



**2017
Enrolment
Form**

**RINGWOOD NORTH PRIMARY SCHOOL
BEFORE AND AFTER SCHOOL CARE PROGRAM**

CHILD'S / FAMILY SURNAME: _____

Family email address: _____

@ _____

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Ringwood North Primary School OSHC must collect information on this form, as required by the Education and Care Services National Regulations (Regulations 173 — 175).

CHILD'S DETAILS

Family Name : _____ Given Names: _____ *Preferred Name: _____

Home Address: _____ Postcode: _____

Date Of Birth: ____ / ____ / ____ Age: ____ Gender : please tick Male Female Grade _____

Country of Birth: _____ Language/s spoken at home: _____ Religion: _____

Cultural background: _____

Do you or your child require any cultural/language support whilst attending the program? YES NO

If so , please provide details _____

Is the child of Aboriginal and/or Torres Strait Islander origin? YES NO

If YES please tick Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? YES NO

Child's Interests / Hobbies _____

PARENT/GUARDIAN'S DETAILS (if applicable)

Parent 1 / Guardian Full Name : _____

DOB: ____ / ____ / ____

Relationship to child : _____

Address: _____

Phone: Home: _____ Bus: _____

Mobile: _____

email: _____

Place of work / study: _____

Address of work / study : _____

Does the child live with this guardian? YES NO

PARENT/GUARDIAN'S DETAILS (if applicable)

Parent 2 / Guardian Full Name : _____

DOB: ____ / ____ / ____

Relationship to child : _____

Address: _____

Phone: Home: _____ Bus: _____

Mobile: _____

email: _____

Place of work / study: _____

Address of work / study : _____

Does the child live with this guardian? YES NO

OTHER CHILDREN IN FAMILY (if applicable)

Name: _____ Date of Birth: ____ / ____ / ____ Grade: _____

Name: _____ Date of Birth: ____ / ____ / ____ Grade: _____

Name: _____ Date of Birth: ____ / ____ / ____ Grade: _____

PHOTOGRAPHS / VIDEOS / MEDIA / MOVIES / LIASE WITH OTHER MEMBERS OF STAFF AT SCHOOL

Our service Duty of Care is to ensure that children's safety and privacy is of the highest priority at all times.

Can your child appear in photographs or videos for the purpose of OSHC Media? YES NO

Can your child appear in photographs or videos for display within our service/program only? YES NO

Can your child appear in photographs taken by OSHC to be used in the school newsletter? YES NO

Can you child watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG' ? YES NO

I give permission for staff to observe my child to assist in developing activity programs YES NO

I give permission for OSHC staff to liaise with school administration staff to obtain contact details in the case of emergency YES NO

I give permission of OSHC staff to liaise with my child's teacher when relevant to the well-being of my child YES NO

COURT ORDERS RELATING TO THE CHILD

Does this child live with: please tick Both Parents Mother Father Guardian

Is there any specific custody arrangements that we need to be aware of: YES NO

If YES provide details: _____

If you are a single parent, is access available to the other parent whilst the child is at OSHC?

If YES when and under what circumstances is access to be given? _____

Are there any court orders, parenting orders or parenting plans relating to these powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? YES NO

If NO - Go to the next section. If YES - you must bring the **ORIGINAL** court order/s for staff to sight and a copy to attach to this enrolment form. A copy must be provided before the commencement of care.

- If these orders:
- a) change the powers of a parent or 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;
 - Collect the child from the OSHC program, 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 AND IMMUNISATION INFORMATION

Name of Doctor/Medical Service: _____ Phone: _____

Address of Doctor/Medical Service: _____

Postcode: _____

Medicare No: _____

Ambulance member: YES NO If yes Ambulance member Number OR Pension Card Number: _____

Does your child have a health record? (*Child health record means a record that documents a child's health and development assessments and immunisations*) YES NO If YES, please **attach a copy** of the following

- attaching a copy of the Immunisation Record printout from the Local Government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

EMERGENCY CONTACTS: There may be times when the child has an accident, injury, trauma or illness and the parents/guardians cannot be contacted. To deal with these situations the OSHC program should notify one of the following people who are authorised to collect and care (including consent to any medical treatment and requesting or permitting the administration of medication) for the child, after an accident, trauma or illness. They are also authorised to authorise an educator to take the child outside the education and cares service premises. These contacts should be aware of their names being added to this list. **(MUST be over 18 years of age and no more than 30 minutes away from the program)**

1. Name: _____ Address: _____ Relationship: _____
Phone: Home: _____ Business: _____ Mobile: _____
2. Name: _____ Address: _____ Relationship: _____
Phone: Home: _____ Business: _____ Mobile: _____

OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILD (Authorised Nominee's)

Authorised Nominee means a person who has been given permission by a parent or guardian to collect the child from the education and care service. [Section 170 \(5\) of the Law](#). Please list details of those people who you have authorised to collect your child (your Authorised Nominee's) below. This list may be changed or added to throughout the year. In the event that your child is not collected from the OSHC program and the parents or guardians cannot be contacted, this list will be used to arrange someone to collect them. **(MUST be over 18 years of age and no more than 30 minutes away from the program.)**

1. Name: _____ Address: _____ Relationship: _____
Phone: Home: _____ Business: _____ Mobile: _____
2. Name: _____ Address: _____ Relationship: _____
Phone: Home: _____ Business: _____ Mobile: _____

CHILD'S MEDICAL INFORMATION

The following medical information must be disclosed to ensure the best possible supervision and care for your child while attending our program. Please note that whilst OSHC may not always be able to guarantee that our programs can offer the level of support needed, we will work in partnership with families to maximize the access of children with additional needs into our program within the parameters to the resources available.

Does your child have any special needs and/or any medical conditions (including asthma, epilepsy, diabetes, mobility, speech, vision or hearing impairments, ADHD etc)? YES NO

If YES, provide details of any special needs and any management procedure to be followed with respect to that special need: _____

Does your child have any behavioural issues that may require additional supervision or support during the program?

YES NO

If YES, please provide details of the issues and management procedures to be followed with respect to these behavioural issues: _____

Does your child have any allergies or sensitivity? YES NO

If YES, please provide details of any allergies and or sensitivities and any management procedure to be followed with respect to these: _____

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? YES NO

Does your child have an auto injection device (e.g. EpiPen®) YES NO

Has the anaphylaxis medical management plan been provided to the service? YES NO

Has a risk management plan been completed by the service in consultation with you? YES NO

In the case of anaphylaxis you will be provided with a copy of the OSHC Programs anaphylaxis management policy. You will be required to provide the OSHC Program 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

OTHER MEDICAL CONDITIONS

Does your child have any other medical conditions e.g. asthma, epilepsy, diabetes that are relevant to the care of your child?

If YES, provide details and any health management plan/asthma action plan to be followed with respect to the medical condition. YES NO

A risk minimisation plan will also need to be completed with OSHC before your child can attend the program :

Does your child have any dietary restrictions ? YES NO **If yes**, the following restrictions apply: _____

I give permission for my child to apply approved sunscreen YES NO

OTHER INFORMATION: If there is anything else that the OSHC Program should know about the child? e.g. excessive fears :

PERSON RESPONSIBLE FOR ACCOUNTName: _____ Have you applied for Child Care Benefit ? YES NO

Parent/Guardian 1 CRN: _____ Parent/Guardian 2 CRN: _____ Child CRN: _____

I give permission for my credit card to be debited fortnightly and at the end of each term for any outstanding balance owed to the OSHC Program.

Cardholder's Name: _____

Card No. (16 digits) Expiry Date: ____ / ____

Signature : _____ Phone: Home: _____ Mobile: _____

CONFIDENTIALITY OF ENROLMENT RECORDS

The Ringwood North Primary School OSHC Program 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 or to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the [Education and Care Services National Regulations 2011 part 4.7, , Regulation 181 \(a-e\)](#)

LAWFUL AUTHORITY

Parents—All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The [Education and Care Services National Regulations 2011](#) refer to those 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 [Education and Care Services National Regulations 2011](#) 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.

DECLARATION AND CONSENT TO EMERGENCY MEDICAL, HOSPITAL, AMBULANCE AND DENTAL TREATMENTI, _____ (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 OSHC program 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 OSHC program;
- consent to the proprietor in the case of the OSHC Program to seek medical treatment for the child from a medical practitioner , hospital or ambulance service.
- am aware that the emergency contacts I have listed are authorised to consent to medical treatment of, or to authorise administration of medication to the child.

Parent/Guardian Signature: _____ Date ____ / ____ / _____

TICK THE DAYS YOU WOULD LIKE YOUR CHILD TO ATTEND ON A PERMANENT BASIS**BEFORE SCHOOL CARE** Monday Tuesday Wednesday Thursday Friday**AFTER SCHOOL CARE** Monday Tuesday Wednesday Thursday Friday