE THAT UNLESS WE HAVE COURT ORDERS, WE CANNOT REFUSE A PARENT ACCESS TO THEIR CHILD.

EMERGENCY CONTACTS / AUTHORIZED NOMINEES

In the event that parents/ guardians cannot be contacted the people listed below have been given the authority by the parent /guardians to:

- to collect the child
- consent to medical treatment and/or authorise the administration of medication
- authorised to consent to the child being taken outside the service (for example, if a child was going on an excursion).

1	Name		2	Name	
	Address			Address	
	Home Ph			Home Ph	
	Work Ph			Work Ph	
	Mobile Ph			Mobile Ph	

I hereby authorise the staff of the Daylesford Outside School Hours Program to care for my child and I also give permission in the event of an emergency or accident for the staff to call an ambulance and/or medical practitioner to carry out such medical treatment considered necessary for my child.

It is strongly recommended by the Committee of Management that parents ensure they are covered for ambulance expenses as all costs incurred in the event of a child requiring treatment must be met by the parent/guardian.

Parent/Guardian signature _____ Date ___ / ___ / ___ Witnessed _____ Date ___ / ___ / ___

Name _____ Name _____

COLLECTING THE CHILD FROM THE SERVICE

Your consent is required for other people to collect the child from the Service on your behalf. Please list the details of those people who can collect the child.

1/ Name	2/ Name
Address	Address
Telephones / M H. _____ W. _____	Telephones / M H. _____ W. _____
Relationship to child.	Relationship to child
3/ Name	4/ Name
Address	Address
Telephones / M H. _____ W. _____	Telephones / M H. _____ W. _____
Relationship to child.	Relationship to child

CULTURAL BACKGROUND

Is your child of Aboriginal or Torres Strait Islander origin? Yes / No

Please share with us any relevant information and / or special considerations in regards to your child’s and family’s Cultural background and / or religious beliefs

HEALTH AND MEDICAL INFORMATION.

Childs Doctor/Medical service:

Name _____ Address _____ Phone _____

ALLERGIES and / or DIETARY RESTRICTIONS

Allergies and/or dietary preferences/restrictions	Management Procedure	Dietary Restrictions.

MEDICAL CONDITIONS

Does your child have any medical condition that we need to be aware of e.g. diabetes, epilepsy, ADHD, Autism etc? YES NO

A Medical management plan must be filled out if your child is at risk. Please ask for a form.

ANAPHYLAXIS MANAGEMENT

Is your child at risk of having an anaphylaxis reaction? YES NO

Anaphylaxis management plans must be filled out if your child is at risk. Please ask for a form.

ASTHMA MANAGEMENT

Does your child suffer from Asthma? YES NO

Asthma management plans must be filled out if your child is at risk. Please ask for a form.

IMMUNISATION STATUS

Is your child immunised as outlined by the National Health & Medical Research Council's recommended Vaccination Schedule? YES NO

IF YES:

A copy of the immunisation record needs to be supplied.

IF NO:

I have chosen not to have my child immunised and understand that my child will be excluded for the prescribed period during any outbreak of a vaccine-preventable disease within the facility.

Parent/guardian signature: _____ Date ____/____/____

CHILD'S HEALTH / WELLBEING / DEVELOPMENT

Is there any other information relevant to the child's health / wellbeing/ development that we should be aware of? (e.g. additional needs, developmental delay, on-going medication, history of convulsions with high temperature, serious illness or hospitalisation). YES NO

If YES please give brief details and ask for Medical Management Plan

Details. _____

SIBLINGS

Name	Age	Does this sibling reside with the child?

SCHOOL

My child attends _____ Primary School Grade _____

His/her teacher is _____

PHOTOGRAPHS AND VIDEOS *(Please consider carefully and circle YES or NO)*

Do you give permission for your child's photo to be taken to be used:

- For internal use within the OSHC service including for display and use in the newsletter YES NO
- For internal use to record your child's development within the OSHC service YES NO
- For external use such as publicity material, displays and articles in the newspapers YES NO

Do you give permission for your child to be videoed and to be used:

- For internal use within the OSHC service for presentations and child made videos YES NO
- For external use such as publicity material to be used outside of the service YES NO
- For external use for groups/individuals for promoting their activities your child has undertaken YES NO

If you have said **YES** to permission to use video or photos externally, would you like to view a copy prior to release? YES NO

RECOGNITION OF PARENTS' RESPONSIBILITIES

1. I agree to contact the centre should I wish my child to be collected by any other person other than those listed as persons authorised to collect my child.
2. I agree to notify the centre if my child will be absent during the normal hours of care and to pay the fee that otherwise would be payable.
3. I agree that at times, my child may need to be collected early from school, up to 15 minutes before the last bell. I understand that Daylesford Community Child Care Centre will notify me via text if this is going to occur on the day my child is booked into Outside School Hours Care.
4. I agree that if my child presents at the designated school pick up areas for Outside School Hours Care and is not on the booking sheet, and OSHC staff have been unable to contact me, our OSHC staff will take my child with them to the Outside School Hours venue.
5. I agree that no reduction in fees will be given if my child is away from the centre due to illness, holidays or any other reason and will sign to verify all absences.
6. I agree that I will keep my account up to date and understand I will forfeit my child care place if I fail to do so.
7. I also give permission for my child to be transported by taxi, private cars of OSHC staff, walk or community accessed buses or the local school bus network, from the school to the Outside School Hour Program Venue
8. I give permission for my child to watch DVD's that have either a G or PG rating that are appropriate for primary age children.
9. **EXCURSIONS:**
 - a. Discovering, investigating and enjoying all that our local community has to offer is an important part of our program. Excursions will be a significant component of the Holiday program and under the Children's Services Regulations 2012 we must have written authorisation if your child is to participate.
 - b. Written authority is usually gathered on the morning of the excursion day. Therefore if you as the parent are not the person dropping your child to the OSHC hall on the morning of an excursion day we need your authorisation for any other person named as AUTHORIZED NOMINEES on this enrolment form as having authority to authorise the taking of your child outside the education and care service premises by an educator.
 - c. All persons listed as authorised nominees have my permission to authorise the taking of my child outside the education and care service premises by an educator/s.

YES

NO

If your answer is *NO* to this then you must always ensure you drop your child off and sign the permission form either before the excursion day or on the day or you child will not be able to attend either the excursion of the program.

Parent/guardian Signature _____ Date _____

Name _____