ST FRANCIS XAVIER'S CATHOLIC SCHOOL

Outside School Hours Care
Enrolment Form

CHILD'S DETAILS:

Child's First Name(s):	Child's Surname:	Preferred Name:
☐ Male ☐ Female	Date of Birth: ………/…………/…………..	***Child's Centrelink CRN:**
Address (No. and Street):	Suburb / Town:	Postcode:
Does this child identify as Aboriginal? ☐ Yes ☐ No	Does this child identify as TS Islander? ☐ Yes ☐ No	Primary Language:

Are you claiming Childcare Benefits at another approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this child:

☐ Yes if so where: ___________ ☐ No

Details of Parental Custody / Court Orders relating to this child:

Documents attached: ☐ Yes ☐ No

ENROLLING PARENT / GUARDIAN & BILLING DETAILS:

Full Name:	☐ Male ☐ Female	Date of Birth: ………/…………/…………..
Relationship to Child:	Contact Priority:	Primary Language:
Address (No. and Street):	Suburb / Town:	Postcode:
Phone (H):	Phone (W):	Mobile:

Email:	***Parent Centrelink CRN:**

***The Child's & Parent's CRN number <u>must</u> be provided in order to process enrolment & claim CCS**

OTHER PARENT / GUARDIAN (IF APPLICABLE):

Name:	☐ Male ☐ Female	Date of Birth: ………/…………/…………..
Relationship to Child:	Contact Priority:	Primary Language:
Address (No. and Street):	Suburb / Town:	Postcode:
Phone (H):	Phone (W):	Mobile:

Administration Use Only

Medical Action Plan Received: ☐ Yes ☐ No ☐ N/A Copy of Parental Custody / Court Order Received: ☐ Yes ☐ No ☐ N/A

ISS Support Form Completed: ☐ Yes ☐ No ☐ N/A Booking Form Received: ☐ Yes ☐ No ☐ N/A

Office Notes:

EMERGENCY CONTACT & COLLECTION AUTHORITIES:

By nominating the following people you are giving them authority to be contacted in an emergency if neither parent/ guardian can be contacted as well as having authority to sign the child in/out of the service. These people must be over 18 Years old.

Name:	Contact Priority:	Relationship to Child:
Address (No. and Street):	Suburb / Town:	Postcode:
Mobile: Phone (H/W):	I nominate this person for the following (please circle): **Emergency Contact (to be contacted in an emergency):** YES NO **Collection Authority (to pickup/drop off to the service):** YES NO	

Name:	Contact Priority:	Relationship to Child:
Address (No. and Street):	Suburb / Town:	Postcode:
Mobile: Phone (H/W):	I nominate this person for the following (please circle): **Emergency Contact (to be contacted in an emergency):** YES NO **Collection Authority (to pickup/drop off to the service):** YES NO	

MEDICAL AND HEALTH INFORMATION:

Has your child received all Immunizations Appropriate for his/her age ☐ Yes ☐ No	If no, please provide details: I accept full responsibility for not Immunizing my child. Parent / Guardian signature: …………………………………………………………………………

Has your child received the following Immunization? (Please tick)

	10-13 Years	12-18 Years
Hepatitis B	☐	N/A
Varicella (Chickenpox)	☐	N/A
Human Papillomavirus (HPV)	N/A	☐

Does your child have any medical conditions? ☐ Yes ☐ No

If yes, please provide details:

Medical Action Plan attached (from Health Care Specialist) ☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

If yes, please provide details of cause of allergy, likely reaction and medical / treatment required.

Medical Action Plan attached (from Health Care Specialist) ☐ Yes ☐ No

NOTE: If your child has a medical condition you are required to complete a **Risk Minimisation Plan** and provide it to the service.
If your child requires staff to administer medication during their time at the service, you will need to complete a **Permission to Administer Medication** Form, together with the medication records. Please supply the service with any required medications in the original containers with your child's name clearly marked and ensure we have an up-to-date Medical Action Plan where required. See Director for further information and copies of forms. Email via oshc@sfx.catholic.edu.au

Does your child have any conditions / medications that might be effected by OSHC activities? If yes, please provide details and any related treatment / medication.	☐ Yes	☐ No
Does your child have any additional needs or a diagnosis? If yes, please provide details below: SFX OSHC is an inclusion aware service. Please speak with the Director to complete an ISS form for the service to gain additional support for your child in the environment. Email via oshc@sfx.catholic.edu.au	☐ Yes	☐ No
Does your child have any special dietary requirements not related to allergies? If yes, please provide details below:	☐ Yes	☐ No
Does your child suffer from any illness that may re-occur (eg: chronic ear infection)? If yes, please provide details below:	☐ Yes	☐ No
Does your child have any special aids (eg: glasses, hearing aids, sensory tools etc)? If yes, please provide details below:	☐ Yes	☐ No
Is there any other medical information we might need to know about your child? If yes, please provide details below:	☐ Yes	☐ No

Doctor / Medical Centre Name, Address and Contact Details.	Dentist Name, Address and Contact Details.
Doctor: ______________________ Centre: ______________________ Address: ______________________ Phone No: ______________________	Dentist: ______________________ Centre: ______________________ Address: ______________________ Phone No: ______________________
Private Medical Insurance: ☐ Yes ☐ No Fund:	Medicare Number: Child's Reference No. on Card:
Ambulance Cover: ☐ Yes ☐ No Fund:	Health Care Card Number:

CULTURAL BACKGROUND:

Cultural background of child / family:	Religion:

Does your child have any cultural needs you would like to inform the service of?
☐ Yes ☐ No If yes, please provide details:

Is there anything that your child cannot eat or participate in due to cultural background or religious beliefs? ☐ Yes ☐ No

Are there any particular cultural traditions that your child / family observe that you would like to inform the service of?
☐ Yes ☐ No If yes, please provide details:

ADDITIONAL INFORMATION:

Please provide any additional information you would like to make the service aware of: (Attach additional pages if necessary).

CONSENTS:

Consent	Yes	No
I/We consent to my /our child/ren being photographed for the purpose of recording programmed activities or promoting the service and for my /our child's image to be displayed or published in circumstances the Director deems appropriate.	☐ Yes	☐ No
I/We consent to my /our child/ren having sunscreen applied if required for outdoor activities.	☐ Yes	☐ No
I/We consent to my /our child/ren having their hair decorated or face painted during programmed activities.	☐ Yes	☐ No
I/We consent to my /our child/ren participating in general sports and physical activities.	☐ Yes	☐ No
I/We consent to my /our child/ren watching PG rated movies, as deemed appropriate by educators.	☐ Yes	☐ No
I/We consent to OSHC liaising with my /our child/ren teacher (or Kindergarten staff if child under 5) when appropriate for the wellbeing of my/our child/ren.	☐ Yes	☐ No
I/We consent to the Director using the email address provided on this form to send account details/information.	☐ Yes	☐ No
I/We consent to OSHC staff administering Basic First Aid to my /our child/ren if the need arises.	☐ Yes	☐ No
I/We consent to OSHC Staff taking my/our child/ren to a local hospital or medical centre if required in the event of an injury.	☐ Yes	☐ No
I/We consent to OSHC Staff calling an ambulance in the event of a medical emergency, as per their standard training.	☐ Yes	☐ No

AGREEMENT:

Agreement	Yes	No
I/We agree to comply with the policies and procedures at the service.	☐ Yes	☐ No
I/We agree to pay all required fees for the booked childcare hours in accordance with the OSHC Fees Policy.	☐ Yes	☐ No
I/We agree 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 the full childcare fees to the service.	☐ Yes	☐ No
I/We agree to cover all costs incurred for any medical treatment my/out child/ren receives in the event of an accident or injury requiring medical assistance.	☐ Yes	☐ No

I/We certify that the information provided in this enrolment form is true to the best of my knowledge and I undertake to inform the service if any details change.

Note: *This Enrolment Form consists of four (4) pages; please ensure all pages have been completed before signing and any additional documents that may be required by the service have been provided.*

Parent / Guardian (1) Signature: ______________________________ Date:_____/______/__________

Parent / Guardian (2 if applicable) Signature: ______________________________ Date:_____/______/__________