

ENROLMENT FORM

CHILDREN DETAILS

Family Name: _____

Children's names:

1. _____	Date of Birth: _____	Gender: F / M
2. _____	Date of Birth: _____	Gender: F / M
3. _____	Date of Birth: _____	Gender: F / M
4. _____	Date of Birth: _____	Gender: F / M
5. _____	Date of Birth: _____	Gender: F / M

Address: _____ Town/Suburb: _____

Postcode: _____ Email: _____

Phone: (H) _____ (M): _____ (W): _____

Indigenous status: **Aboriginal:** Yes / No **TS Islander:** Yes / No

School that child/ren currently attending: _____

In Care Elsewhere: Do you have any other children that use care elsewhere? If so how many children? _____

PARENT/GUARDIAN DETAILS

1. Name: _____ Relationship to child: _____ Date of Birth: _____
 Address: (If different to above) _____ Postcode: _____
 Phone: Home: _____ Wk/Mobile: _____
 Name/Address of Workplace: _____
 Email: _____

2. Name: _____ Relationship to child: _____ Date of Birth: _____
 Address: (If different to above) _____ Postcode: _____
 Phone: Home: _____ Wk/Mobile: _____
 Name/Address of Workplace: _____
 Email: _____

EMERGENCY CONTACTS (If parents are unable to be contacted)

1. Name: _____ Relationship to child: _____
 Address: _____ Postcode: _____
 Phone: Home: _____ Wk/Mobile: _____
 Name/Address of Workplace: _____
 Email: _____

2. Name: _____ Relationship to child: _____
 Address: _____ Postcode: _____
 Phone: Home: _____ Wk/Mobile: _____
 Name/Address of Workplace: _____
 Email: _____

Other Adults authorised to collect Children:
(indicate relationship to child if not shown above)

1. _____ Relationship to child: _____
 2. _____ Relationship to child: _____

CUSTODY ISSUES (If applicable)

If parents are separated/divorced:

Do the children have contact with other parent? _____

Is anyone legally denied access to the children? Yes / No

If yes please give details and attach copies of appropriate documents: _____

CENTRELINK CCB DETAILS

Parent's name: _____ CRN: _____

Children's name: _____ CRN: _____

Children's name: _____ CRN: _____

Children's name: _____ CRN: _____

Children's name: _____ CRN: _____

MEDICAL AND HEALTH INFORMATION

Doctor's name: _____ Phone: _____

Practice Name and Address: _____

Any medical information or other relevant information regarding each child:

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Conditions/medications that may be affected by OSHC activities				
Allergic Reactions				
Disabilities				
Emotional/Behavioural problems				
Special Dietary Needs				
Serious illness that may re-occur (e.g. chronic ear infection)				
Asthma or use of Puffers				
Medication (dosage/time)				
Cultural/Religious Requirements				
Special Needs (e.g. spectacles, hearing aids, etc)				
Disabilities				
Other medical information				

Ambulance cover: Yes / No

CONSENTS

1. I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program. **YES / NO**
2. I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate. **YES / NO**
3. I consent to the Centre staff to apply sunblock to my child if required. **YES / NO**
4. I give consent for my child to watch PG movies as deemed appropriate by the Director. **YES / NO**
5. I consent to the Centre staff to administer simple first aid to my child if the need arises. **YES / NO**

PARENT/GUARDIAN DECLARATION: I understand that:

- ❖ I agree to pay the required fee for my child's booked OSHC/Vacation
- ❖ Care hours and accept the policies and rules of the service.
- ❖ A current notice from Family Assistance Office stating my eligibility for child care benefit is required, or the standard fee will apply.
- ❖ Each child must be signed in and out each day on the Attendance Sheet.
- ❖ If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child/ren requiring urgent medical treatment, I authorise the care providers and staff to obtain appropriate medical assistance and agree to pay all medical and transport costs incurred on behalf of my child/ren.
- ❖ We endeavour to keep St Jakobi OSHC/Vacation Care a happy and safe environment for children. To do so we must ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.
- ❖ The supervision and care of children is strictly limited to the operating hours that the Centre is provided.
- ❖ The OSHC/ Vacation Care service must be notified if my children are to be collected by someone that is not nominated on this form.
- ❖ THE OSHC/VACATION CARE SERVICE WILL REFUSE A CHILD ACCESS TO THE SERVICE ON THE BASIS OF OUTSTANDING ACCOUNTS OF LONGER THAN 4 WEEKS.
- ❖ I will undertake to notify the service of any changes to details on this form.

I certify that the information entered upon this form is true, accurate and correct to the best of my knowledge. I further certify that I have read and agree to adhere to the Policies, guidelines and rules regarding St Jakobi OSHC/Vacation Care Service.

I would like my OSHC accounts emailed. **YES/ NO**

Email: _____

Signature: _____ Date: _____

Print Name: _____