



Amberley O.S.H.C.

Enrolment Form APRIL 09

All information on this form will be treated as STRICTLY CONFIDENTIAL.
Where necessary, documents to verify the below information will be asked to be sighted by the Coordinator.

Parent/Guardian Details

Mother/Guardian 1

Name: _____

Address: _____

Date of Birth: _____ Email: _____

Phone (h): _____ (w): _____ (m): _____

Work Place: _____ Occupation: _____

Address: _____

Main Language Spoken at Home: _____ Nationality: _____

Permission to Collect: Y / N

Family CRN Number _____

Father/Guardian 2

Name _____

Address: _____

Date of Birth: _____ Email: _____

Phone (h): _____ (w): _____ (m): _____

Work Place: _____ Occupation: _____

Address: _____

Main Language Spoken at Home: _____ Nationality: _____

Permission to Collect: Y / N

Additional information that you think is useful for Amberley O.S.H.C. to know?

Emergency/ Authorised to Collect Contacts

Contact 1

Name: _____

Address: _____

Phone (h): _____ (w): _____ (m): _____

Relationship: _____

Contact 2

Name: _____

Address: _____

Phone (h): _____ (w): _____ (m): _____

Relationship: _____

Contact 3

Name: _____

Address: _____

Phone
(h): _____ (w): _____ (m): _____

Relationship: _____

Custody rights

Who has legal custody of the child/ren?: _____

Are there any Court orders?: _____ Copy provided: _____

Is anyone legally denied access to child/ren?: _____

Please list any other special family circumstances, emotional concerns or considerations?

Children Booking Form

CHILD'S FULL NAME:	CHILD'S CRN No. _____
ADDRESS:	
DATE OF BIRTH: / / MALE/ FEMALE NATIONALITY:	
GRADE:	RELIGION:
MAIN LANGUAGE SPOKEN:	
CULTURAL BACKGROUND:	
OFFICE USE ONLY: GROUP SIGN IN SHEET ENTERED	

ATTENDANCE DETAILS					
Date of First Attendance / /			Age at first attendance Yrs months		
Type of Care (Please tick)	MON	TUES	WED	THURS	FRI
Before School Care					
After School Care					
Vacation Care					
CHILD CARE BENEFIT DETAILS					
Have you contacted Centrelink to apply for Child Care Benefit? _____					
Do you have other children attending different child care services? _____					
If yes, how many other children attend other services? _____. Please list their christian names					

FURTHER INFORMATION	
Does your child have any special requirements with regards to your CULTURE or RELIGION?	
If your child has a DISABILITY or any SPECIAL NEEDS, give a brief description.	
MEDICAL HISTORY, including any recent injuries, illnesses or ongoing medical conditions. Severity PLEASE CIRCLE	CONDITION: MILD MODERATE SEVERE
Does your child suffer from any ALLERGIES/ SEIZURES/ ASTHMA? Severity – please circle	CONDITION: MILD MODERATE SEVERE
Does your child have any SPECIAL DIETARY REQUIREMENTS?	
Family DOCTOR	Name: Phone Number:
Medicare Number?	

Consent Statement

- I hereby apply for enrolment of my child/ren at Amberley O.S.H.C.
- I agree that students of Childhood studies may observe my child for training purposes. However, if questioning or testing of the child is to be taken I understand that my permission will be sought beforehand.
- I consent to my child/ren to participate in the program.
- I understand that a separate permission form will need to be signed for each excursion or activity for which consent is required.
- I acknowledge that it is my responsibility as a parent/carer to advise the centre if my child/ren will be absent from a booked session.
- I acknowledge that the Centre will not accept responsibility unless a parent/carer signs in children attending.
- I acknowledge that it is my responsibility to apply for Child Care Benefit and advise Centrelink of the Service my child is attending.
- I understand that I must notify in writing if a person, who is not authorised as a person to collect my child, will be collecting my child.
- I agree fees are to be paid fortnightly, unless otherwise agreed by Management/Coordinator.
- I acknowledge that if my child/ren is/are not collected from Amberley O.S.H.C. by closing time that I will incur a late fee penalty as per specified in the policy/parent handbook.
- I understand that unacceptable behaviour of my child/ren may result in a warning, and may eventually lead to cancellation of enrolment.
- I have read the Parent Handbook and agree to all policies.
- I understand that I am financially responsible for any wilful damage of equipment or property by my child/ren
- I agree that all medicine whether prescribed or non-prescribed is to be administered by staff and that I will fill out a form giving details of dosage/times and so forth.
- I agree that in the event of a sudden illness or accident, if I or the emergency contact, cannot be contacted the Coordinator in charge shall have the discretionary power to seek immediate medical attention. In the event of my child receiving injuries requiring urgent medical treatment, I agree to pay all medical costs incurred on behalf of my child/ren.
- I understand that the centre will notify me immediately if my child is sick, and I will arrange for the child/ren to be picked up from the centre immediately.
- I agree to keep my child home when suffering from a bad cold or other infectious or contagious illness for the period of time recommended by a doctor.
- I understand that the same rules that apply at Amberley State School apply to the children attending Amberley O.S.H.C. If the children chose to disrupt the enjoyment or participation of others you as the parent/guardian will be phoned. If the child disrupts after this warning the parent/guardian will be called to come and collect the child. If the child continues to disrupt this may lead to the suspension or exclusion from the program.
- If the Co-Ordinator has called and asked me to collect my child due to behavioural problems, I will promptly arrive and remove my child from the centre. I understand if I refuse to collect my child, and the Staff and other children are at risk, the Police may be called to remove my child from the Centre.
- Regulations state that absences must be recorded. If a child uses more than the allowed number per calendar year Child Care Benefit cannot be claimed and full fees will apply. Any sick days that are verified by a doctor's certificate are not counted toward your allowable Absences.
- The Department of Health and Family Services sets down a priority listing for access to child care. The priorities are:
 1. Parents working or studying.
 2. Child/parent with a disability
 3. Child at risk
 4. Parent's at home.There may be times when your care is altered to accommodate these situations.
- I agree that in the case of an extreme emergency, Staff may call on a parent that is present, to help remove and isolate my child if at risk, or if my child is violent and threatening. This would be undertaken to ensure the safety of my child and that of the other children attending the centre.
- I give permission for my child/ren's photo to be taken and placed on our WEBPAGE, our computers and used for public display e.g. on our noticeboard, newspapers.

Name Date Signature

Name Date Signature

ALLERGY FORM

DATE: _____

NAME	
ALLERGY	
SEVERITY	<u>(Please circle)</u> MILD MODERATE SEVERE
WHAT TO DO IN CASE OF ALLERGIC REACTION (PLEASE LIST STEPS)	
CONTACT NUMBERS	
DOCTOR'S NUMBER	

Signed: _____

Date: _____

ASTHMA PLAN

Date: _____

Name: _____

Plan:

Signed:
