Enrolment Year:

Date:

Out of School Hours Care

ENROLMENT INFORMATION— **Enrolment will commence when you receive confirmation email of your start date.**	Computer Generated Child ID:

CHILD DETAILS

PERSONAL DETAILS OF CHILD

	Surname:
First Given Name:	
Second Given Name:	
Preferred Name (if applicable):	
❖Gender (tick): ☐ Male ☐ Female	❖ Birth Date: (dd-mm-yyyy) _____ / _____ / _____
Birth Certificate Supplied: ☐ Yes ☐No	
Address: No. & Street: or PO Box	
Suburb:	Postcode:
❖Country of Birth:	
❖Does the Child speak a language other than English at home? **(tick)** ☐ No, English only ☐ Yes* (please specify): _____ * If more than one language is spoken at home, indicate the one that is spoken most often	
❖Is the Child of Aboriginal or Torres Strait Islander origin? **(tick one)** ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal & Torres Strait Islander	
❖ What is the child's living arrangements? **# (tick one):** ☐ At home with TWO Parents/Guardians ☐ At home with ONE Parent/Guardian	

CHILD CARE BENEFIT (fee reductions) please contact the Family Assistance Office on 13 61 50 or call into 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 details below.

Child CRN:	Parent 1 CRN:	Parent 2 CRN:

DAYS REQUIRED

OHSC Opening Hours 7am – 6pm				
☐ **MONDAY**	**BSC**	**ASC**		
☐ **TUESDAY**	BSC	**ASC**		
☐ **WEDNESDAY**	BSC	**ASC**		
☐ **THURSDAY**	BSC	**ASC**		
☐ **FRIDAY**	BSC	**ASC**		

FAMILY DETAILS

PARENT/CARER DETAILS:

PARENT/CARER 1: The parent who is registered for child care benefit and tax purposes			
Title: (Miss Mrs Ms Mr)	Surname:		
First Given Name:			
Address: No. & Street: or PO Box			
Suburb:		Postcode:	
Telephone Number:		Silent Number: (tick)	☐ Yes ☐ No
Mobile Number:		Work Number:	
Email Address:		Visa Number: (if applicable)	
Birth Date: (dd-mm-yyyy) _____/_____/_____		❖Country of Birth:	
❖ Language spoken at Home:		❖ Do you need an interpreter? ☐ Yes ☐ No If yes, what language?	
Occupation :		Work Days:	
Work Address: No. & Street: or PO Box			
Suburb:		Postcode:	
Relationship to Child:	☐ Mother/Father ☐ Step-Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other: _____		
PARENT/CARER 2:			
Title: (Miss Mrs Ms Mr)	Surname:		
First Given Name:			
Address: No. & Street: or PO Box			
Suburb:		Postcode:	
Telephone Number:		Silent Number: (tick)	☐ Yes ☐ No
Mobile Number:		Work Number:	
Email Address:		Visa Number: (if applicable)	
Birth Date: (dd-mm-yyyy) _____/_____/_____		❖Country of Birth:	
❖ Language spoken at Home:		❖ Do you need an interpreter? ☐ Yes ☐ No If yes, what language?	
Occupation :		Work Days:	
Work Address: No. & street: or PO Box			
Suburb:		Postcode:	
Relationship to Child:	☐Mother/Father ☐ Step-Parent ☐ Adoptive Parent ☐ Foster Parent ☐ Other: _____		

ALTERNATIVE PERSON/S AUTHORISED FOR; COLLECTION, EMERGENCY, MEDICATION Please tick

Your consent is required for other people to collect your child, to consent to medical treatment or administration of medication at Hillsmeade Early Learning Centre 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. In the event that the child is not collected from Hillsmeade Early Learning Centre and the parent/s or carer cannot be contacted, this list will also be used to arrange someone to collect your child.

	Name (Authorised contacts other than parents/carer)	Relationship to child (Grandparent, Aunt, Neighbour or Friend)	Address	Telephone Contact	Collection ✓	Emergency ✓	Medication ✓
1							
2							
3							

I hereby authorise these contacts to collect my child
Signature_____ Date_____

CHILD RESTRICTION DETAILS

Is the Child at risk of harm?	☐ Yes	☐ No		
Is there an Access/Custody Alert for the Child?	☐ Yes	☐ No		
Access Type: (tick)	☐ Court Order	☐ Family Law Order	☐ Restraining Order	☐ Other
Please attach all documentation to this enrolment regarding any Access/Custody issues.				
Describe any Access Restriction:				

FAMILY & CULTURAL INFORMATION

❖ **This question is asked as a requirement of the Commonwealth Government. All schools across Australia will be required to collect the same information**

OTHER SIBLINGS/FAMILY MEMBERS ATTENDING HILLSMEADE PRIMARY SCHOOL

Siblings Name:	Siblings Name:

Are there any Cultural/Religious beliefs that we should be aware of while your child is at Hillsmeade OHSC?

☐ No ☐ Yes If **Yes** please specify: ……

Does your child have any religious, cultural, medical or other dietary restriction?

☐ No ☐ Yes If **Yes** please specify: ……

……

……

Is your child allowed to celebrate in all festivals/celebrations?

☐ Yes ☐ No **If No** please specify……

Does your child's family, grandparents or any other relatives 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?

(E.g. painting, dance, festival dates) ……

……

HEALTH

FAMILY DOCTOR DETAILS:

Doctor's Name:		☐ Individual	☐ Group
Full Address:			
Phone Number:	Fax Number:		
Maternal & Child Health (MCH) Centre:		Health Care Card	☐ Yes ☐ No
Does the family have a current Ambulance Subscription: (tick)		☐ Yes	☐ No
Medicare Number:	___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___		

CHILD MEDICAL AND IMMUNISATION DETAILS

MEDICAL CONDITION DETAILS:

Does the child suffer from any of the following impairments? (tick)	Hearing:	☐ Yes	☐ No	Vision	☐ Yes	☐ No
	Speech:	☐ Yes	☐ No	Mobility:	☐ Yes	☐ No

IMMUNISATION DETAILS OF CHILD

What is the child's Immunisation Status: (tick) Please attach a copy of the Immunisation Certificate	☐ Complete Immunisation	☐ Partial Immunisation	☐ Not Immunised

ASTHMA MEDICAL CONDITION DETAILS:

Does the child suffer from Asthma? ** (tick)	☐ Yes	☐ 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) ☐ Cough ☐ Difficulty Breathing ☐ Wheeze ☐ Exhibits symptoms after exertion ☐ Tight Chest	If my child displays any of these symptoms please: (tick) Inform Doctor Inform Emergency Contact Administer Medication Other Medical Action If yes, please specify:	☐ Yes ☐ Yes ☐ Yes ☐ Yes	☐ No ☐ No ☐ No ☐ No
You are required to supply the Education and Care services Asthma Management Plan completed with your doctor to the Centre. This must be supplied before enrolment can commence. Then a risk minimisation plan will be completed in consultation with you and your child's educator.			
Name of medication taken:	This is to be supplied at time of commencement		
Is the medication taken regularly by the child (preventive) or only in response to symptoms? (tick)	☐ Preventative	☐ Response	
Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:		
Medication is usually administered by: (tick)	☐ Child	☐ First Aid	☐ Teacher ☐ Other

Medication is stored: (tick)	☐ with Child	☐ with First Aid	☐ Elsewhere

OTHER MEDICAL CONDITIONS

Has your child been diagnosed as at risk of anaphylaxis?
☐ No
☐ Yes (Specify): If yes please provide details of any medical plan, anaphylaxis medical management plan, or risk minimisations 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 condition please attach further details to this enrolment)
☐ No
☐ Yes (Specify):

Symptoms:

If my child displays any of the symptoms above please: (tick)

Inform Doctor	☐ Yes	☐ No	Inform Emergency Contact	☐ Yes	☐ No
Administer Medication	☐ Yes	☐ No	Other Medical Action	☐ Yes	☐ No

If yes, please specify:

Medication taken? ☐ No ☐ Yes - Name of Medication:

Is the medication taken regularly by the child (preventive) or only in response to symptoms? (tick) ☐ Preventative ☐ Response

Indicate the usual dosage of medication taken:	Indicate how frequently the medication is taken:

Medication is usually administered by: (tick) ☐ Child ☐ First Aid ☐ Teacher ☐ Other

Is a reminder required for the Child to take their medication? (tick) ☐ Yes ☐ No

Medication is stored: (tick) ☐ with Child ☐with First Aid ☐ Elsewhere

Please indicate any side effects of any medication that we should be aware of :

CONSENTS/PERMISSION

MEDICAL CONSENT

In the event of illness or injury to my child whilst at Hillsmeade OHSC, on an excursion, or travelling to or from the school; I authorise the Director, 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 Director, or his/her designated representative may judge to be reasonably necessary.
- consent for administration of paracetamol if required. ☐ Yes ☐ No

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

GENERAL CONSENT

GENERAL CONSENT FOR HILLSMEADE OHSC ACTIVITIES

I give 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 Department of Education and Early Childhood Development.
- to have contact with Animals and Insects that may take place on local excursions.
- for my child to have their head checked for head lice randomly or as required. I understand the school will take all available measures to maintain the health and hygiene of children and staff attending the Hillsmeade OHSC.
- If you do not want any of the following products used on your child if required please tick

☐ facepaint ☐ Saline Solution ☐ Bandaids

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

PRIVACY CONSENT

MULTI MEDIA CONSENT

At Hillsmeade OHSC we celebrate all 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 may be required to photograph your child along with other mediums. In order for us to do this at a high standard we or other government agencies/ (or City of Casey) require your permission to photograph your child. Photographs will be used for the following :

- group or individual photos.
- general display inside the school's premises
- for display in the kitchen or staff room for identifying children with allergies etc.
- in different media such as newsletters, pamphlets etc.
- the Information Privacy Act 2000 requires the school to obtain the consent of parent/s for the use of their child's images/work on the school's website or in the media. By signing below, consent is given for permission for your child's image/work being published on the school website/in the media.
- your child's photograph may also be used when we invite local press to school events, they are expected to follow school 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.

_____ _____ _____

Printed Name of Parent/Guardian Signature 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 school.

I certify that the information contained within this form is correct.

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

Signature of Parent/Guardian: _____ Date: _____ / _____ / _____

Office Use Only

Child's Name and Birth Date proof sighted (tick)			☐ Yes	☐ No		Enrolment Date:					
CRN for Child	☐ Yes	☐ No	**CRN for Parent**		☐ Yes	☐ No	Inform Room when child starting	☐ Yes	Date:		
Website Permission: ☐ Yes ☐ No			General Photo Permission: ☐ Yes ☐ No								
Immunisation Certificate received?: (tick)			☐ Complete	☐ Not sighted		Birth Certificate received? (tick)	☐ Complete	☐ Not sighted			
Is there a Medical Alert for the Child? (tick)			☐ Yes	☐ No							
Does the student have a Disability ID Number? (tick)			☐ No	☐ Yes	Disability ID No.:						
Court Order on file (if applicable			☐ Yes	☐ N/A	☐ Pending						
Parent Handbook	☐ Yes	☐ No			New Enrolment Checklist	☐ Yes	☐ No				
Asthma Plan provided Yes/No											