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# ENROLMENT FORM

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| **DETAILS OF CHILD**    First Name…………………………………………………………………………………………………..............................................  Preferred First Name ……………………………………………………………………………………...........................................  Surname…………………………………………………………………………………………………..................................................  Please indicate if you child resides at more than one address:  Child Address 1-………………………………………………………………………………………………………………………………………  Child Address: 2- ……………………………………………………………………………………………………………………………………  Male Female (please circle)  Date of Birth……………………………...........................  **Child CRN number**………………………………………………………  (Please ensure you have registered your child for Child Care Subsidy through MyGov prior to starting care to receive any entitlements from FAO)  Languages spoken…..............……………………....……Main language spoken………..................……………………….  Child’s Cultural Background ………………………………………………………………………………………………………………….  Is this child Aboriginal or Torres Strait Islander? YES NO  School……………………………………………………………………………………………………...................................................  Grade………………………………..................................Teacher……………………......................................................  Names of other Siblings at St Monicas …………………………………………………………………………………………………..  Date of enrolment at OSHC ………………………………………………………………………………  **MEDICAL INFORMATION**  *If you are filling out part of this medical information, please read our attached Medical Condition Policy and then sign the letter stating you have received and read this.*    Does your child have any special medical needs? YES NO  If yes please provide details of any special needs and any management procedure to be followed with  respect to the special need. …………………………………………………………………………………………………………………  How would you describe your child’s health?..............................................................................................  Is he/she under any medical treatment?....................................................................................................  Has he/she had any history of major illness? Please give details…………………………………………...............................  **Allergies**  Known Allergies/Intolerances …………………………………………………………………………………………………………...... …………………………………………………………………………………………………................................................…………….  Diagnosed Medical Conditions (please provide supporting documentation) ………………………………………………………………………………………...........................................................................  Medical Plan……………………………………………………………………………………………...............................................…  Other………………………………………………………………………………………………………..................................................  **Asthma**  YES NO (please circle)  Asthma Medication/Treatment………………………………………………………………………….......................................  Do you have an Asthma Plan? YES NO (please circle) (*PLEASE ATTATCH ASTHMA PLAN)*  Are there any known triggers?.....................................................................................................................  …………………………………………………………....................................................…………………………………………………..    **Anaphylaxis**  Has your child been diagnosed at risk of anaphylaxis? YES NO (please circle)  Does your child have an auto injection device (eg EpiPen)? YES NO (please circle)  Has the anaphylaxis management plan been provided to the service? YES NO  Has a risk management plan been completed by the service in consultation with you? YES NO (circle)  In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form.  More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)  Does your child have any dietary restrictions? YES NO  If yes, the following restrictions apply:  ......................................................................................................................................................................  ......................................................................................................................................................................  **IMMUNISATION**  Has your child been immunised? YES NO (please circle)  Does your child have a health record? YES NO (please circle)    If yes, please provide a copy of this Immunisation History with this enrolment form.  (Child health record means a record that documents a child’s health and development assessments and immunisations.) | | |
| **1. DETAILS OF PRIMARY PARENT/GUARDIAN**  **PRIMARY ACCOUNT HOLDER**  Name…………………………………………….........................  Address…………………………………………........................  ……………………………………………………..........................  Telephone (Home)………………………………..................  (Work)………………………………...................  (Mobile)……………………………...................  Date of Birth……………………………………......................  Gender ……………………………………  Relationship to child ……………………………………………  Is this Parent/Guardian Aboriginal or Torres Strait Islander? YES NO  **Parent CRN Number**….………………………...................  **This child must be linked to this parent through FAO.**  (Please ensure you have registered your child for Child Care Subsidy through MyGov prior to starting care to receive any entitlements from FAO)  Employer………………………………………….....................  Occupation………………………………………..................... Languages spoken ……………………………………………….  Does the child live with this parent/guardian? YES/NO  **Email address……………………………………………………….**  **(accounts will be forwarded to this address)** | **2. DETAILS OF PARENT/GUARDIAN**  Name…………………………………………….........................  Address…………………………………………........................  ……………………………………………………..........................  Telephone (Home)………………………………..................  (Work)………………………………...................  (Mobile)……………………………...................  Date of Birth……………………………………......................  Gender …………………………………..  Relationship to child …………………………………………..  Is this Parent/Guardian Aboriginal or Torres Strait Islander? YES NO  Can this person be listed as an Emergency contact? (In case of accident or injury, trauma or illness when parents/guardians are not available or In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted) YES NO (please circle)  Can this person be listed as an Authorised Person (includes authorisation to consent to medical treatment, administration of medication & able to authorise an educator to take the child outside the education & care premises)? YES NO (please circle)  Employer…………………………………………......................  Occupation………………………………………......................  Languages spoken………………………………...................  Does the child live with this parent/guardian? YES/NO | |
| **OTHER RESIDENCY ARRANGEMENTS**  Name…………………………………………….........................  Relationship to child……………………………………………  Address…………………………………………........................ …………………………………………………….......................... | | Telephone (Home)………………………………..................  (Work)………………………………...................  (Mobile)……………………………................... |

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| **CIRCLE THE DAYS/SESSIONS REQUESTED:**    **BEFORE SCHOOL CARE:**  MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY  **AFTER SCHOOL CARE:**  MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY |

## FAMILY DOCTOR

Doctor’s Name………………………………………………………..............................Phone………...............…………………..

Name of Practice………………………………………………………………………………………….............................................

Address…………………………………………………………………………………………………….................................................

Medicare Number…………………………………………………………………………………………...........................................

Do you have Private Medical Insurance? ……………………………………………………………..................................... Do you subscribe to an Ambulance Service? **YES NO** If yes, please state the Ambulance Subscription

Number and Category .................................................................................................................................

## OTHER INFORMATION

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information, behavioural plan etc.

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| **CUSTODY DETAILS**  Are there special access/custody arrangements? YES NO (please circle)  If yes, please give details………………………………………………………………………………............................................  …………………………………………………………………………………………………………….....................................................  If a court order exists please provide this information to the Director   1. Bring the original court order/s for staff to sight and a copy to attach to the enrolment form 2. If these orders;    1. Change the powers of a parent/guardian to:    * authorise the taking of the child outside the service by a staff member of the service    * Consent to the medical treatment of the child    * Request or permit the administration of medication to the child    * Collect the child   AND/OR   * 1. Give these powers to someone else,   Please describe these changes and provide the contact details of any person given these powers:  …………………………………………………………………………………………………................................................................. ……………………………………………………………………………………………………………...................................................... |

**PERSONS (AGED 18 years & over) AUTHORISED TO COLLECT CHILDREN**

**(please list at least 1 person other than parents/guardians)**

**1.**

Full Name…………………………………………………………… Gender…………………………………….

Relationship to child…………….............................................

Address……………………………………………………………………………………………………..........................................

Mobile Ph……………………………………. Home Ph………………………………….. Work Ph…………………………………

Can this person be listed as an Emergency contact? (In case of accident or injury, trauma or illness when parents/guardians are not available or In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted) YES NO (please circle)

Can this person be listed as an Authorised Person (includes authorisation to consent to medical treatment, administration of medication & able to authorise an educator to take the child outside the education & care premises)? YES NO (please circle)

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2.

Full Name…………………………………………………………… Gender…………………………………….

Relationship to child…………….............................................

Address…………………………………………………………………………………………………….............................................

Mobile Ph……………………………………. Home Ph………………………………….. Work Ph…………………………………

Can this person be listed as an Emergency contact? (In case of accident or injury, trauma or illness when parents/guardians are not available or In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted) YES NO (please circle)

Can this person be listed as an Authorised Person (includes authorisation to consent to medical treatment, administration of medication & able to authorise an educator to take the child outside the education & care premises)? YES NO (please circle)

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3.

Full Name…………………………………………………………… Gender…………………………………….

Relationship to child…………….............................................

Address……………………………………………………………………………………………………..........................................

Mobile Ph……………………………………. Home Ph………………………………….. Work Ph…………………………………

Can this person be listed as an Emergency contact? (In case of accident or injury, trauma or illness when parents/guardians are not available or In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted) YES NO (please circle)

Can this person be listed as an Authorised Person (includes authorisation to consent to medical treatment, administration of medication & able to authorise an educator to take the child outside the education & care premises)? YES NO (please circle)

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| **DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**  I/We ……...................................................…………………………….................................………………………………………(Print full name/s)  Person/s with lawful authority of the child referred to in this enrolment form,   * Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information * Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service * Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service * Undertake to inform the staff of any absence of my child from the service * Accept full responsibility for my child’s belongings whilst attending the service   **PHOTOGRAPHIC CONSENT**  I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.  **YES NO**  I give permission for my child to be photographed and/or videotaped for media purposes  **YES NO**  **SUNSCREEN CONSENT**  I give permission for my child to have 50+ sunscreen applied as per our Sun Smart Policy. **YES NO**  **(If no, please ensure you provide your child with their own sunscreen)**  **POLICY AND PHILOSOPHY STATEMENT**  I agree to abide by all policy and philosophy guidelines of the service. **YES NO**  **PARENT/GUARDIAN SIGNATURE/S**………………………………….....………………………………........  **DATE** ………………………………………..  **PRIVACY NOTIFICATION**  **The (Service Name) uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.** |