

CHILD'S INFORMATION

Surname _____ Date of Birth _____
 Gender/Preferred Pronouns _____
 Given Names _____ Preferred Name _____
 Country of Birth _____ Home Tel. _____
 Home Address _____ Post Code _____
 Child's CRN _____ Religion _____

Is the child, of Aboriginal or Torres Strait Islander origin? No Aboriginal: Yes Torres Strait Islander: Yes
 Does the child have a disability that has been diagnosed by a professional, who is authorised to diagnose such a disability? Yes No
 Does the child reside with a family member that has a disability that has been diagnosed by a professional?
 who is authorised to diagnose such a disability? Yes No

What is the MAIN language spoken at home? _____ Other language? _____

Cultural background _____

Do you require the services of an Interpreter? Yes No

Parent Details

Name _____ Date of birth _____ Mobile Tel. _____
 Mother's CRN _____ Country of Birth _____
 Home Address _____ Home Tel. _____
 Email Address _____
 Religion _____ Cultural Background _____
 Name & Address of Work Place _____ Work Tel. _____
 Authorised to collect the above named child? Yes No Does the child live with the mother? Yes No

Parent Details

Name _____ Date of birth _____ Mobile Tel. _____
 Father's CRN _____ Country of Birth _____
 Home Address _____ Home Tel. _____
 Religion _____ Cultural Background _____
 Name & Address of Work Place _____ Work Tel. _____
 Authorised to collect the above named child? Yes No Does the child live with the father? Yes No

Guardian's Details (if applicable)

Name _____ Date of birth _____ Mobile Tel. _____

Guardian's CRN _____ Country of Birth _____

Home Address _____ Home Tel. _____

Religion _____ Cultural Background _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with this guardian? Yes No

Guardian's Details (if applicable)

Name _____ Date of birth _____ Mobile Tel. _____

Guardian's CRN _____ Country of Birth _____

Home Address _____ Home Tel. _____

Religion _____ Cultural Background _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with this guardian? Yes No

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 2009 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 Services Act 1996 also covers 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.

Court orders relating to the child

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 go to the next section. Yes please complete the following:-

1. Bring 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:
 - authorize 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;
 - 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:

Please list 2 Emergency Contacts There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. (*Contacts other than parents must be 16 years of age or older*):-

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Authorised to collect the above named child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Above person can be contacted in the case of an accident, injury, trauma or illness involving the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Authorised to collect the above named child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Above person can be contacted in the case of an accident, injury, trauma or illness involving the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Child's status in family

How many children in the family? _____

Is your child the:- Eldest child Middle Child Youngest Child Other

If you have ticked "other" please explain your child's status _____

PERMISSION TO SEEK MEDICAL ATTENTION OUTSIDE THE SCHOOL PREMISES

In case of an emergency or accident I grant the Kinglake Primary out of School Hours Care staff, to seek medical treatment for my child from a medical practitioner, hospital or ambulance service.

Child's Name _____ Yes No

Parent/Guardian Signature _____

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION TO ADMINISTER FIRST AID

I grant permission for staff members of Kinglake Primary Out of School Hours Care to administer First Aid when staff consider it necessary.

Child's Name _____ Yes No

Parent/Guardian Signature _____

(A signature is required for either a yes or no answer) (Please print name next to signature)

TRANSPORTATION IN AN EMERGENCY

I give permission for my child _____ to be transported by ambulance to seek medical attention. I undertake to pay the cost of such medical attention or ambulance which may be incurred by or on behalf of the service

Parent/Guardian Signature _____ Yes No

(A signature is required for either a yes or no answer) (Please print name next to signature)

MEDICATION ADMINISTRATION

I give permission for O.S.H.C staff to administer medication to my child/ren _____ When given to staff at the service and medication record is completed by the Parent/Guardian.

Parent/Guardian Signature _____ Yes No

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION FOR SUNSCREEN AND/OR INSECT REPELLENT TO BE APPLIED

I give permission for my child/ren _____ to have sunscreen applied to skin. Yes No

I give permission for my child/ren _____ to have insect repellent applied to skin. Yes No

Parent/Guardian Signature _____

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION FOR BARRIER CREAM AND FACE PAINTS TO BE APPLIED TO SKIN

I give permission for my child/ren _____ to have a barrier cream applied to skin. Yes No

I give permission for my child/ren _____ to have face paints applied to skin. Yes No

Parent/Guardian Signature _____

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION FOR OBSERVATIONS

So that activities and experiences offered at the program can be planned, to assist the individual development of children, staff take written observations. Confidentiality is maintained at all times.

I give permission for observations to be taken of my child/ren _____, to enable staff to cater for my child's individual needs.

Parent/Guardian Signature _____ Yes No

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION FOR PHOTOGRAPHS

I give permission for photographs to be taken of my child/ren _____ and for them to be used in displays within the school, information booklet, local and national newspaper school website and mountain monthly

Parent/Guardian Signature _____ Yes No

(A signature is required for either a yes or no answer) (Please print name next to signature)

PERMISSION TO VIEW PG MOVIES

I give permission for my child/ren _____ to watch a PG rated movie at the Out of School Hours Care Program.

Parent/Guardian Signature _____ Yes No

(A signature is required for either a yes or no answer) (Please print name next to signature)

What Interests does your child have?

- | | | | | | | | |
|-------------|--------------------------|--------------------|--------------------------|------------------------------|--------------------------|-----------------|--------------------------|
| Reading | <input type="checkbox"/> | Craft | <input type="checkbox"/> | Writing | <input type="checkbox"/> | Jig-saw puzzles | <input type="checkbox"/> |
| Ball Games | <input type="checkbox"/> | Board Games | <input type="checkbox"/> | TV | <input type="checkbox"/> | Computer Games | <input type="checkbox"/> |
| GameBoys | <input type="checkbox"/> | Construction Toys | <input type="checkbox"/> | Team Games | <input type="checkbox"/> | Drama Play | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | Imaginative Play | <input type="checkbox"/> | Painting | <input type="checkbox"/> | Sport | <input type="checkbox"/> |
| Collections | <input type="checkbox"/> | Listening to Music | <input type="checkbox"/> | Playing a Musical Instrument | <input type="checkbox"/> | | |

Please list below any other interests that your child may have that are not listed above, or give additional information.

Parent Participation

We are keen to include parents skills and interests into our program, so if you have time, and would be willing to participate in an activity for the children during the afternoon program please give further details below. This could also include giving a talk about your profession or your culture. The Co-ordinator will contact you to organize a mutually convenient time.

I _____, would like to participate in the afternoon program, by _____

Please read and sign: *(both parents/guardians to sign where at all possible and if applicable)*

We / I _____ (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 the service in the event of any change to this information.**
- **Agree to collect or make arrangements for the collection of the child referred to in the form if s/he becomes unwell at the service.**
- **Agree that any personal property brought into the program, by the child referred to in the form, is that child's responsibility. Staff does not take responsibility for loss of, or damage to that property.**
- **I recognise that OSHC staff may need to openly communicate with principals, teachers or other professionals, in the interests of my child's welfare, and authorize for staff to do so.**
- **I understand that in an emergency situation, where an evacuation drill is necessary, that my child may need to leave the school premises under the direction and supervision of OSHC staff.**
- **Have read, and agree to abide to the conditions outlined in the Parent Handbook.**
- **Is responsible for the payment of any fees incurred at the Kinglake Primary Out of School Hours Care Service for the aforementioned child.**
- **Understand that fees are to be paid weekly.**
- **Understand that any outstanding, unpaid fees will be referred to School Council where a decision will be made on how to retrieve the outstanding fees.**

Signed (Mother/Guardian) _____ Signed (Father/Guardian) _____

Date _____

Thank you, for helping us to smooth the way for the inclusion of your child into the Kinglake Primary Out of School hours Care Program. The information supplied will be of great assistance to us in managing the health and safety of your child and in the planning of the daily programs.

WHO IS AUTHORISED TO COLLECT YOUR CHILD?

Please list, below, those people who are authorised to collect your child. You do not need to list those already authorised on the front page of this Enrolment Form. Only authorised persons will be allowed to collect your child. **Please note that the authorised person must be 16 years of age or older.**

Name _____ **Relationship to child** _____

Home Address _____ Home Tel. _____

Name & Address of Workplace _____ Work Tel. _____

Mobile _____

Name _____ **Relationship to child** _____

Home Address _____ Home Tel. _____

Name & Address of Workplace _____ Work Tel. _____

Mobile _____

Name _____ **Relationship to child** _____

Home Address _____ Home Tel. _____

Name & Address of Workplace _____ Work Tel. _____

Mobile _____

Name _____ **Relationship to child** _____

Home Address _____ Home Tel. _____

Name & Address of Workplace _____ Work Tel. _____

Mobile _____

Name _____ **Relationship to child** _____

Home Address _____ Home Tel. _____

Name & Address of Workplace _____ Work Tel. _____

Mobile _____

OFFICE USE ONLY

Medical Condition Management Plan given Date _____ Staff members signature:- _____

Medical Condition Management Plan returned Date _____ Staff members signature:- _____

The proprietor of the Out of School Hours Care Service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorized by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1)(d-e))

KINGLAKE PRIMARY Out of School Hours Care BOOKING FORM 202.....

Important Note:- All children who attend the Out of School Hours Care Service must be enrolled in the Service. Please complete the attached Enrolment Form and the Booking Form and return them to the Out of School Hours Care Service.

BEFORE SCHOOL CARE

Child's Name _____

My child will be attending the BEFORE SCHOOL CARE Service Yes No

What days would your child attend the Program? (Please tick appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

Date to Commence _____

Parent's Name and Signature _____

AFTER SCHOOL CARE

Child's Name _____

My child will be attending the AFTER SCHOOL CARE Service Yes No

What days would your child attend the Program? (Please tick appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

Date to Commence _____

Parent's Name and Signature _____

A NOTE ABOUT CHILDCARE BENEFIT

Important Note:- For the Kinglake Primary OSHC Service to submit your child's childcare usage and implement your Childcare Benefit percentage, it is essential that you supply the parent's and children's date of birth and Customer Reference Numbers, which is the number allocated to you from the Family Assistance Office. Failure to do so will result in full fees being charged to you and the inability for you to be able to claim the Childcare Tax Rebate.

The Family Assistance Office can be contacted on 13 61 50.