

ENROLMENT AND INFORMATION DETAILS

Child's Name.

Date of Birth

Child's Registration Number [CRN]

1. _____ /_____/_____ _____

2. _____ /_____/_____ _____

3. _____ /_____/_____ _____

4. _____ /_____/_____ _____

Child's/Children's Address: _____

School: _____

PARENTS DETAILS

MOTHER

FATHER

Name: _____

Name _____

Address: _____

Address: _____

Customer Registration Number [CRN]

Customer Registration Number [CRN]

DOB _____

DOB _____

Telephone:

Telephone:

Mobile: _____

Mobile: _____

[H] _____ [W] _____

[H] _____ [W] _____

Email: _____

Email: _____

Child/children live with the Mother?

Child/children live with the father?

YES _____ NO _____

YES _____ NO _____

GUARDIAN DETAILS

Name: _____

Address: _____

Customer Registration Number [CRN]

DOB _____

Telephone:

Mobile: _____

[H] _____ [W] _____

Email: _____

GUARDIAN DETAILS

Name _____

Address: _____

Customer Registration Number [CRN]

DOB _____

Telephone:

Mobile: _____

[H] _____ [W] _____

Email: _____

EMERGENCY CONTACTS

There may be times when parents/guardians cannot be contacted by service staff. Please complete details of authorised persons who are able to collect and care for your child/children after accident, injury, trauma or illness.

Name: _____

Address: _____

Telephone

[H] _____ [W] _____

Mobile _____

Relationship to Child/children

Name _____

Address _____

Telephone

[H] _____ [W] _____

Mobile _____

Relationship to Child/Children

AUTHORISED NOMINATED PERSON TO COLLECT CHILD/CHILDREN

Your consent is required for other authorised persons to collect your child/children from the service on your behalf. Please complete details of those persons who will be able to collect your child/children from the service.

Name: _____

Name _____

Address: _____

Address _____

Telephone

[H] _____ [W] _____

[H] _____ [W] _____

Mobile _____

Mobile _____

Relationship to Child/children

Relationship to Child/Children

Name: _____

Name _____

Address: _____

Address _____

Telephone

[H] _____ [W] _____

[H] _____ [W] _____

Mobile _____

Mobile _____

Relationship to Child/children

Relationship to Child/Children

Name: _____

Name _____

Address: _____

Address _____

Telephone

[H] _____ [W] _____

[H] _____ [W] _____

Mobile _____

Mobile _____

Relationship to Child/children

Relationship to Child/Children

INFORMATION ABOUT YOUR CHILD/CHILDREN

Are your child/children of Aboriginal and/or Torres Strait Islander origin?

Aboriginal Yes _____ No _____ Aboriginal and Torres Strait Islander Yes _____ No _____

Do your child/children speak another language other than English?

Yes _____ No _____

If so please inform what language they can speak. _____

COURT ORDER RELATING TO THE CHILD/CHILDREN

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No _____ Yes _____

Please complete the following.

1. Please present the **original** court order/s for staff to see **and a copy to attach to this Enrolment Form.**
2. If these Orders:

- a] change the powers of a parent/guardian to:
 - i authorise the taking of the child outside the service by a staff member of service:
 - ii consent to the medical treatment of the child:
 - iii request or permit the administration of medication to the child:
 - iv collect the child from the service, **AND/OR**
- b] give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service _____ Telephone _____
Address: _____

Do your child/children have a Child Health Record Book? Yes No

Has your child/children been Immunised? Yes No

NOTE; if your child/children are attending the service for the first time, you are required to submit this information for sighting and recording by staff of the service. This is a requirement for being able to access care.

For Staff Use Only

Name and position of staff member who has sighted child/children's Health Care Book and Immunisation Record

NAME:

POSITION HELD

DATE

Does your child have a development delay or disability, including intellectual, sensory or physical impairment?

Yes _____ No _____

Please provide details: _____

Does your child have any special needs or requirements? Yes _____ No _____

Please provide details _____

Does your child have any allergies or sensitivity? Yes _____ No _____

Please provide details _____

Is your child taking or applying any medication? Yes _____ No _____

Please provide details of medication and use _____

Does your child Self Medicate? Yes _____ No _____

Please provide details of Medication and its Application _____

ANAPHYLAXIS.

Has your child been diagnosed at risk of Anaphylaxis? No _____ Yes _____

Does your child have an auto injection device [eg EpiPen] No _____ Yes _____

Has the anaphylaxis medical management plan been provided to service No _____ Yes _____

Has a risk management plan been completed by the service in consultation with you No _____ Yes _____

In the case of anaphylaxis you will be provided with a copy of the services Anaphylaxis Management Policy. You will be required to provide the service with an individual medical Management Plan for your child, signed by the Medical Practitioner who is treating your child. This will be attached to your child/s enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

BOOKINGS

Permanent Bookings Required

	<u>Before School Care</u>	<u>After School Care</u>
<u>Monday</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Tuesday</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Wednesday</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Thursday</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Friday</u>	<input type="checkbox"/>	<input type="checkbox"/>

Notify Centrelink on 136150 of any changes that apply to you that will affect your Child Care Benefits. The service Centre Registration Number for the service may be required when conducting business with Centrelink.

Combine Care, Before School Care & After School Care **555008317C**

Vacation Care **407123103A**

Will you be receiving Child Care Benefits [CCB] Yes No

Will you be receiving Child Care Rebates [CCR] Yes No

DECLARATION

I, [Print full Name].....

A person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child/children referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and I will accept financial responsibility for such action of the childcare staff.
- I do not hold the San Remo Primary School Council, or any of its employees, responsible for any illness or injury to my child/children or for loss or damage to the children’s property that may be incurred during the program.
- I understand that staff will take photographs/videos of the children as part of the program which will include displaying them at the school or placing in a book for viewing by other parents and children visiting the OSHC Room.
- I understand that Local Newspapers may take a picture of my child/children while attending care and that only their Christian name and details of the service will be given.

I give permission for my child/ren to view the occasional PG movie	YES _____	NO _____
I give permission for my child/ren to have their face painted.	YES _____	NO _____
I give permission for my child/ren to have their hair coloured	YES _____	NO _____
I give permission for my child/ren to have their photo displayed	YES _____	NO _____

Signature

Date

Confidentiality of Enrolment Records.

The proprietor of the Children’s Service will ensure that information in the Child’s enrolment record will not be divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children Services Regulations 2009 [regulation35[1] [d-e]]

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations and Education National Law Act refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the *Family Law Act*, may take away the authority of a parent to do something, or may give it to another person.

Guardians.

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “Guardian” under the *Children’s Service Act 1996* also cover situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

REGULAR OUTING CONSENT FORM

San Remo Primary School

22 Bergin Grove,

SAN REMO, Vic

OUTSIDE SCHOOL HOURS CARE

2016

A "Regular Outing", in relation to an education and care service, means a walk, drive or trip to and from a destination-----

[a] that the service visits regularly as part of its educational program: and

[b] where the circumstances relevant to the risk assessment are the same on each outing.

Child's Name: _____

Child's Name: _____

Child's Name: _____

DESINATION/VENUE

San Remo Community Centre, Wynn Road, San Remo.

San Remo Tennis Courts, Wynne Road, San Remo.

Lions Park Playground, Cnr Davis Point Road & Back Beach Road, San Remo.

PURPOSE OF ROUTINE OUTING

Indoor at Stadium: Physical Activities: Basketball, Team Games, Individual and Group Activities.

Tennis Courts: Physical Activity, Skill Improvement.

Lions Park Playground: Physical Activity, Fun, Environment Interaction.

HOURS

After School Care: 4.00pm to 5.15pm Monday to Friday

Before School Care: 8am to 8.30am Monday to Friday

Vacation Care: 10am to 3pm Monday to Friday

Pupil Free Day 10am to 3 pm Monday to Friday

[Note: A notice will be displayed on the door at the service informing you that we are attending a Venue with time of departure and arrival back to the service. A text will be forward to you, informing you that we are going to the Lions Park for Activities. It would be appreciated if possible that you could confirm the receiving of the text message.]

The times displayed above are the time duration that we would use these venues.

TRANSPORT

All venues are within walking distance.

STAFF ATTENDING

Staff Ratio: 1 Adult to 15 Children.

- 2 Staff will be attending at all times during outing.
- Service Mobile Phone will be available at all times.
- First Aid Kit available at all times
- Staff Level 2 First Aid in attendance.

MEDICAL AUTHORISATION

I authorise and consent to the Staff of the San Remo Primary School, Outside School Hours Care, where it is unable to communicate with me to regarding my Child/Children, receiving such medical or surgical treatment as may be deemed necessary and I will cover all cost related to my child's care.

I have read and understood the information regarding the above Routine Outing details and give my consent for my Child/Children to attend.

Signature of Parent/Guardian _____ **Date** ____/____/____