

OOSH AT SGCS

2017 ENROLMENT FORM

70 Bellevue Parade HURSTVILLE
 Postal Address: PO Box 242 SANS
 SOUCI NSW 2219
 Phone: 0429 031 796
 Email: sgcsoosh@gmail.com
 Website: www.ooshatsgcs.com.au

Child Details

1st Child's Surname: _____ Child's First Name: _____
 Nickname/ Other Family Names: _____
 Gender: Male [] / Female [] Date of Birth: ____ / ____ / ____ Place of Birth: _____

Please provide a copy of your child's Birth Certificate

Educator Verification []

Child' CRN: _____ (provided by Centrelink)
 Child's Home Address: _____
 Primary Language: _____ Cultural Background: _____ Religion: _____
 Date of enrolment: _____ Date of commencement: _____ Age at commencement: _____
 Name of School child attends: _____ Year/ class at school: _____

2nd Child's Surname: _____ Child's First Name: _____
 Nickname/ Other Family Names: _____
 Gender: Male [] / Female [] Date of Birth: ____ / ____ / ____ Place of Birth: _____

Please provide a copy of your child's Birth Certificate

Educator Verification []

Child' CRN: _____ (provided by Centrelink)
 Child's Home Address: _____
 Primary Language : _____ Cultural Background: _____ Religion: _____
 Date of enrolment: _____ Date of commencement: _____ Age at commencement: _____
 Name of School child attends: _____ Year/ class at school: _____

3rd Child's Surname: _____ Child's First Name: _____
 Nickname/ Other Family Names: _____
 Gender: Male [] / Female [] Date of Birth: ____ / ____ / ____ Place of Birth: _____

Please provide a copy of your child's Birth Certificate

Educator Verification []

Child' CRN: _____ (provided by Centrelink)
 Child's Home Address: _____
 Primary Language : _____ Cultural Background: _____ Religion: _____
 Date of enrolment: _____ Date of commencement: _____ Age at commencement: _____
 Name of School child attends: _____ Year/ class at school: _____

Enrolment Details

Please circle Care type: Permanent / Casual

Days of attendance: Please tick or cross

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Please specify any special care details e.g. alternate weeks of care/ casual care:

Parent/ Guardian Details

Surname: _____ First Name: _____
Other name/s parent is known by: _____
Parent Date of Birth: ____/____/____ Parent CRN: _____ (provided by Centrelink)
Cultural Background: _____ Language spoken at home: _____
Address: _____ Postcode: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email Address: _____ Occupation: _____
Work Name and Address: _____

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Details

Surname: _____ First Name: _____
Other name/s parent is known by: _____
Parent Date of Birth: ____/____/____ Parent CRN: _____ (provided by Centrelink)
Cultural Background: _____ Language spoken at home: _____
Address: _____ Postcode: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email Address: _____ Occupation: _____
Work Name and Address: _____

Parent/Guardian Signature: _____ Date: _____

Family Details

Other children living at home, names and ages: _____

Marital status of parents: _____

Child lives with: _____

Are there Custody/Court Orders: YES []/NO []

Please supply a copy of the custody/court order

Educator Verification []

Please provide details of any custody access arrangements: _____

Is your child of Aboriginal/Torres Strait Islander background? YES []/NO []

Primary Language: _____ Cultural Background: _____ Religion: _____

Are there any special cultural/religious needs (eg diet/festivals?) _____

Immunisation Details

Has your child been immunised: YES []/NO []

Is your child up to date with immunisations? YES []/NO []

If your child has not been immunised, please state the reason: _____

Please supply details of immunisations- either a copy of your Blue Book/ downloaded printout from Medicare or a letter from your Doctor

Educator Verification []

Medical Details

Does your child have any medical conditions: YES []/NO []

If yes, please provide full details and action plan for dealing with medical conditions: _____

Is your child on any regular medications? e.g. Ventoline etc.: YES []/NO []

Are Educators required to administer the medication? YES []/NO []

If yes to either, please provide full details: _____

Are there any medical reasons or injuries that will prevent your child from participating in normal activities at our Centre- e.g. playing outdoors or on equipment? If yes, please provide details: _____

Medicare Number: _____ Private Health Fund: YES []/NO []

Doctor's name: _____ Doctor's Phone Number: _____

Doctors Address: _____

Dentist's name: _____ Dentist's Phone Number: _____

Dentist's Address: _____

Allergies/ Dietary Restrictions

Does your child have any allergic reactions- For example foods/medicine/ grass/sunscreen? YES []/NO []

If yes, please provide indicators and full details and action plan for dealing with allergic reactions: _____

Please Attach any medical management or risk minimisation plans sign by a Doctor. Educator Verification []

Special Needs

Does your child have any special needs? YES []/NO []

If yes, please provide full details: _____

Does your child visit any specialist? e.g. speech therapist, paediatrician? YES []/NO []

If yes, please provide full details: _____

Please supply any relevant reports Educator Verification []

Behavioural Concerns

Does your child have any behaviour management needs? YES []/NO []

If yes, please provide details: _____

Does your child need extra support/assistance to participate in the program? YES []/NO []

If yes, please provide details: _____

How would you describe your child's temperament? e.g. outgoing? shy? _____

Does your child have any fears or phobias? YES []/NO []

If yes, please provide details: _____

Other Comments/ Your Expectations

Why did you choose OOSH At SGCS for your child? _____

Have you used childcare before? YES []/ NO []

For this child? YES []/ NO []

Were there any specific concerns you had with your previous childcare provider? _____

Are there any concerns you have regarding your child and childcare? YES []/ NO []

If yes, please provide details: _____

Family General Information

Which of the following applies to your family?

Sole parent/ guardian employed/ studying/ unemployed and actively seeking employment. YES []/ NO []

Sole parent/ guardian receiving pension. YES []/ NO []

Both parents/ guardians employed/ studying/ unemployed and actively seeking employment. YES []/ NO []

Both parents/ guardians receiving pension. YES []/ NO []

One parent/ guardian disabled and not working; the other parent/ guardian employed. YES []/ NO []

One of two parents/ guardians working. YES []/ NO []

Emergency Contacts

Child's Name: _____

Primary Parent/ Guardian Details

Surname: _____ First Name: _____

Other name/s parent is known by: _____

Best Contact Phone: _____ Second Contact Phone: _____

Parent/ Guardian Details

Surname: _____ First Name: _____

Other name/s parent is known by: _____

Best Contact Phone: _____ Second Contact Phone: _____

Authority to Collect/ Emergency Contacts

Please list at least one person (other than custodial parents) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency:

Contact 1

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Contact 2

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Contact 3

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission Forms

Child's Name: _____

Consent to administer sunscreen YES []/NO []

My child is allergic to a certain sunscreen/insect repellent YES []/NO []

If yes, please state the brand name _____

Consent to administer/apply first aid/ medical

I/We provide permission for OOSH At SGCS educators to apply:

- First Aid strips- such as bandaids YES []/NO []
- Antiseptic cream- such as dettol YES []/NO []
- One dosage only of Panadol in the event of a child's body temperature rising above 37.5°C YES []/NO []

Any concerns, please specify _____

- Acknowledge that my child will not attend the centre if suffering from an infectious or contagious disease YES []/NO []

Leave the premises

I/We provide permission for OOSH At SGCS educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills. YES []/NO []

I/We give permission for my child to be walked or use other forms of transport on excursion outings and to and from school to the Centre. YES []/NO []

Parent/Guardian Signature: _____ Date: _____

Privacy Permission

I/We provide permission for OOSH At SGCS:

To take and use photographs of my child to use in any displays within the service YES []/NO []

To take photographs of my child to be used to observe/report on my child YES []/NO []

To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions. YES []/NO []

I/We understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided in the above list. YES []/NO []

Medical Emergency

In the case of an accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention including dental emergencies, I/we authorise the employees at OOSH At SGCS to obtain/provide medical assistance, and agree to pay any medical/transport cost incurred, including ambulance.

YES []/NO []

Parent/Guardian Signature: _____ Date: _____

Child participation

I/We understand that all due care will be taken by OOSH At SGCS and that the Centre or educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care, After School Care and Vacation Care program unless caused by the proven negligence of OOSH At SGCS educators YES []/NO []

I/We the undersigned, approve of my child/ren's involvement in OOSH At SGCS program YES []/NO []

I/We give permission for my child/ren to participate in centre-based activities organised for the days my child will be attending YES []/NO []

I/We understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the Centre YES []/NO []

I/We agree that the information I/we have provided on this form is correct YES []/NO []

I/We have read the handbook and agree with and understand that I/We must abide by all policies/ procedures and centre daily functioning rules YES []/NO []

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Payment Agreement

Child's Name: _____

Fee Payment

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence for illness/holidays or for any other reasons.
- I/We acknowledge that if fees are not paid then my child's enrolment at OOSH At SGCS will be terminated.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/We will provide two weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that fee payments are paid via Ezi Debit.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____