

Gilson College OSHC

Enrolment Form 2017

Please ensure all details are completed and a copy of any medical or management plans are given to the OSHC program. It is also essential that this information is updated as soon as possible to ensure that we have the most current information if we need to contact you.

Parent Checklist

- All areas of form completed fully and accurately
- Immunisation record handed into the service
- Up to date medical action plan handed into the service (if required)
- Custody order information given (if required)

Mother or Guardian 1

Title ____ Given Name's _____ Surname _____

Other Former Names _____ Date of birth ____/____/____

Centrelink Customer Reference Number (CRN) ____ / ____ / ____ / ____

Residential Address _____

Postal Address (if different to above) _____

Mobile Phone _____ Home Phone (____) _____ Work Phone (____) _____

Email Address _____ Place of employment/study _____

Occupation _____ Country of birth _____

Primary Language _____ Language spoken at home _____

Father or Guardian 2

Title ____ Given Name's _____ Surname _____

Other Former Names _____ Date of birth ____/____/____

Centrelink Customer Reference Number (CRN) ____ / ____ / ____ / ____

Residential Address _____

Postal Address (if different to above) _____

Mobile Phone _____ Home Phone (____) _____ Work Phone (____) _____

Email Address _____ Place of employment/study _____

Occupation _____ Country of birth _____

Primary Language _____ Language spoken at home _____

Who is the registered nominee for Centrelink?

Mother

Father

What is your preferred email address for correspondence?

Mothers

Fathers

Staff Only Checklist

Date data entry ____ / ____ / ____ Extra information required _____ \$10 Registration Fee

Children's Details

Child 1

Given Names _____ Surname _____

Gender M/F Date of birth ___/___/___ Class ___ CRN ___/___/___/___

Indigenous Origin Aboriginal Torres Strait Islander Both None

Child 2

Given Names _____ Surname _____

Gender M/F Date of birth ___/___/___ Class ___ CRN ___/___/___/___

Indigenous Origin Aboriginal Torres Strait Islander Both None

Child 3

Given Names _____ Surname _____

Gender M/F Date of birth ___/___/___ Class ___ CRN ___/___/___/___

Indigenous Origin Aboriginal Torres Strait Islander Both None

Siblings

Do the children have siblings attending care under school age? **Yes No**

Names and DOB of younger than school aged siblings (for the Christmas party)

Name _____ DOB ___/___/___ Name _____ DOB ___/___/___

Name _____ DOB ___/___/___ Name _____ DOB ___/___/___

Cultural Information

Does the child(ren) speak another language at home? **Yes No**

Language _____ Child(ren)'s country of birth _____

Cultural or religious practices the service should be aware of (diet, routines etc.)

Custody Information

The services requires up to date information of custody orders to ensure the safety of the children as listed in the Educational and Care Services National Regulations, Regulation 157.

Does the child live with the Mother Father Both Other _____

Are their any legal details the service should be aware of? **Yes No**

Custody orders or legal details (If required) _____

Children's Medical Details

Child 1

Medicare Number _____ - _____ - ____

Ambulance Subscription **Yes** **No** Private Health Cover **Yes** **No**

Name of Doctor _____ Contact Number _____

Address _____

Has the child been immunised? **Yes** **No**

Child 2

Medicare Number _____ - _____ - ____

Ambulance Subscription **Yes** **No** Private Health Cover **Yes** **No**

Doctors details same as child 1 **Yes** **No** If no please complete doctors details

Name of Doctor _____ Contact Number _____

Address _____

Has the child been immunised? **Yes** **No**

Child 3

Medicare Number _____ - _____ - ____

Ambulance Subscription **Yes** **No** Private Health Cover **Yes** **No**

Doctors details same as child 1 **Yes** **No** If no please complete doctors details

Name of Doctor _____ Contact Number _____

Address _____

Has the child been immunised? **Yes** **No**

Is the child(ren) diagnosed as at risk of anaphylaxis?	Child 1	Child 2	Child 3	No
Does the child(ren) have an auto injection device? (Epi pen or Epi Pen Jnr)	Child 1	Child 2	Child 3	No
Does the child(ren) have any allergies or sensitivities?	Child 1	Child 2	Child 3	No
Is the child(ren) diagnosed as at risk of asthma?	Child 1	Child 2	Child 3	No
Has the child(ren) been prescribed with asthma medication?	Child 1	Child 2	Child 3	No
Does the child(ren) have eczema?	Child 1	Child 2	Child 3	No
Anaphylaxis, allergy and/or asthma details _____				

Children's Needs

Specialists

Specialist the child(ren) sees on a regular basis

Profession _____ Specialist name _____

Contact number _____ Child **1** **2** **3**

Profession _____ Specialist name _____

Contact number _____ Child **1** **2** **3**

Profession _____ Specialist name _____

Contact number _____ Child **1** **2** **3**

Additional Needs

Child 1 (behavioural, medical , educational and/or physical)

Child 2 (behavioural, medical , educational and/or physical)

Child 3 (behavioural, medical , educational and/or physical)

Medication

Does the child(ren) take regular medication? Yes No

Child 1 Medication _____

Child 2 Medication _____

Child 3 Medication _____

Permanent Bookings

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Booking start Date ___ / ___ / ____

Would you like to book Foundation Wednesdays for your child in term 1?

Yes No

If you would like to book in for Vacation Care please fill in Vacation Care booking sheets when they are released and return the OSHC office.

Emergency Contact List

There may be times when the child has an accident, injury, trauma, illness, and the parents or guardians cannot be contacted. To deal with these situations the Educators / Service will notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. Please complete all areas.

Emergency Contact 1

Given names _____ Surname _____ Gender **M** **F**
Address _____
Mobile Phone _____ Home Phone () _____ Work Phone () _____
Relationship to child(ren) _____ Authority to pick up **Yes** **No**

Emergency Contact 2

Given names _____ Surname _____ Gender **M** **F**
Address _____
Mobile Phone _____ Home Phone () _____ Work Phone () _____
Relationship to child(ren) _____ Authority to pick up **Yes** **No**

Emergency Contact 3

Given names _____ Surname _____ Gender **M** **F**
Address _____
Mobile Phone _____ Home Phone () _____ Work Phone () _____
Relationship to child(ren) _____ Authority to pick up **Yes** **No**

Medical Authorisation

Administer Medication.

I give permission for my child/ren to be administered children's paracetamol (as per dosage instructions for height/weight) by my Educator in the case of an emergency whilst in care, only with prior verbal permission which is documented from me. (A medical permission form must be completed by Educator and family when collecting child from care.)

Yes **No**

Emergency Medical Attention / Transportation.

I agree to my children/ren being given medical treatment in an emergency. If transport to hospital is required I agree to my child/ren being transported by ambulance. I understand medical treatment and ambulance transportation is at my expense.

Yes **No**

Signature _____

Date __ / __ / __

Photographic Authorisation

Can the service use photographs with your child(ren) for evidence to display the activities that the children participate in within the child care center and in individual learning folios?

Yes **No**

Can copies of photographs be distributed to families, when attaining photography with their children, with your child(ren)'s face in it?

Yes **No**

Can we use your child's image in Gilson College newsletters promotion posters/pamphlets, media articles and general website pages? Note that this may be in addition to a paragraph of your child being published on our website talking about the Leaning Journeys etc

Yes **No**

Signature _____

Date __ / __ / ____

General Authorisation

Parental Consent Viewing TV

Do you give consent for your child/ran to watch suitable, TV Educational Programs, movies that are age related and in line with policies?

Yes **No**

Transporting

I give consent for my child/ren to participate in and either walk, be transported by public transport, private chartered bus to the places of interest during school holidays as detailed in program plans and in accordance with the Education and Care Services National Regulations 99, 100, 101 & 102 (2012)

Yes **No**

Face Paint & Hair Colour

I give consent for activities allowing Educators to apply face paint & hair colour during activities.

Yes **No**

Signature _____

Date __ / __ / ____

Parent Agreement

- I, the undersigned give consent for my child/ran to attend the Gilson College OSHC Program as detailed in this current brochure and to participate in the centre-based activities.
- I agree to give **one (1) weeks'** notice in writing to the Coordinator of any changes to my contracted Before / After school care days and hours of care for fees not to incur
- I agree to give **one (2) weeks'** notice in writing to the Coordinator of any changes to my contracted Vacation Care days and hours of care for fees not to incur
- I agree to give the Coordinator notice of any changes of address or employment details.
- I agree to give one **(1) weeks** written notice to the Coordinator of my intention to take a vacation or of termination of my placement or to pay one (1) weeks fees in lieu.
- I agree to notify the Coordinator if my child will be absent from care due to illness, and I also agree that I will keep my child at home in case of illness.
- I understand that my child/ran will not attend Care if suffering from an infection or contagious conditions as detailed in Schedule 6 to the Health (Infectious Diseases) Regulations 2011.
- If my child contracts an infectious disease, I agree to exclude him/her from Care for a period recommended by the Health Commission or on presentation of a Doctor's certificate.
- I agree to provide all information in relation to my child's needs, health and provide any management plan my child is under before they commence care.
- Program staff to make arrangements as soon as practicable to remove my child/ran from the centre/excursion if it is necessary in the interests of health, safety or wellbeing of my child/ran in attendance
- I understand regulations, 99, 100, 101 & 102 do not apply if a child is given into the care of a person or taken outside the OSHC Program at which the program is provided because (a) the child requires medical, hospital or ambulance care or treatment, or (b) of another emergency.
- I agree to notify the my Coordinator if there are any changes in my child's health status after they commence care and will provide any new management plans that my child maybe under.

Parent Agreement

- I will ensure that my child is dressed appropriate to the weather, I also accept full responsibility for my child/ran belongings whilst attending OSHC
- I agree to discuss any problems or concerns I may have with the Coordinator / or other Educators
- I agree to sign all the attendance sheets provided by the Educator on a daily basis.
- I acknowledge and agree that the Coordinator may withdraw the provision of care to my child/ran on one or more of the following grounds:
 - Where a parent of the child/ran does any one of the following things: assaults or threatens to assault, wilfully obstructs, harasses, taunts, threatens, abuses, insults or makes personal reflection on or imputes improper motives to any employee, commission agent, contract worker, volunteer or trainee of the OSHC Scheme or any other person connected with the operations of the Scheme, says or does anything that, in the opinion of the Coordinator, is inconsistent with the good order, safety or well-being of the Scheme, or otherwise breached this Agreement and the breach is incapable of a remedy;
 - Where, in the opinion of the Coordinator, a parent of the child/ran fails to co-operate with the Scheme's efforts to resolve differences and/or meet the needs of the child/ran through parent/staff meetings or conferences and/or exercises inappropriate discipline over a child whilst attending care
 - Where the child/ran exhibit special needs, or needs related to serious illness, that, in the opinion of the Coordinator Unit Supervisor, are not possible to be met at OSHC.
- I understand that if my child has additional needs, I must provide all relevant details prior to attending the OSHC Service. Failure to do so may result in my child's enrolment and care being suspended until appropriate profiling.
- I/We agree to pay all OSHC fees by the due date, pertaining to my/our child's bookings.
- We realise that my/our child will be involved in a Christian College and am/are willing to uphold and support the Christian philosophy and values of the College.
- I declare that the information in this enrolment form is true and correct and undertake to immediately inform Gilson College OSHC Program in the event of any change to this information.

Parent Agreement

- I realise that my child/ran will be involved in a variety of activities that are in following with the Framework for School Aged Care including indoor and outdoor play and am/are willing to uphold and support the Gilson College OSHC Program philosophy and values of the Scheme
- I have read the Parent Information Pack, understood and agree to abide by the conditions of enrolment and participation as detailed in the Services' Policies and Procedures.
- The following Payment Terms apply to our program:
 - Full Payment must be made within seven (7) days from date of invoice.
 - Payment can be made be either cash, EFT POS or cheque (made to Gilson College OSHC) or by Visa/MasterCard Fortnightly transactions.
 - Remittance slip to be included with payments in an envelope clearly marked with your child's name and the amount enclosed
 - Families who fail to pay **all** fees by the due date may incur a late fee of \$10 a week and may be required to meet with the OSHC Coordinator and School Principal.

I _____ agree to abide by the stated in the parent agreement.

Parent/Guardian Signature: _____

Date: __ / __ / ____

Parent Survey

Hobbies and learning activities **my child(ren)** might like to peruse in the program.

Hobbies and learning activities **I would** like my child(ren) to peruse in the program.

Please answer if your family has attended the program in the past.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My child(ren) feel welcome in a positive service environment					
My children engage in the program and learn from this					
The hours operation are suitable to the families needs					
Educators are approachable					
Educators are open and regular with their communication					
Educators are attentive to my child(ren)'s needs					

Further comments about your thoughts about the program

Regular Debit Form

You may elect to have manual payments for your amount owing taken out each invoice fortnight from your designated credit card. Payments are processed by an OSHC co-ordinator. This will avoid any hassle when it comes to paying the invoices regularly and on time.

After payment is made we will send you a copy of the receipt and invoice. If you wish to pay your invoices for 2016 in this manner please fill in the below form. Credit card details are kept securely in a locked filing cabinet and in a restricted access computer program.

If the amount owing is under \$20 we will skip a fortnights payment until a time when the owed amount is over \$20. This is to avoid excessive banking fees.

I _____ give Gilson College OSHC Taylor's Hill permission to take regular payments from my account during 2017 in accordance to the invoice amount owing.

Visa Mastercard

Card Holder Name _____

Card Number

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Expiry Date __ / __

CCV

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Signature _____ Date __ / __ / __