Glossodia Community Centre OOSH
162 Golden Valley Drive, Glossodia, NSW, 2756
PHONE: 0467572165 / 0484289331
EMAIL: oosh@glossodiacc.org.au

Glossodia OOSH Enrolment Form

Please attach a passport size photo of your child here.

Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents/information are attached to this form before submission:

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents			

*Service name: **Glossodia Community Centre OOSH***	
*Address: **162 Golden Valley Drive, Glossodia***	
*Phone number: **0467 572 165***	*Email: **oosh@glossodiacc.org.au***

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Second given name	
Preferred first name			

Date of Birth		Gender	

Centrelink Reference Number (CRN) ***Please note:*** *Parent and child have their own individual CRN number*	

Child's home address	
Child normally lives with	

Primary School attending					
Child's Year Level & Teacher					
Days of attendance (Please circle):	Mon	Tue	Wed	Thurs.	Fri
Morning Session Required (Tick):					
Afternoon Session Required (Tick):					

Child's Start Date	

OFFICE USE ONLY	
Date Entered	Entered By

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
Does your child speak a language other than English at home? *(Please circle)* Yes / No	If yes, what language (s) other than English are spoken at home.
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

PRIMARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN):	

Please provide any relevant cultural background details	

Does the child normally live with you? (Please circle)	Yes / No

Occupation	

SECONDARY PARENT/GUARDIAN

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	

Please provide any relevant cultural background details	

Does the child live with you? (Please circle)	Yes / No

Occupation	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

Full Name			
Relationship to child			
Date Of Birth			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be collect/deliver your child from the education and care service? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give permission to authorise an educator to take your child outside the education and care service premises? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent to medical treatment for your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person permit transportation of your child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person request/permit medication to be given to your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
If you cannot be contacted, can this person be notified of any accident, injury, trauma or illness involving your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

Full Name			
Relationship to child			
Date Of Birth			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be collect/deliver your child from the education and care service? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give permission to authorise an educator to take your child outside the education and care service premises? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent to medical treatment for your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person permit transportation of your child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature	
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Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person request/permit medication to be given to your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
If you cannot be contacted, can this person be notified of any accident, injury, trauma or illness involving your child? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)		Yes / No	

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (e.g., nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
What is the expiry date of the adrenaline autoinjector?			Month / Year
Please be advised that in the case of an anaphylaxis or asthma emergency, the Nominated Supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent 1 Signature:		
	Parent 2 Signature:		

Education and Care Services National Regulations - Regulation 94.	

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS

(ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition			
Has a doctor diagnosed this condition?			Yes/No
Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan)			Yes/No
If yes, is this plan attached?			Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)			Yes/No
If yes, is this plan attached?			Yes/No
Does your child take any prescribed regular medication for this condition?			Yes/No
Medication Name/s			
REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION			
Do you agree to your child independently self-administer their own medication? *Education and Care Services National Regulations - Regulation 96.*	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).			
Doctor's name			
Medical Centre		Phone Number	

Signature		Date	

Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.

Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.

Medication agreement		
Medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s *Education and Care Services National Regulations Regulation, 95* Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our *Administration of Authorised Medication* form. *Education and Care Services National Regulations Regulation 93*	Parent 1 Signature:	
	Parent 2 Signature:	

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)

Immunisation Status of Child at enrolment		
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes/ No	Attached

AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes/ No	Attached
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes/ No	Attached

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

	Please provide any relevant information
Does your child have any problems with hearing, sight or speech? ☐ Hearing ☐ Sight ☐ Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	

Is this the first time your child has been in care? If *yes,* please indicate the type of early education and care your child has experienced.	

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°c or higher as per *Incident, Injury, Trauma and Illness Policy?* Your child must still be collected from the service and an *Administration of Medication Record* signed.	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Health and Safety

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise educators to apply SPF30+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise educators to apply Band-Aids or sticking plasters when necessary	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Photography and Video

We/I agree for photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used for student training purposes (photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
We/I agree for photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4), 102D (4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: • regular outings (once every twelve months) • an excursion that is not a regular outing	
Parent 1 Signature:	
Parent 2 Signature:	

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

Please tick box to confirm you have read each point:

❑ I agree to inform the Service in writing immediately of any changes to the above information.

❑ I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.

❑ I agree to keep my fees paid up to date as per *Payment of Fees Policy* and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.

❑ If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been

collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.

❑ I agree to pay a late fee of $1 for every minute late after closing time. In the event that a child is left at the Service after the scheduled closing time, staff will attempt to contact parents and emergency contacts/ authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.

❑ I agree to provide two weeks written notice to withdraw my child or reduce booked days.

❑ I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.

❑ I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

❑ I give permission for my child to be involved with leisure activities offered at the OSHC Service.

❑ I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the staff office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.

❑ I am interested in being a part of a Management Committee that meets monthly. The Management Committee strongly encourages, and will warmly welcome, OOSH parents to become members of the Centre.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.