



CRAFERS PS OSHC ENROLMENT FORM

Family Name: _____

School: _____

Year: _____

Entered By: _____

Date Entered: ____ / ____ / ____



CHILD DETAILS

Child's Full Name:	.....	
Preferred Name:	.....	
Home Address:	.....	
Date of birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Is the child of Aboriginal and/or Torres Strait Islander descent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Centrelink Reference Number (CRN):	.....	

Parent/Guardian Details Do you have a child in care elsewhere? Yes No

Parent/Guardian 1:	.....	
Home Address:	.....	
Date of birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Centrelink Reference Number (CRN):	.....	
Work name and address:	.....	
		
Telephone:	(H)	(W)	(M)
Do you agree to us contacting you and/or sending newsletters and account statements via email. If yes, please provide current email address:			
		
Parent/Guardian 2:	.....	
Home Address:	.....	
Date of birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Centrelink Reference Number (CRN) :	.....	
Work name and address:	.....	
		
Telephone:	(H)	(W)	(M)

Court orders

Are there are Court orders in place which apply to this child?

Yes No

If yes, please bring a copy of the Court order for sighting by staff and a copy to attach to this enrolment form

Please detail any custody arrangements:

.....

Emergency Contact Details and Authority to Collect

(This should preferably be someone other than the parent/guardians listed above)

Name (1):

Address:

Telephone: (H) (W) (M)

Relationship to child:

Name (2):

Address:

Telephone: (H) (W) (M)

Relationship to child:

Name (3):

Address:

Telephone: (H) (W) (M)

Relationship to child:

Name (4):

Address:

Telephone: (H) (W) (M)

Relationship to child:

Dietary Requirements

Does your child have any special dietary requirements? (ie diabetic)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any food intolerances or allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please detail:	
Are they life threatening?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a medical plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medical Information

Does your child suffer from any of the following medical conditions (please circle):			
Diabetes		Allergies	
Epilepsy		If yes, please detail:	
Asthma (If yes, please ask for asthma form)		.....
		Are the allergies:	<input type="checkbox"/> Mild <input type="checkbox"/> Severe
Does your child have a diagnosed disability? (ie ADHD, ASD etc)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please detail:			
Is your child on regular medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of last tetanus injection:			
Is your child immunised against the following?			
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Meningococcal C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whooping cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the case of emergency, do you agree for your child to be given first aid and/or be taken to the nearest hospital by ambulance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctors name:	.....	
Address:	.....	
Telephone No:	.....	Medicare No	.....
Signature of Parent/Guardian:	.....	

Permissions

I give permission for my child to watch "G" and "PG" rated movies	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to apply a broad spectrum 30+ sunscreen when outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the course of our program we take photographs to record important events and special activities with the children. These photographs may then be displayed at the Centre or put in the School and OSHC newsletter. I give permission for my child/ren to be photographed whilst attending the Service?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attendance (Please indicate your preferred bookings)

Permanent Bookings:	BSC -	MON	TUES	WED	THURS	FRI
	ASC -	MON	TUES	WED	THURS	FRI
Casual Bookings	BSC	ASC			VCP	

Parent/Guardian Authority and Acknowledgement

I confirm that the information provided in this application is true and correct and will be relied upon by the Service. In the event of sudden illness, accident or emergency I authorise the person in charge of the Service at the time to follow the guidelines set down in the Service policy document.

I undertake to:

- inform staff of any absence of my child;
- keep my child from attending the Service should they be suffering any infections or contagious disease;
- ensure that my child is collected by an authorised person or according to alternative arrangements made by myself with staff and to ensure that staff are notified of any changes;
- notify the Service immediately should there be any change in circumstances from the details as outlined in this enrolment form including living arrangements of the child and/or Parent/Guardian within 7 days of such change;
- pay outstanding fees, where applicable, together with all debt recovery expenses including fees, court costs and legal fees reasonably incurred by the Service in the collection of such outstanding fees. In the case of a default, I acknowledge and give permission for any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default to be forwarded to a debt collection agency for legal recovery action, if required.
- Parents should not approach children from other families regarding behavior issues while at OSHC. Please speak to a staff member.

Parent/Guardian signature: Date:

Director signature: Date: