



**SAMUEL GILBERT OUT OF SCHOOL HOURS CARE CENTRE INC.
ENROLMENT FORM**

Please contact the service if you require assistance in completing this form

For each child please complete a separate form which includes, medical information, immunisation details & developmental information. Please identify the child see *

CHILD/REN DETAILS

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

Given Name(s):	1. F/M	3. F/M
	2. F/M	4. F/M
Surname		
Date of Birth:	1.	3.
	2.	4.
Centrelink Reference Number (CRN) - CHILD <i>Please note: Parent and child have their own individual CRN number</i>	1.	3.
	2.	4.
Child/ren home address:		

Days of attendance (Please tick)	Mon	Tues	Wed	Thurs	Fri
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child/ren start date:					
Year group					
Where do you collect your child/ren from when not attending OOSH?					

CULTURAL CONSIDERATION

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

Languages spoken at home:	
Ethnicity:	
Country of Birth	
Religion:	
Is the Child/ren of Aboriginal or Torres Strait Islander Descent?	Yes / No

Please outline any practices, cultural, religious celebrations or dietary restrictions you would like followed	
Please outline any religious practices you would like followed including religious celebrations:	
Would you like to share aspects of your cultural heritage with the service? Please complete the cultural heritage form included in the enrolment pack	Yes/No

MEDICAL INFORMATION CHILD NAME *

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

<p>Please outline any dietary restrictions?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>A dietary form will be issued by the service and further discussion</p>	<p>Please tick</p> <p><input type="checkbox"/> allergy <input type="checkbox"/> anaphylaxis</p> <p><input type="checkbox"/> medical <input type="checkbox"/> sensitivity</p>
<p>Does your child have any specific health care needs or conditions? Yes /No</p> <p>Please circle: medical, asthma, allergies or anaphylaxis.</p> <p>Allergies Yes/No</p> <p>Has a doctor diagnosed this allergy Yes/No</p> <p>provide details of your child's allergies</p> <p>These can include insect stings, medication, food, animals, latex or other.....</p> <p>.....</p> <p>.....</p> <p>Anaphylaxis/Allergy Action plans to be completed by a Medical Practitioner on the ASCIA template form</p> <p>Please provide details below</p> <p>Name of medical specialist:.....</p> <p>Address:.....</p> <p>Phone contact:.....</p> <p><i>If your child has diagnosed allergies or anaphylaxis please supply medication as outlined on your child's management plan & ensure the form is accurate and signed by a medical practitioner.</i></p>	<p>If yes, A copy of the service's Medical Conditions Policy will be provided, Individual Medical Management Plan , Risk Management and Communication Plan to be completed in consultation with educators medical practitioners ,parent/guardian.</p> <p>(it is best practice for parents/guardians to consult with the child's registered medical practitioner in the development of this plan)</p> <p>The plan should include:</p> <p><input type="checkbox"/> A photo of the child</p> <p><input type="checkbox"/> If relevant, state what triggers the medical condition, asthma, allergy or anaphylaxis</p> <p><input type="checkbox"/> First aid treatment</p> <p><input type="checkbox"/> Contact details of the doctor who signed the plan</p> <p><input type="checkbox"/> Contact details of the parent/guardian</p> <p><input type="checkbox"/> When the plan should be reviewed.</p>

<p>Asthma <i>A Child's Asthma Record will need to be completed to identify a standard asthma first aid plan or a copy of an individual action asthma plan prepared by a medical practitioner.</i> <i>please supply the prescribed medication as outlined on your child's management plan.</i> <i>Ensure the medication is in date & all equipment required to administer the medication needs to be supplied by parents.</i></p>			
<p>Medication will only be administered if it is in the expiry or use by date, original packaging, labelled and instructions that can be clearly read. The service medication form must be completed by the parent/guardian for medication to be administered by staff. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> • The label must contain the child's name • Parent/Guardian must provide any verbal or written instructions provided by the medical practitioner. • Or from its original container, with the original label and instructions before the expiry or use by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing. Reg 95 		Parent/Guardian 1 Signature:	
		Parent/Guardian 2 Signature:	
<p>*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?</p>	Yes/No	Parent/Guardian 1 Signature:	
		Parent/Guardian 2 Signature:	
<p>*Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</p>	Yes/No	Parent/Guardian 1 Signature:	
		Parent/Guardian 2 Signature:	

Medicare Number:	
Medicare Expiry Date:	
Private Health Fund Name:	
Ambulance Cover:	Yes / No

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Practitioner's/Medical Service Address	
Contact Numbers:	

Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Practitioners/Dental Service Address	
Contact Numbers:	

IMMUNISATION DETAILS/HEALTH: CHILD NAME *

Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement		
I have chosen not to have my child immunised. A copy of our immunisation policy will be issued.	Please sign:		
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (please circle)	Yes/No	Parent/Guardian 1 Signature:	
		Parent/Guardian 2 Signature:	
Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Responsible Person or educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Yes/No	Parent/Guardian 1 Signature:	
		Parent/Guardian 2 Signature:	

DEVELOPMENTAL INFORMATION: CHILD NAME: *

<p>Does your child have any difficulties with hearing, sight or speech? Yes/No</p> <p>Please circle and provide further information:</p> <p>Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? Yes/No</p> <p>Please circle and provide further information</p>	
<p>Provide us with any other information we should know about your child. Please assist your child to complete the About You form which will provide our educators with further information on your child's interest. (e.g favourite family activities, free time, strengths etc.)</p>	

STAYING IN BOUNDS: CHILD NAME *

<p>We have expectations that children will be responsible and stay in the designated areas within the school grounds. Each session (morning/afternoon) children are informed by staff educators which areas are open. If families have concerns with their child wandering and going out of bounds please discuss.</p>	<p>Yes/No</p> <p>If yes, please discuss with the Centre Manager/ Nominated Supervisor</p>
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FAMILY INFORMATION

<p>Does your child have any siblings? If so, please provide their names and ages.</p>	
<p>Does your child have any other close relations attending the service? E.g. cousins, neighbours, close friends. If so, please provide their names and ages.</p>	

PRIMARY PARENT/GUARDIAN

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

Parent/Guardian Name:	
Parent/Guardian Surname:	
Address:	<input type="checkbox"/> Same as child's address
Phone Number/s:	(H) (M) (W)
Parent/Guardian Date of Birth:	
Email address:	
Relationship to child/ren:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Occupation:	
Place of employment:	
Employment status: (Please circle)	Full-time / Part-time/ Casual/ Studying/ Currently not working
Hours of work:	

SECONDARY PARENT/GUARDIAN

Parent/Guardian Name:	
Parent/Guardian Surname:	
Address:	<input type="checkbox"/> Same as child's address
Phone Number/s:	(H) (M) (W)
Parent/Guardian Date of Birth:	
Email address:	
Relationship to child/ren:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	
Does the child live with you? (Please circle):	Yes / No

Occupation:	
Place of employment:	
Employment status: (Please circle)	Full-time / Part-time/ Casual/ Studying/ Currently not working
Hours of work:	

COURT ORDER

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

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child/ren or access to the child/ren?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other court orders relating to the child/rens residence or the child/rens contact with a parent or other person? Have photographs and names of unauthorised people been attached to this form Yes/No	Yes/No If yes, please provide all relevant documentation and paperwork	Attached

Please note that without this documentation we cannot legally enforce the order/s
please note all authorised contacts must use their own mobile phone number and pin code when signing in and out

FIRST EMERGENCY CONTACT/AUTHORISED NOMINEE

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

<p>There may be times or situations where your child/ren has had an accident, injury, trauma or illness and Parent/guardians cannot be reached or are unable to collect their child/ren. To deal with these circumstances and in case of an emergency the service will inform the following person to collect and care for the child/ren. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child/ren. Please obtain the person's consent before listing them as an emergency contact.</p>			
Full Name:			
Relationship to child/ren:			
Address:			
Phone Number:	(H) (W)	(M)	
Can this person be contacted to give consent for medical treatment or to authorise for a Responsible Person or educator to administer medication to the child/ren in the event that you cannot be contacted?	Yes/No	Parent/Guardian 1 Signature:	

Can this person be contacted to give consent for educators to take the child/ren outside the service's premises in the event that you cannot be contacted?	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent to the transportation of the child/ren by an ambulance service?	Yes/No	Parent/Guardian 1 Signature:	
Can this person give authorisation for the service to take the child/ren on regular outings?	Yes/No	Parent/Guardian 1 Signature:	

SECOND EMERGENCY CONTACT/ AUTHORISED NOMINEE

Full Name:			
Relationship to child/ren:			
Address:			
Phone Number:	(H) (W)		(M)
Can this person be contacted to give consent for medical treatment or to authorise for a Responsible Person on duty or educator to administer medication to the child/ren in the event that you cannot be contacted?	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent for educators to take the child/ren outside the service's premises in the event that you cannot be contacted?	Yes/No	Parent/Guardian 1 Signature:	
Can this person be contacted to give consent to the transportation of the child/ren by an ambulance service?	Yes/No	Parent/Guardian 1 Signature:	
Can this person give authorisation for the service to take the child/ren on regular outings?	Yes/No	Parent/Guardian 1 Signature:	

CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:

1. You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?

YES NO

2. Are you liable for fees for care provided at an approved child care service? YES NO

3. Do you meet residency requirements? YES NO

4. Does your child/ren meet immunisation requirements? YES NO

5. Have you completed the Child Care Subsidy assessment on the [myGov](#) website? YES NO

6. Have you received confirmation about your Child Care Subsidy? YES NO

If you need assistance with completing this form please speak to the Centre Manager who will be happy to assist you. Please ensure that if any details change, you notify the service immediately.

ENROLMENT AGREEMENT - Please read the following agreement carefully before signing. If you have any questions please speak with the Service Manager. Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for our child/ren to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child/ren to leave the service)	YES	NO
SPF50 sunscreen applied prior to sun exposure (If not, please provide a letter releasing the service of any liability). Service currently uses Ombra brand (ALDI) or Cancer Council brands between the hours of 3 -5.30pm	YES	NO
We will supply our child/ren with their own sunscreen	YES	NO
Insect Repellent (Aerogard) applied when necessary	YES	NO

PHOTOGRAPHY & VIDEO:

I/We give permission for our child/ren to:

For photos/artwork to be displayed on the service walls/noticeboards/service DIGITAL photo frame	YES	NO
For photographs of my child/ren taken by educators may be displayed or viewed at the service or incorporated into other children's programming related documentation.	YES	NO
For photos to be included in the monthly service newsletters that is emailed to OOSH families	YES	NO
Samuel Gilbert OOSH Families Facebook page (closed)	YES	NO
For photos of my/our child to be used on the service website www.sgoosh.com or used in organisation's resources/flyers. (individual permission will be sought for external publications)	YES	NO

For my child to watch G rated videos/DVDs	YES	NO
For my child to watch PG rated videos/DVDs	YES	NO

WRITTEN ARRANGEMENT

Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance. **A change of days form must be completed when altering sessions of care.**

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between Parent/Guardian Full Name and **Samuel Gilbert Out of School Hours Care Centre Inc.** is an ongoing agreement between the Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B (3) of the Family Assistance Administration Act. **Claimant registering or registered for Child Care Subsidy to complete.**

Arrangement Type: Please circle	CWA	RA	ACCS	Arrangement with an organisation	
Name of service:	Samuel Gilbert Out of School Hours Child Care Inc				
Service ID:	19000734V				
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent/ Guardian CRN:					
Parent/Guardian Date of Birth:					
Date the arrangement was entered:					
Full name of child/ren attending care:					
Child's Date of Birth:					
Child CRN:					
Expected session of care:	Mon	Tues	Wed	Thurs	Fri
Before School Care:					
After School Care:					
Care Arrangement:	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided					

Please tick the box to confirm you have read each point:

- I agree to inform the service in writing immediately of any changes to the information included in this enrolment form.
- I agree to inform the service in writing immediately of any changes to information included within the complying written arrangement form.
- I agree to pay the service enrolment fee and am aware that the enrolment fee is non-refundable. \$25.00 single child / family enrolment \$40.00. This fee will be applied to your first account.
- I agree to ensure my fees are paid up to date and understand that my child/ren's position at the service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays. Public holidays falling in school terms are invoiced
- If I am unable to collect my child by closing time I will contact the service and organise for one of the persons listed as authorised contacts to collect my child prior to closing time. I am aware that if my child/ren have not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by service staff educators to collect my child/ren.
- I agree to pay all fees in relation to the care of my child/ren and or late penalties in relation to fees, pickups and non-notification of absence. Please see the Service handbook www.sgoosh.com for these fee penalties
- I agree to giving two weeks written notice in writing to withdraw my child/ren or reduce scheduled days and will complete the appropriate form/change of days/exit questionnaire available on the service website and within the service
- I give permission for prescribed medication to be administered by service primary contact staff upon my authorisation on the service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Centre Manager deems the child/ren well enough to attend the service.
- I give permission for my child/ren to be observed by the Educators of the service and tertiary students supervised by the Educators. I give permission for my child/ren to participate in programs organised by tertiary students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.
- I have read the service handbook and am familiar with the Service's Policy Manual located in the sign in/out area and on the service website.
- Would you like a hard copy of the handbook Yes/No please circle

I agree to follow, support and abide by these policies and am aware that educators are available to discuss any policies that I do not fully understand. I know that if I have any concerns, suggestions or compliments that I can make these in person to an educator, via email or anonymously in the suggestion box. Member feedback forms are available in the pigeon hole near the sign in/out area or on our website. (And issued on enrolment)

I am interested in being involved in the services voluntary Management Committee. Meetings are held twice per term where we discuss the overall management and general operation of the service. The Annual General Meeting is usually held in March. As this service is a not for profit organisation we rely heavily on the support of our members. I will attend the Annual General Meeting of this service

I, or someone I know has a skill they could share with the children, staff or service eg. Cultural, Human Resources, reviewing policies, Information and technology, craft, cooking, gardening, general maintenance etc.

Signed: _____ Name: _____ Date: ___ / ___ / ____

ATTACHED DOCUMENTS

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

Parent CRN & date of birth of who is registered to claim the Childcare subsidy (please ensure this is correct)		Child/ren's CRN number/s & Date of birth (please ensure this information is correct)	
Immunisation record		Medical document eg asthma plan, anaphylaxis, allergy individual health care plan, risk minimisation & communication form, dietary form & equipment required to support your child's health needs	
CWA Arrangement Form completed & signed		Child Care Subsidy Confirmation eg. MyGov registration YOU WILL BE INFORMED ABOUT THIS PROCESS AT THE SERVICE ORIENTATION	
About You form completed			

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.

Office Only Enrolment Checklist

- Parent emailed regarding missing information (CRN, contacts, emergency contact)
- Complying written agreement form to be completed
- Child/rens' name has been added to current roll and/or diary.
- Individual child/rens details have been completed
- Child/rens "About You" form has been returned/ photo taken for staff board & communicated with staff, track transitioning progress
- Information has been entered
- Payment received for service membership
- Immunisation details sighted and filed
- Card created for contacts
- Children's pigeon hole allocated
- Emergency contacts completed

- Allergy/Asthma/Anaphylaxis/medical details /Individual Medical Management Plan /risk minimisation plan/communication plan/MEDICAL MANAGEMENT EQUIPMENT SUPPLIED entered and communicated into relevant areas i.e kitchen /office/staff communication
- Cultural heritage form
- communicate with kitchen cook
- Medical Conditions Policy
- Feedback form issued
- Policies issued as per enrolment procedure folder, refer to list
- Usual pick up details when not attending OOSH
- Teacher informed of OOSH attendance
- Introduction to educators and children
- Educator Mentor
- Child/ren buddy (child to have visited the service prior to enrolment)
- Photo of child/ren taken for file
- Email address added to OOSH families group email address
- Latest service newsletter issued to family * key items fact sheet
- Orientation/tour of service completed including notification of communication in regards to each individual Childs development, program and learning, health and safety, staffing, supervision, governance and leadership, communities and partnerships
- Orientation survey
- Transitioning information for kindy families