OSHC
CHILD ENROLMENT FORM 2012

CHILD'S NAME	First name:___________________________Surname:____________________________________		
Child's Address			
Name child is known by			
Customer Reference Number	☐☐☐ ☐☐☐ ☐☐☐ ☐		
Gender			
Year level/grade in 2012			
Date of Birth (DOB)			
Country of Birth (COB)			
School Attending		Suburb	
ATSI Descent	Aboriginal not TS Islander	TS Islander not Aboriginal	Aboriginal and TS Islander	Not Aboriginal or TS Islander
First (Primary) Language			
Second Language			

CARE ARRANGEMENTS

Name of the Primary Carer(s):

Are there any current written arrangements? Yes ☐ No ☐ Copy Provided Yes ☐ No ☐

Are there any current court orders affecting the child? Yes ☐ No ☐ Copy Provided Yes ☐ No ☐ *

**To enable the service to comply with court orders a copy MUST be provided.*

Is there anyone legally denied access to the child? Yes ☐ No ☐ Copy Provided Yes ☐ No ☐

Full name of person legally denied access:

Address Phone:

Work Name & Address:

Work Phone:

The following people are NOT authorised to collect my children: (please discuss with Coordinator of service)

1.____ 2. ____

ADDITIONAL INFORMATION (PLEASE CIRCLE)

Does your child have any additional needs/diagnosed disabilities? **Yes/No** *If yes, please provide details below*

Is your child currently attending any specialist agencies e.g. Speech, Occupational Therapy, Hearing, Vision, Behaviour, Mobility etc)
Yes/No *If yes, please provide details below*

If your child been diagnosed with any of the following, please tick, and provide details in space provided below. An individual medical care plan by an authorised practitioner may be required.

- ☐ Allergies
- ☐ Diabetes
- ☐ Developmental delay
- ☐ High Temperatures
- ☐ Anaphylaxis
- ☐ Any other illness or injury
- ☐ Seizures
- ☐ Dietary Issues
- ☐ other
- ☐ Asthma
- ☐ A.D.D/ A.D.H.D

Does your child take medication on a regular basis? **Yes/No** If yes, please provide details:

Does your family observe any religious or cultural practices that are significant to your child? **Yes/No** If yes, please provide details:

Religion ____

MEDICAL CONTACT DETAILS

Child's Doctor:	Phone Number:
Address:	
Child's Dentist:	Phone Number:
Address:	
Pediatrician	Phone Number:
Address:	

PERMISSIONS (Please circle yes or no)

Support

To support my child further whilst at the OSHC service, I/we give permission for the Coordinator or representative to liaise with school and/or specialist staff **Yes / No**

Activities Permission

I/We encourage my/our child to start their homework while attending the program **Yes / No**

I/We give permission for my/our child to view PG Rated movies, programs and games while at the service **Yes / No**

Health and Safety Permission

I/We give permission for staff to apply adhesive bandages e.g. band aids to my/ our child. If no, please provide an alternative **Yes / No**

I/We give permission for my/our child to have 30+ sunscreen/ insect repellant applied as required. If no, please provide an alternative. **Yes / No**

I/We authorise a Qualified Medical Practitioner to administer anesthetic, blood transfusions and perform operations if the emergency requires such treatment **Yes / No**

CONSENT STATEMENT

Medical

- In the event of an emergency, illness or accident (when unable to contact parent/carer or authorised persons) I/we consent to medical or hospital attention being obtained for my/ our child, and, I/we agree to pay any expenses incurred for medical treatment and transport sought to care for my child/ren
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. panadol)
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required

Media

- I/We understand that photos, videos and digital images are an integral part of the service's program and that surnames will not be displayed. If there are child protection issues or custody issues in relation to the display of media please see the Coordinator

I/we give permission for external displays of images of my child to be used for:

☐ OSHC Newsletter ☐ Promotional Material ☐ Publicity ☐ Website

☐ External displays e.g. Schools/ CCCS events etc

Parent/Carer 1 Signature: ______________________________ Date: _____/_____/____

Parent/Carer 2 Signature: ______________________________ Date: _____/_____/____

OFFICE USE ONLY		
Date Received:	Date Entered:	By Whom:
Orientation Completed: Yes ☐ No ☐ Date:		Commencement Date: