

# Amberley O.S.H.C. Enrolment Application Form



An interview will be required prior to this application being accepted.

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: (Mr Mrs Ms Miss) \_\_\_\_\_

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 (Please circle)  
Mother \_\_\_\_\_ or Father \_\_\_\_\_

### Father/Guardian 2

Name (Mr Mrs Ms Miss) \_\_\_\_\_

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 (Mr Mrs Ms Miss) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (m): \_\_\_\_\_

Relationship: \_\_\_\_\_

## Contact 2

Name (Mr Mrs Ms Miss) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (h): \_\_\_\_\_ (w): \_\_\_\_\_ (m): \_\_\_\_\_

Relationship: \_\_\_\_\_

## Contact 3

Name (Mr Mrs Ms Miss) \_\_\_\_\_

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

<b>CHILD'S FULL NAME:</b> _____		<b>CHILD'S CRN No.</b> _____	
<b>ADDRESS:</b> _____			
<b>SCHOOL ATTENDING:</b> _____			
<b>DATE OF BIRTH:</b> /     /		<b>MALE/ FEMALE    NATIONALITY:</b>	
<b>GRADE:</b>		<b>RELIGION:</b>	<b>MAIN LANGUAGE SPOKEN:</b>
<b>CULTURAL BACKGROUND:</b>			
OFFICE USE ONLY:    GROUP            SIGN IN SHEET            ENTERED			
<b>CHILD CARE BENEFIT DETAILS</b>			
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			
Is your child of Aboriginal or Torres Strait Islander origin?			
<input type="radio"/> No <input type="radio"/> Yes, Aboriginal <input type="radio"/> Yes, Torres Strait Islander			
<b>FURTHER INFORMATION</b>			
Does your child have any special requirements with regards to your CULTURE or RELIGION?			
If your child has a DISABILITY/ BEHAVIOURAL CONCERNS WE NEED TO BE AWARE OF or any ADDITIONAL 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 Severity – please circle		CONDITION: MILD                      MODERATE                      SEVERE	
Does your child suffer from any / ASTHMA/ SEIZURES 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 will be required to attend an interview prior to my enrolment being accepted.
- I hereby apply for enrolment of my child/ren at Amberley O.S.H.C.
- I understand that completing this enrolment application does not guarantee a place for my child/children.
- I understand that not giving all relevant information about my child which could lead to the centre not being able to meet the child's needs or compromise the duty of care to other children, may result in their enrolment being terminated.
- 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 excursions and incursions 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 and statements.
- 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 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.
- If my child becomes ill and I refuse to pick up my child or arrange alternative pickup, I understand that my enrolment can be cancelled.

- 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 agree for my child/children to have Calamine Lotion or Stingose applied if necessary.
- I agree to the administration of life saving medication (e.g. EpiPen or Ventolin), if necessary, in the case of an anaphylaxis or asthma emergency.
- I understand that the same rules that apply at Amberley District State School apply to the children attending Amberley O.S.H.C. If your child chooses to disrupt the enjoyment or participation of others, you as the parent/guardian will be phoned. If your child disrupts after this warning the parent/guardian will be called to collect the child. If your child continues to disrupt this may lead to the suspension or exclusion from the program.
- If a supervisor 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 allowable 42 days 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 after the 42 days have been recorded.
- The Amberley OSHC priority listing for access to childcare is as listed:
  1. Children at risk of series abuse or neglect.
  2. Amberley District State School Children
  3. Siblings of children already enrolled.
  4. Single or both parents working, studying or training.
  5. Other families.
- 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 computers and used for public display e.g. on our noticeboard, newspapers, electronic noticeboards.
- I have read and accept the fees policies and procedures.

Child/ren's Names:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Name  Date  Signature

Name  Date  Signature

# ALLERGY FORM

Name: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**ASTHMA PLAN**  
**IF ASTHMA IS MODERATE OR SEVERE A WRITTEN**  
**DOCTOR'S PLAN MUST BE ATTACHED.**

Name: \_\_\_\_\_

Plan:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# ADDITIONAL NEEDS PLAN

Name: \_\_\_\_\_

Plan:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_





# About Me Information Sheet

Amberley O.S.H.C.  
37 Deebling Creek Road  
Yamanto 4305

<b>CHILD'S FULL NAME:</b>
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Email: [oambe1@amberleydistrictss.eq.edu.au](mailto:oambe1@amberleydistrictss.eq.edu.au)  
Phone: 07 3280 3194

<b>DATE OF BIRTH:</b> /     /
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Because each child is unique we would like to know what is special to you and your child to better help us understand the family in the early days of our association with you.

<b>My favourite things to do is</b>	
<b>I really enjoy playing with</b>	
<b>My brother's and sister's names are</b>	
<b>My best friends are</b>	
<b>I have some pets at home. They are</b>	
<b>I have special names for some of my family. They are</b>	
<b>There is something else I would like you to know about me and that is</b>	