

Beechworth Primary School OSHC Enrolment Form – 2017 (Please print clearly)

CHILD'S DETAILS

DETAILS OF CHILD

First Name.....Preferred Name Family name.....

Male Female (please circle) Date of Birth...../...../.....(Childs)CRN:.....

Languages spoken.....Main language spoken.....

Any special issues in relation to your child e.g. religion, food, fears, etc?.....

School.....Grade

Does your child have special needs as listed below? YES NO (please circle)

Children with special needs are those from the following priority groups:

- Children from culturally and linguistically diverse backgrounds
- Children with a refugee background who have been subjected to trauma
- Indigenous children
- The child's place has been sought by a State or Territory Child Protection Worker
- The child is in the care of the State, or other forms of out of home care

Date Beechworth Primary Vacation Care notified of child's special needs/...../.....

Is your child of Aboriginal or Torres Strait Islander origin?

YES, Aboriginal YES, Torres Strait Islander NO (please circle)

TICK THE DAYS YOUR CHILD WILL BE ATTENDING BEECHWORTH PRIMARY OSHC

Before School Care After School Care Vacation Care
 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

SPECIAL ACCESS / RESIDENTIAL DETAILS

Are there special access/residential arrangements? YES NO (please circle)

If yes, please give details.....

If a court order exists please provide this information to the Coordinator.

1. Bring the original court order/s for staff to sight and a copy to attach to the enrolment form
2. If these orders: change the powers of a parent/guardian to: authorise the taking of the child outside the service by a staff member of the service; consent to the medical treatment of the child; request or permit the administration of medication to the child; or collect the child AND/OR give these powers to someone else. Please describe these changes and provide the contact details of any person given these powers:

These arrangements can only be adhered to if they are by Court Order and Beechworth Primary School has a copy.

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MEDICAL INFORMATION

How would you describe your child's health?.....

Is he/she under any medical treatment?.....

Has he/she had any history of illness? Please give details.....

.....

Allergies.....

Does your child have a disability? YES NO (please circle)

The definition of a child with a disability does not include children with a medical condition that is short term (lasts for 6 months or less) or is episodic, for example asthma, allergies, eczema or infectious diseases.

Medical Conditions.....

Medical Plan.....

Other.....

Asthma YES NO (please circle)

Asthma Medication/Treatment.....

Do you have an Asthma Plan? YES NO (please circle) If **yes**, please provide a copy to the Coordinator

Are there any known triggers?.....

.....

Has your child been immunised? YES NO (please circle)

FAMILY DOCTOR Name.....Phone.....

Name of Practice.....

Address.....

Medicare Number.....

Do you have Private Medical Insurance?

Do you subscribe to an Ambulance Service? YES NO (please circle)

If yes, please state Subscription Number and Category.....

CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We(Print full name/s) person/s with lawful authority of the child referred to in this enrolment form, consent to the staff of Beechworth Primary OSHC seeking First Aid treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary. Any financial costs incurred will be the responsibility of the parent/s.

PARENT/GUARDIAN SIGNATURE/S.....**DATE**

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DETAILS OF PARENT/GUARDIAN 1.	DETAILS OF PARENT/GUARDIAN 2.
Name.....	Name.....
Address.....	Address.....
.....
Telephone (Home).....	Telephone (Home).....
(Work).....	(Work).....
(Mobile).....	(Mobile).....
Date of Birth.....	Date of Birth.....
Employer.....	Employer.....
Occupation.....	Occupation.....
Languages spoken.....	Languages spoken.....
Does the child live with this parent/guardian? YES / NO	Does the child live with this parent/guardian? YES / NO

ACCOUNT DETAILS:

Invoice to be sent to: Parent/Guardian 1 Parent/Guardian 2 (Please circle)

Will you be claiming Child Care Benefit now as Fee Reduction? YES NO (Please circle)

If **yes**, please provide relevant information (CRN = Customer Reference Number for Child Care Benefit)

Parent/Guardian: Name..... (Parents)CRN:.....

If **no**, it is recommended that you contact Family Assistance Office and change your CCB rate to 0%

Do you have a child enrolled in another Child Care Service eg Day Care Yes No

If so, please list the child's name and name of service

Email address:

Invoice to be sent by email YES / NO

DECLARATION

I/We(Print full name/s), person/s 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 Beechworth Primary School in the event of any change to this information
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- Undertake to inform the staff of any absence of my child from the service
- Accept full responsibility for my child's belongings whilst attending the service
- Agree to abide by the Service's policies regarding Bookings/Cancellations and Payments of Fees. I have read the Payment of Fees Policy and understand that any outstanding debts for services used will be referred to the School's Debt Collection Agency. I understand that I am liable for the cost of all Debt Collection fees in addition to any overdue payments. All cancellations are required at least 24 hours prior to the commencement of the service or fees for the time booked will apply and require payment. Exceptions in extreme circumstances will be considered. Payment of fees is required, at a minimum, on a fortnightly basis. Outstanding fee payments may result in further services being refused.

Signed: **Date:**

FAMILY DETAILS - please print clearly

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PERSONS AUTHORISED TO COLLECT CHILDREN AND EMERGENCY CONTACTS (Maximum 30 minutes from the service) Please tick In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. Photo ID of the Emergency Contact Person will be requested before the child is released into their care.	TO COLLECT	EMERGENCY
Name..... Relationship Address..... Phone Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Name..... Relationship Address..... Phone Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Name..... Relationship Address..... Phone Mobile	<input type="checkbox"/>	<input type="checkbox"/>
Name..... Relationship Address..... Phone Mobile	<input type="checkbox"/>	<input type="checkbox"/>

If extra space is required a blank page can be added

PHOTOGRAPHIC CONSENT		
I give permission for my child/ren to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.		
YES	NO	(Please circle)
I give permission for my children to be photographed and/or videotaped in the event of media reportage.		
YES	NO	(Please circle)

OTHER INFORMATION Is there any other information we should know about your child/ren? Likes, dislikes, favourite activities, cultural information etc.....
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