

# OUT OF SCHOOL HOURS CARE ENROLMENT FORM

Name of Student:

Year of  
Enrolment:

## ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

AIR Immunisation History Statement <b>(ONLY IF NOT PREVIOUSLY SUBMITTED)</b>		Child Customer Reference Number (CRN)	
Parent Customer Reference Number (CRN) and date of birth		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Copies of any family law or other relevant court Orders and/or legal documents		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	

## CHILD DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, e)*

Family Name			
First given name		Second given name	
Preferred first name			
Child's Year Level			
Date of Birth		Gender	
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address			
Child normally lives with			

Days of attendance (Please circle):	Mon	Tue	Wed	Thurs	Fri
Morning Session Required (Tick): <input type="checkbox"/> Permanent <input type="checkbox"/> Casual					
Afternoon Session Required (Tick): <input type="checkbox"/> Permanent <input type="checkbox"/> Casual					

<b>Priority of access (Tick):</b>	
Will you be registering with Centrelink Yes / No 650L	<b>Service Provider Code:</b> 555 010
<b>First Priority:</b> a child at risk of serious abuse or neglect	
<b>Second Priority:</b> a child of a single parent who satisfies or of both parents who both satisfy the Work/Training/Study Test under section 14 of the family assistance act. Second priority also goes to siblings of current users.	
<b>Third Priority:</b> children of families with other commitments (family, social, etc.)	
<b>Fourth Priority:</b> Any other child.	

Child's Start Date	
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## MEDICAL INFORMATION

*Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d)*

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No

## CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
Risk Minimisation Plan has been completed for Allergies or Anaphylaxis			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Please be advised that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact.			Parent Signature:

Educators will notify the child’s parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	
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Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

## MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition		
Has a doctor diagnosed this condition?	Yes/No	
Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan)	Yes/No	
If yes, is this plan attached?	Yes/No	
A Management Plan and Risk Minimisation Plan has been completed for medical conditions (Regulation 90)	Yes/No	
If yes, is this plan attached?	Yes/No	
Does your child take any prescribed regular medication for this condition?	Yes/No	
Medication Name/s		

## MEDICATION AGREEMENT

<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> <li>• it is prescribed by a medical practitioner</li> <li>• it is in the original container with the original label</li> <li>• the label contains the child’s name</li> <li>• instructions and dosage can be clearly read</li> <li>• expiry date or use by date is valid</li> <li>• any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</li> </ul> <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p>	Parent Signature:	

*Education and Care Services National Regulations Regulation 93*

## IMMUNISATION DETAILS

*Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)*

Immunisation Status of Child at enrolment		
AIR Immunisation History Statement.	Yes/ No	Attached
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached

## FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
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## DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight or speech? <input type="checkbox"/> Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	

Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Please provide any relevant assessment reports if applicable	Yes / No

## PRIMARY PARENT/GUARDIAN

*Education and Care Services National Regulations - Regulation 160 (3b)*

[Primary Parent must also be the registered CCS claimant]

Parent First Name		Parent Surname	
Address			
Phone Number/s	(M)	(W)	
Parent Date of Birth:		Country of Birth	
Email address			
Relationship to child		Languages other than English spoken at home	
Parent Centrelink Reference Number (CRN):			
Occupation/Work address			

## SECONDARY PARENT/GUARDIAN

*Education and Care Services National Regulations - Regulation 160 (3b)*

Parent First Name		Parent Surname	
Address			
Phone Number/s	(M)	(W)	
Parent Date of Birth:		Country of Birth	
Email address			
Relationship to child		Languages other than English spoken at home	

Occupation/Work address	
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## FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)*

Emergency contacts are people who are nominated to collect your child/children from the program on your behalf.

Please ensure you have obtained the person’s consent before listing them as an emergency contact.

	First Contact	Second Contact	Third Contact
Relationship to child			
Name			
Address			
Mobile			
Work Phone			
Tick for authorisations	<input type="checkbox"/> Collection <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Excursion	<input type="checkbox"/> Collection <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Excursion	<input type="checkbox"/> Collection <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Excursion

**In case of an accident or injury being sustained by my child, I authorise the relevant emergency contacts above, where it is impractical to communicate with me, to arrange emergency medical, surgical treatment or administration of medicine as may be deemed necessary. Including transportation of my child to hospital by ambulance. I accept that I will be responsible for any costs incurred.**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

## FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

*Education and Care Services National Regulations - Regulation 160 (3c, d)*

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No  If yes, please provide all relevant documentation and paperwork	Attached  <input type="checkbox"/>
Are there any other relevant court orders relating to the child’s residence or the child’s contact with a parent or other person?	Yes/No  If yes, please provide all relevant documentation and paperwork	Attached  <input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached  <input type="checkbox"/>
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

## CULTURAL/RELIGIOUS CONSIDERATION

*Education and Care Services National Regulations - Regulation 160 (f, g, h)*

Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home?  (Please circle) Yes / No	If yes, what language (s) other than English are spoken at home.
County of birth	
To help the children celebrate diversity in our community, we are asking if there are any cultural/religious festivities or celebrations that you would like us to share with your child and their peers. (This is optional)	

We/I give permission for my child/children's name and birth date to be displayed on the OSHC program birthday calendar.	Yes / No
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## AUTHORISATIONS

### Illness, accident and emergency treatment

*Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)*

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No
We/I agree for the OSHC program to take your child off the premises in case of emergency	Yes/No
Parent Signature:	

### Health and Safety

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	Yes/No
Do you authorise educators to apply SPF50+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes/No
Do you authorise educators to apply Band-Aids or sticking plasters when necessary	Yes/No
We/I agree for the OSHC program to display information regarding my child/children within the program only. This information will only be used to assist the program staff with care of your child in relation to Allergies, Special Needs etc.	Yes/No

### Photography and Video

We/I agree for photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	Yes/No
We/I agree for photographs of my child/children to be taken by other families and external services. The OSHC program will have no control over the use of the photos/videos taken by other families, friends and external organisations.	Yes/No
During the year staff can take photographs of the children participating in various activities. The photos taken can be placed on the private OSHC SeeSaw page.	Yes/No
During the year staff can take photographs of the children participating in various activities. The photos taken are able to be placed on display in the OSHC program.	Yes/No

### IT Permission:

We/I give permission for my child/children to watch G rated movies only.	Yes/No
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We/I give permission for my child/children to watch PG rated movies.	Yes/No
We/I give permission for my Child/children to access the internet and follow a code of practice, monitored by staff (10 Minute limit on all devices)	Yes/No
We/I give permission for my child/children to access offline iPad games, monitored by staff (10 Minute limit on all devices)	Yes/No

## TRANSPORTATION AUTHORISATION

*Education and Care Services National Regulations - Regulation 102(4), 102D (4)*

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: <ul style="list-style-type: none"> <li>regular outings (once every twelve months)</li> <li>an excursion that is not a regular outing</li> </ul>	
Parent Signature:	

### ADDITIONAL COMMENTS

Arrival and departure procedure	
Departure from before school care	<ul style="list-style-type: none"> <li>OSHC educators mark the attendance roll, prior to departure.</li> <li>The OSHC educators walk the prep students to their classrooms at 8:50am.</li> <li>Grades 1-6 students walk to their classrooms at 8:50am, educators supervise the students.</li> </ul>
Arrival to after school care	<ul style="list-style-type: none"> <li>1-2 OSHC educators collect the Prep students from their classroom, mark the Prep roll and walk them to OSHC.</li> <li>2 educators are assigned outside on the path of the OSHC building, to ensure students are walking over safely from their classrooms. 2 educators mark the roll upon student entrance.</li> </ul>
I understand this agreement is made in accordance with the <i>Safe Arrival of Children Policy and Delivery of Children to, and collection from Education and Care Service Premises Policy.</i>	
Any alterations or cancellations made to this agreement must be made in writing as soon as possible to ensure changes are communicated to all parties	
Parent Signature:	

## PARENT AGREEMENT

*Education and Care Services National Regulations - Regulation 160 (3a, l, j)*

I agree to inform the Service in writing immediately of any changes to the above information.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

### Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

## Consent Form – Collection and Use of Photos/Videos

Our Out of School Hours Child Care (OSHC) service seeks your consent to collect, store, and use photos and/or videos of your child for educational and wellbeing purposes.

### Purpose of Photos/Videos

- To document children’s learning, development, and wellbeing.
- To support program planning, reflection, and curriculum purposes.
- To celebrate children’s achievements and engagement in the OSHC program.

### Storage and Security

- Images and videos will be stored only on OSHC service iPads, which are password protected and used only by authorised educators.
- Files will not be stored on personal devices.
- Access is restricted to authorised OSHC staff.

### Retention and Deletion

- Images and recordings will be retained only for the period required under legislative and service record-keeping obligations.
- Once your child leaves the school, all images and videos will be securely deleted or destroyed.

### Consent

I understand that:

- Photos/videos of my child will only be used for the purposes listed above.
- They will not be shared publicly or used for promotional purposes without my separate written consent.
- I may withdraw my consent at any time by notifying the OSHC Coordinator in writing.

I give consent for my child’s photos/videos to be collected, stored, and used as described above.

I do not give consent for my child’s photos/videos to be collected, stored, and used as described above.

Child/Children’s Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_