



CHILD DETAILS

Personal Details of Child		Surname:	
First Given Name:		Preferred Name: (If applicable)	
Second Given Name			
❖ Gender(tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	❖ Birth date: (dd-mm-yyyy) ___/___/___
Address: No. & Street or PO Box			
Suburb:		Postcode:	
Country of Birth:			
Does the child speak English? (tick one) <input type="checkbox"/> YES or <input type="checkbox"/> NO Does the child speak a language other than English at home? (tick one) <input type="checkbox"/> NO or <input type="checkbox"/> YES* (Please specify) _____ If more than one language spoken at home, indicate the one that is spoken most often)			
Is the Child of Aboriginal or Torres Strait Islander origin? (tick one) <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander Alternate Cultural Background?? _____			
❖ What is the child's living arrangements? #: (Tick one) <input type="checkbox"/> At home with TWO Parents/Guardians <input type="checkbox"/> At home with ONE Parent/Guardian			
CHILD CARE BENEFIT: please contact the Family Assistance Office 136150 or your local Centrelink Branch before commencing care, to register for Child Care Benefit. You will be given a reference number (CRN) for yourself and your child. Please list these detail below.			
Child CRN:		Parent 1 CRN:	Parent 2 CRN:
Additional information: ie special considerations, cultural, religious, or dietary requirements			

FAMILY DETAILS **Parents will be automatically listed as contacts unless otherwise stated

Parent/Carer 1: Person registered for child care benefit/tax purposes					Parent/Carer 2: Also listed as a Nominated Person				
Miss Mrs Ms Mr					Miss Mrs Ms Mr				
Surname:					Surname:				
First Name					First Name				
Address: Street or PO Box					Address: Street or PO Box				
Suburb		Postcode			Suburb		Postcode		
Telephone		Private? Y <input type="checkbox"/> N <input type="checkbox"/>			Telephone		Private? Y <input type="checkbox"/> N <input type="checkbox"/>		
Mobile		Work			Mobile		Work		
Email					Email				
D.O.B.		Visa No.			D.O.B.		Visa No.		
Country of Birth					Country of Birth				
Language spoken at home					Language spoken at home				
Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO					Do you need an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Main Source of Income: Paid employment <input type="checkbox"/> Centrelink <input type="checkbox"/> Dept. of Vet Affairs <input type="checkbox"/> Other <input type="checkbox"/>					Main source of income: Paid employment <input type="checkbox"/> Centrelink <input type="checkbox"/> Dept. of Vet Affairs <input type="checkbox"/> Other <input type="checkbox"/>				
Is your income managed by Centrelink <input type="checkbox"/> Yes <input type="checkbox"/> No					Is your income managed by Centrelink <input type="checkbox"/> Yes <input type="checkbox"/> No				
Occupation _____					Occupation _____				
Work Address:					Work Address:				
Works Days:		M T W Th F			Works Days:		M T W Th F		
Relationship to Child		<input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other _____			Relationship to Child		<input type="checkbox"/> Mother <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Father <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Other _____		

CHILD RESTRICTION DETAILS:

Is the child at risk of harm?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there an Access/Custody Alert/Residential orders for the Child?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Access Type(tick) <input type="checkbox"/> Other	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order
	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Parenting orders/plans
Please attach all documentation to this enrolment regarding any Access/Custody issues		
Describe any Access Restriction: (Please provide photo if possible)		

HEALTH**FAMILY DOCTOR DETAILS:**

Doctors Name:	<input type="checkbox"/> Individual	<input type="checkbox"/> Group
Full Address		
Phone Number:	Fax Number:	
Maternal & Child Health (MCH) Centre:	Healthcare Card YES <input type="checkbox"/> NO <input type="checkbox"/>	
Does the family have a current Ambulance Subscription(tick)	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Medicare Number:		

CHILD MEDICAL AND IMMUNISATION DETAILS**MEDICAL CONDITIONS DETAILS:**

Does the child suffer from any of the following impairments? (circle)	Hearing: YES NO	Vision: YES NO
	Speech: YES NO	Mobility: YES NO

ASTHMA MEDICAL CONDITIONS:

Does the child suffer from Asthma? **(tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If no, please go to other medical conditions)
--	------------------------------	--

Answer the following questions ONLY if the student suffers from any asthma medical conditions.

Please indicate if the child suffers from any of the following symptoms: (tick)	If my child displays any of these symptoms please: (tick)
<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Wheeze <input type="checkbox"/> Exhibits symptoms after exertion <input type="checkbox"/> Tight Chest	<input type="checkbox"/> Inform doctor <input type="checkbox"/> Inform Emergency Contact <input type="checkbox"/> Administer Medication <input type="checkbox"/> Other Medical Action If yes, please specify:
Has Asthma Management Plan been provided to the Centre?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child take medication for the above medical conditions? (tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of medication taken:	
Is the medication taken regularly by the child(preventative) or only in response to symptoms? (tick)	<input type="checkbox"/> Preventative <input type="checkbox"/> Response
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:
Medication is usually administered by:(tick)	<input type="checkbox"/> Child <input type="checkbox"/> Educator <input type="checkbox"/> Other
Medication is stored:(tick)	<input type="checkbox"/> with Child <input type="checkbox"/> with First Aid <input type="checkbox"/> Elsewhere

OTHER MEDICAL CONDITIONS: (Additional space at end of enrolment booklet.)

Has your child been diagnosed with anaphylaxis ? <input type="checkbox"/> NO <input type="checkbox"/> YES(Specify)	
If Yes please provide details of any medical plan, anaphylaxis medical management plan, or risk minimisation plan that needs to be followed. Include any dietary restrictions for your child.	
Does the child have any other medical condition or suffer from any allergies or sensitivity? (If more than one conditions please attach further details to this enrolment) <input type="checkbox"/> NO <input type="checkbox"/> YES	
Symptoms:	
If my child displays any of the symptoms above please: (tick)	
Inform doctor <input type="checkbox"/> YES <input type="checkbox"/> NO	Inform emergency contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Administer Medication <input type="checkbox"/> YES <input type="checkbox"/> NO	Other medical action <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify:	
Medication taken? <input type="checkbox"/> NO <input type="checkbox"/> YES, - Name of medication:	
Is the medication taken regularly by the child (preventative) or only in response to symptoms? (tick) <input type="checkbox"/> Preventative <input type="checkbox"/> Response	
Indicate the usual dosage of medication:	How frequently the medication is taken?
Medication is usually administered by: (tick) <input type="checkbox"/> Child <input type="checkbox"/> Educator <input type="checkbox"/> Other	
Is a reminder required for the Child to take their medication? (tick) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medication is stored: (tick) <input type="checkbox"/> with Child <input type="checkbox"/> With First Aid <input type="checkbox"/> Elsewhere	
Please indicate any side effects of any medication that we should be aware of:	

IMMUNISATION DETAILS OF CHILD

What is the child's immunisation status	<input type="checkbox"/> Complete Immunisation	<input type="checkbox"/> Partial Immunisation	<input type="checkbox"/> Not immunised
---	--	---	--

CONSENTS/PERMISSION

MEDICAL CONSENT

In the event of illness or injury to my child whilst at Pakenham Consolidated OSHC, on an excursion, or travelling to or from the service; I authorise the Nominated Supervisor, the Responsible person in charge, or his/her designated representative:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Such consent includes anaesthetics, blood transfusions, surgical operations and emergency ambulance transport
- Administer such first aid as the Nominated Supervisor, or his/her designated representative may judge to be reasonably necessary
- I will not hold the school or any of the PCS – OSHC- Vacation care program educators responsible for any illness to my child or for loss or damage to their property that may be incurred during the program.

Signature of Parent/Guardian: _____ Date____/____/____

FAMILY EMERGENCY CONTACTS: (Authorised Person)

Emergency contacts are any person other than the child's parent/guardian who are authorised to consent to medical treatment or the administration of medication. Any person authorised to give permission to an educator to remove the child from the education and care service premise. Please list the details of those people you have authorised to give the information. This list may be added to or changed throughout the year. Please note that it is compulsory to complete this section. Ensure these people can produce photo ID upon request.

Name:	Name:
Address	Address
(W)	(W)
Mobile	Mobile
Language: English <input type="checkbox"/> Other <input type="checkbox"/>	Language: English <input type="checkbox"/> Other <input type="checkbox"/>
Relationship to Child: (Grandparent, Aunt, Neighbour, or Friend)	Relationship to Child: (Grandparent, Aunt, Neighbour, or Friend)
Please notify in an emergency YES <input type="checkbox"/> NO <input type="checkbox"/>	Please notify in an emergency YES <input type="checkbox"/> NO <input type="checkbox"/>
Permission to collect child/ren YES <input type="checkbox"/> NO <input type="checkbox"/>	Permission to collect child/ren YES <input type="checkbox"/> NO <input type="checkbox"/>

ALTERNATIVE PERSON/S AUTHORISED TO COLLECT YOUR CHILD OTHER THAN PARENTS (Authorised Nominee)

Your consent is required for other people (**Authorised Nominee**) to collect your child from Pakenham Consolidated OSHC on your behalf. Please list the details of those people you have authorised to collect your child. This list may be added to or changed throughout the year. If the child is not collected from Pakenham Consolidated OSHC and the parent/s or carer cannot be contacted, this list will also be used to arrange to collect your child. Please note that it is compulsory to complete this section and people on this list must be 16 years and older. Please ensure this person will be able to produce photo ID upon request.

Name:	Name:
Address	Address
(W)	(W)
Mobile	Mobile
Language: English <input type="checkbox"/> Other <input type="checkbox"/>	Language: English <input type="checkbox"/> Other <input type="checkbox"/>
Relationship to Child: (Grandparent, Aunt, Neighbour or Friend)	Relationship to Child: (Grandparent, Aunt, Neighbour or Friend)

Name:	Name:
Address	Address
(W)	(W)
Mobile	Mobile
Language: English <input type="checkbox"/> Other <input type="checkbox"/>	Language: English <input type="checkbox"/> Other <input type="checkbox"/>
Relationship to Child: (Grandparent, Aunt, Neighbour or Friend)	Relationship to Child: (Grandparent, Aunt, Neighbour or Friend)

FAMILY & CULTURAL INFORMATION

Does your child's family, grandparents or any other relative come from another cultural background? YES NO
If yes please state which Culture/Country _____

We would like to provide an environment that supports your child's family background. Are there any areas that you would like us to focus on? (Eg, painting, dance, festival dates)

PARENT/CARER EXPECTATIONS

Please state any expectations, concepts, or ideas that you have for the program in which your child will be involved.

Short term or long term goals you may have for your child that we might be able to address while your child is at Pakenham Consolidated OSHC.

CHILD CARE BENEFIT

Have you applied for Childcare benefit? (CCB) YES NO (please tick)
 Are you eligible for Childcare Rebate? (CCR) YES NO (please tick)
 If Yes, is your CCR being paid directly to the Centre? YES NO (please tick)
 Have you notified the Family Assistance Office of your enrolment? YES NO (please tick)
 Does your child attend another Childcare Service, If Yes, how many hours of CCB are allocated to this Service? _____

FEES & CHARGES

I understand I must pay my part of the fee to be entitled to childcare benefit (CCB) and the Childcare rebate (CCR) YES
 I agree to notify the centre if my child will be absent, I agree to give 24hrs notice of this where practicable . YES
 I understand if these notifications are not made I will be charged a fee for my place YES
 I understand I must contact Family Assistance Office to ensure I am registered for Childcare Benefit (CCB) and Childcare Rebate (CCR) YES
 I agree to pay my childcare either weekly or fortnightly YES

Printed name of Parent/Guardian _____

Signature Parent/Guardian _____

Date _____

GENERAL CONSENT

GENERAL CONSENT FOR PAKENHAM CONSOLIDATED OSHC ACTIVITIES

I give my permission for my child (Given Name): _____ (Surname): _____

- to attend local excursion activities in and out of the School other than activities requiring special precautions as defined by the Dept. of Education and Training
- to have contact with Animals and Insects that may take place on local excursions
- to have SPF 30+ sunscreen applied to my child's face, ears, neck, arms and legs in accordance with the Sunsmart policy of the centre
- to have their head checked for Head Lice randomly or as required. I understand the centre will take all available measures to maintain the health and hygiene of children and educators attending the Pakenham Consolidated OSHC
- to have the following products applied if required please tick
 Aero guard Saline solution Band aids

Printed name of Parent/Guardian _____

Signature Parent/Guardian _____

Date _____

DAYS REQUIRED

PAKENHAM CONSOLIDATED OSHC : Opening Hours BSC 6:30am – 8:45am ASC 3:20pm – 6:30pm					
<input type="checkbox"/> MONDAY	BSC	<input type="checkbox"/>	ASC	<input type="checkbox"/>	
<input type="checkbox"/> TUESDAY	BSC	<input type="checkbox"/>	ASC	<input type="checkbox"/>	
<input type="checkbox"/> WEDNESDAY	BSC	<input type="checkbox"/>	ASC	<input type="checkbox"/>	
<input type="checkbox"/> THURSDAY	BSC	<input type="checkbox"/>	ASC	<input type="checkbox"/>	
<input type="checkbox"/> FRIDAY	BSC	<input type="checkbox"/>	ASC	<input type="checkbox"/>	

PLEASE NOTE: OUR CENTRE RUNS A VACATION CARE PROGRAM WHICH TAKES BOOKINGS AT THE BEGINNING OF EACH TERM. THESE SHEETS ARE LOCATED AT THE SIGN IN DESK. OTHER PERMISSION DOCUMENTATION WILL BE HANDED OUT AS REQUIRED. **PUPIL FREE DAYS** WILL ALSO NEED TO BE BOOKED SEPARATELY AS THIS IS A FULL DAY SERVICE. NOTIFICATION OF THESE DAYS WILL BE WRITTEN ON OUR NOTICE BOARD, AS WELL AS VIA THE SCHOOL NEWSLETTERS.

Office use only

Childs Name and Birth Date proof sighted(tick)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Enrolment Date:	
Multimedia consent	<input type="checkbox"/> YES	<input type="checkbox"/> NO	General photo permission		<input type="checkbox"/> YES <input type="checkbox"/> NO
Immunisation certificate received? (tick)	<input type="checkbox"/> complete	<input type="checkbox"/> Not sighted	Birth Certificate Received? (tick)		<input type="checkbox"/> complete <input type="checkbox"/> Not Sighted
Is there a medical alert for the child? (tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Court Order on File? (If applicable)		<input type="checkbox"/> YES <input type="checkbox"/> N/A <input type="checkbox"/> PENDING
Does the student have a Disability ID Number (tick)			<input type="checkbox"/> NO	<input type="checkbox"/> YES	Disability ID No.

<p>PRIVACY CONSENT</p> <p>Written Parent/Guardian Consent: Pakenham Consolidated uses the enrolment form to collect personal information for the purpose of program enrolment and statistical recording. The information may be shared with other government agencies, funding agencies and administration for operational purposes only. The professional has discussed with me how and why certain information about me or my child may be shared with other service providers. I understand this and I give my informed consent for the information to be shared as detailed above.</p> <p>Signed: _____</p> <p>Dated: _____</p> <p>Signed by: Parent/Guardian OR Authorised Representative on behalf of: - please print)</p> <hr/> <p>(Print Parent/Guardian Name)</p> <p>Witnessed by: Signed: _____ (OSHC Professional) Dated: _____</p> <p>Name: _____ (OSHC Professional) Position: _____</p>	<p>PRIVACY CONSENT</p> <p>Verbal Parent/Guardian Consent: Professional Use ONLY Verbal Consent should only be used where it is not practicable to obtain written consent. Pakenham Consolidated uses the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with other government agencies, funding agencies and administrators for operational purposes only. I have discussed with the Parent/Guardian or authorised representative how and why certain information about the Parent/Carer or their child may be shared with other services providers. I understand this and I give my informed consent for the information to be shared as detailed above.</p> <p>Signed: _____ (OSHC Professional) Dated: _____</p> <p>Name: _____ (OSHC Professional – please print)</p> <p>Position: _____</p> <p>Behaviour Our service aims to develop a secure, caring and stimulating environment to develop self-esteem and encourage positive interactions and cooperation. Children are expected to display an appropriate level of behaviour at all times. Our educators encourage positive behaviour and give clear, consistent guidelines to children about behavioural expectations. Parents are asked to support this approach by reinforcing this policy. Under extreme circumstances, children may be excluded from part of or the entire program.</p>
--	---

To ensure the Parent/Guardian’s authorised representative is able to make an informed decision about consent to the sharing of information as detailed above, the educator/worker/practitioner should: (tick when completed)

1. Discuss with the Parent/Guardian the proposed sharing of information with other services/agencies
2. Explain that the Parent/Guardian’s information will only be shared with these services if the consumer has agreed and when referring advice that referral for service can still process of the Parent/Guardian does not want information disclosed
3. Provide the Parent/Guardian with information about privacy, such as the brochure” Your information – It’s Private”
4. Provide the Parent/Guardian with a copy of this form if requested once completed

MULTI MEDIA CONSENT

At Pakenham Consolidated OSHC we celebrate all of our children’s milestones and participation in events. As we are following the interest of your child and implementing an emerging curriculum as an education base, we are required to photograph your child along with other mediums that are combined to complete your child’s portfolio. In order for us to do this at a high standard we or other government agencies require your permission to photograph your child on a regular basis.

Photographs will be used for the following:

- Group or individual photos which might be used in their own or other children’s portfolios (no information about your child will be mentioned in another child’s portfolio)
- General display inside the centres premises
- For display inside the centres premises
- For display in the kitchen staff room for identifying children with allergies etc
- The information Privacy Act 2000 requires the centre to obtain the consent of parent/s for the use of their child’s images/work on the centre’s website or in the media. By signing below, consent is given for permission for your child’s image/work being published on the centre website/in the media
- Your child’s photograph may also be used when we invite local press to centre events; they are expected to follow centre policy on the publication of photographs of children. When a story is about an individual achievement we will always seek your consent before passing information or photographs to the press for publication. Unless a story features an individual child, only group photos are published and are only identified by first name and year only.

Do you give your child permission to watch staff approved PG movies/videos while attending the OSHC program? YES NO

_____ (Printed Name of Parent/Guardian) _____ (Signature of Parent/Guardian) _____ (Date)

Thank you for taking the time to complete this Enrolment form. We understand that the information you have provided is confidential and will be treated as such, but the details are required to enable staff to properly enrol your child at our Centre.

I certify that the information contained within this form is correct

Signature of Parent/Guardian: _____ Date ____/____/20__

Signature of Parent/Guardian: _____ Date ____/____/20__

Additional Information: Please add any additional information about your child/ren you feel will assist our educators to provide the best possible care for them.

Additional Information: Please add any additional information about your child/ren you feel will assist our educators to provide the best possible care for them.