

St. Joseph's Out of School Hours Program

Enrolment form (one per child)

Child Details

First Name:.....Surname:.....

Date of Birth:..../..../..... Gender: Male/ Female

Address:.....

.....

Child's Interests:.....

Child's Favourite Food:.....

Child's Favourite Games:.....

Child's Favourite Sport:.....

Child's Cultural Background:.....

Languages spoken at home:.....

Are there any cultural details we need to about eg. Dietary, Religion:

.....

.....

Medical Information

Does your child suffer from any medical conditions that our program staff need to be aware of? **Yes** **No**

If yes please give details:.....

.....

Has your child been diagnosed as at risk of Anaphylaxis: **Yes** **No**

Do they require an Epipen? **Yes** **No**

Do they have an Anaphylaxis management plan? **Yes** **No**

If yes please provide a copy of the plan.

Has your child been diagnosed with specific medical allergies? **Yes** **No**

If yes please specify:.....

Has your child been diagnosed with any specific Medical Conditions: **Yes** **No**

If yes please specify:.....

Has your child been diagnosed with specific Asthma? **Yes No**

Do they have an Asthma management plan? **Yes No**

If yes please provide a copy of the plan.

Does your child have any Dietary restrictions? **Yes No**

If yes please specify:.....

Has your child been immunised? **Yes No**

Doctors Information

Doctors Name:.....

Address:.....

Phone:.....

Medicare Number:.....

Office Use
The approved provider/staff member/educator has sighted a child health record for the child:

Parent/Guardian Details

Mother/Guardian 1 Details

First Name:.....Surname:.....

Date of Birth:..../...../.....

Address:.....

Contact phone numbers:.....(Mobile).....(Home)

Email:.....

Is this person authorised to collect the child: **Yes No**

Father/Guardian 2 Details

First Name:.....Surname:.....

Date of Birth:..../...../.....

Address:.....

Contact phone numbers:.....(Mobile).....(Home)

Email:.....

Is this person authorised to collect the child: **Yes No**

Custody Detail

Child resides with (please circle)

Both Parents Mother Father Guardian Shared Custody

Are there any special access/custody arrangements, parenting orders or parenting plans the service needs to be aware of regarding care of the child?

Yes No

If yes please provide details:.....
.....

If a court order exists please provide a copy to the service.

Authorisations

Emergency Contacts

Please list the details of any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted.

Contact 1

Name:.....

Address:.....

Contact Phone:.....

Contact 2

Name:.....

Address:.....

Contact Phone:.....

Authorised Nominee

An authorised nominee is a person who you give permission to collect and sign the child out from the service.

Nominee 1

Name:.....

Address:.....

Contact Phone:.....

Nominee 2

Name:.....

Address:.....

Contact Phone:.....

Nominee 3

Name:.....

Address:.....

Contact Phone:.....

Nominee 4

Name:.....

Address:.....

Contact Phone:.....

Consent to Medical Treatment

List any person who is authorised to consent to medical treatment of the child or to authorise the administration of medication to the child.

Nominee 1

Name:.....

Address:.....

Contact Phone:.....

Nominee 2

Name:.....

Address:.....

Contact Phone:.....

Nominee 3

Name:.....

Address:.....

Contact Phone:.....

Bookings

Before School Care *(Please circle)*

Permanent Booking Or Casual Booking
Monday Tuesday Wednesday Thursday Friday

After School Care *(Please Circle)*

Permanent Booking Or Casual Booking
Monday Tuesday Wednesday Thursday Friday

Starting Date:...../...../.....

Child Care Benefit

To claim the child care benefit you must supply us with a CRN for both the child and Parent/Guardian.

Parent/Guardian CRN:.....

Child CRN:.....

Photo Permission

Photos are taken throughout the year of students participating in activities at the OSH program. Occasionally we have local community involvement where photos will be taken and displayed at local venues.

I give permission for my childs photograph to be used in publicity material/display/school website/newsletter without him/her being identified by

name: **Yes** **No**

Medical/General Declaration

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred. I authorise the Coordinator/Acting Coordinator/Nominated Supervisor in the event of any unforeseen accident or illness to obtain such medical assistance as required and will meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending the program. I fully understand that if my child continuously misbehaves, and after behaviour guidance procedures have been followed, that I will be notified and my child may be removed from the program. I undertake to inform staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In an event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect the child as soon as practical. I understand that I can access this information and correct any necessary details whenever I wish.

Parent/Guardian Signature:.....Date:..../..../.....