



Enrolment Form 2017

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Child Details

First Name				Last Name	
School		2017 Class		Date of Birth	Male / Female
Date of 1 st OSHC attendance		Place of Birth		Ethnicity	
Language				Religion	

Is your child of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐

Medical Details

If your child has a medical condition this may impact on their time in care. All Health Action Plans must be signed by a medical practitioner. We require this documentation before first day of attendance.

Does your child have an anaphylaxis plan in place

Yes ☐ No ☐

Does your child have an asthma plan in place

Yes ☐ No ☐

Does your child have other medical management plans in place. A medical management plan may be used to manage conditions that require ongoing monitoring or pose a particular risk such as epilepsy, diabetes, seizures or prone to febrile convulsions.

Yes ☐ No ☐

In regard to above, please see staff to arrange a meeting time to discuss and create a Risk Minimisation Plan for your child.

Medical or Developmental Conditions: Any ongoing medical condition your child has been diagnosed with such as Developmental Delay, ASD etc. Any information you can supply regarding this diagnosis is helpful.	
Medical Requirements: For example: medications, allergies, developmental delays/adjustments (to expected time frames for milestones) due to premature birth and ongoing medical support required.	

Is your child's immunisation up to date

Yes ☐ No ☐

(Please provide OSHC with your child's immunisation record from the National Immunisation Register. This can be accessed from myGov.com.au or from your Medical Practitioner).

My child is not immunised, I am a Conscientious Objector

☐

Medicare number	
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Further Information

Does your child have any other requirements that may impact on their time in care: For example, Dietary requirements, Additional Needs, Intolerance, Behavioural concerns etc. *Please note you may be required to complete an 'Individual Management Plan' in consultation with staff.	
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Child Care Benefit (CCB) & Child Care Rebate (CCR)

The following information is required for the management of Child Care Benefit (CCB – income tested) and/or Child Care Rebate (CCR - not income tested). Please contact the Department of Human Services (ph: 13 61 50) to receive a Customer Reference Number (CRN) and detailed information regarding CCB and CCR

Please ensure that this process has been successfully completed before returning this enrolment.

Parent CRN	
Child CRN	

Have you currently got other children in care: Yes ☐ No ☐

Legal/Court Appointed Documents

Should your child be named in any legal document that refers to a Custody arrangement or be protected by a restraining order, or court orders you are required to supply the service with a copy of these documents.

Court Order attached?	
Who has legal custody?	

Parent/Guardian Details

Parent/Guardian (Person the Child resides with)		Parent/Guardian	
Full Name		Full Name	
Date of Birth		Date of Birth	
Relationship to child		Relationship to child	
Street # and name		Street # and name	
Suburb and postcode		Suburb and postcode	
Email address		Email address	
Home phone		Home phone	
Mobile phone		Mobile phone	
Work phone		Work phone	
Workplace		Workplace	
Ethnicity		Ethnicity	
Home language		Home language	
Religion		Religion	

Emergency Contacts (other than parent/guardian)

Emergency Contacts and Authorised Nominees, Please nominate all options that apply for each contact:

Emergency Contact: a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted;

Authorised nominee [collection]: a person who has been given permission by a parent or family member to collect the child from the education and care service

Authorised nominee [medical]: a person who is authorised to consent to medical treatment of, or to authorise administration of medical to, the child

Authorised nominee [excursion]: a person who is authorised to authorise an educator to take the child outside the education and care services premises.

Contact 1

Emergency Contact:	Yes	No	Authorised Nominee (collection):	Yes	No
Authorised Nominee (Excursion):	Yes	No	Authorised Nominee (medical):	Yes	No

Full Name	
Relationship to child	
Contact Number	
Address	

Contact 2

Emergency Contact:	Yes	No	Authorised Nominee (collection):	Yes	No
Authorised Nominee (Excursion):	Yes	No	Authorised Nominee (medical):	Yes	No

Full Name	
Relationship to child	
Contact Number	
Address	

Medical Practitioner Details

Full Name		Type (GP, Paed)	
Phone		Medical Centre	
Address			

Family Consideration

Please list any family circumstances that Educators need to consider i.e.: Dad works overseas, emotional concerns, lives with Mum etc.

Consent Statement

- ✓ I hereby apply for enrolment of my child/ren at the Immanuel Lutheran College OSHC.
- ✓ I consent to my child/ren participating in the program and taking part in field trips/excursions arranged by the staff at the service.
- ✓ I consent to my child/ren to travel on any form of appropriate public transport for excursions or emergency OSHC purposes.
- ✓ I acknowledge that it is my responsibility as a parent/guardian to advise the service if my child/ren will be absent from a booked session. Cancellations with less than 24 hours' notice shall incur the fee for that day for After School Care and 5 working days' notice for Vacation Care.
- ✓ During Vacation Care, I agree that my child is to be brought to the Service and signed in/out by an authorised person.
- ✓ During Vacation Care, I acknowledge that the service will not accept responsibility of my child/ren if the child/ren is not signed in.
- ✓ I understand that I must notify in writing if a person, who is not authorised, will be dropping off or collecting my child.
- ✓ I agree that my child will be collected by an authorised person before the official closing time. I will make every effort to inform the Service of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my child.
- ✓ I understand I will receive a statement fortnightly and agree fees are to be paid each 14 days otherwise a late fee will be incurred.
- ✓ I acknowledge that if my child/ren are not collected from the service by 6pm that I will incur a late fee penalty of \$10 for the first 15 minutes and \$10 for each 15 minutes thereafter.
- ✓ I have gone through the Service's rules and expectations with my child (in the Family Handbook). Children at the service prescribe by the 'Fab Five Behaviors' and OSHC expectations.
- ✓ I understand that unacceptable behaviour of my child/ren may result in a warning, and may eventually lead to their exclusion from the service.
- ✓ I understand that I am financially responsible for any willful damage of equipment or property caused by my child/ren.
- ✓ I agree that I will fill out a form giving details and dosage times for all prescribed medicine that is to be administered by staff. The medication must be in original packaging with pharmacy printed label, child's name, dosage.
- ✓ I agree that in the event of a sudden illness or accident with my child, the Service Leader will contact me. If I cannot be contacted the emergency contacts will be reached. In the event of my child receiving injuries requiring urgent medical treatment, the Service Leader shall have the discretionary power to seek immediate medical attention, then I will be contacted as soon as possible. I agree to pay all medical costs incurred on behalf of my child/ren.
- ✓ I agree that in the event of an emergency, emergency services could be notified and my child may be transported in the emergency service vehicle to the appropriate medical service.
- ✓ I understand that the service will monitor my child if they are sick and will notify me immediately if required, and I will arrange for the child/ren to be collected from the service as soon as possible.
- ✓ I agree to keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.
- ✓ I agree to pay full fees if my Child Care Benefit is cancelled.
- ✓ I agree to notify the Service immediately of any change in emergency contacts, addresses and/or telephone numbers.
- ✓ I agree to give permission for my child/ren to move out of the Service grounds when necessary (such as emergency evacuation drills).
- ✓ I understand that my child may not bring in any electronic items unless programmed, and take full responsibility for any damage that may occur.
- ✓ I understand that my child will have with them every day a SunSafe hat, water bottle, healthy morning tea and lunch (no soft drink, lollies, etc.), SunSafe clothing (sleeves & no crop tops), change of clothes and enclosed shoes.
- ✓ I agree to apply sunscreen to my child/ren before attending OSHC and understand if I do not give permission for sunscreen to be applied to my child they will not be able to play outside of shaded areas.
- ✓ I authorise for staff to administer lifesaving medication (e.g. EpiPen or Ventolin) in the unlikely event of an emergency.
- ✓ I have read the terms and conditions of computer usage at Immanuel Lutheran College (found in the Family Handbook) and have discussed it with my child/ren.
- ✓ I have read the Family Handbook about the Service (that can be found on the College website):
<https://www.immanuel.qld.edu.au/community/outside-school-hours-care>
- ✓ I understand that an Educator is able to report any suspected signs abuse to the Department of Child Safety without gaining consent from me first. Further, that the Department of Child Safety is able to interview my child without gaining consent from me.
- ✓ I understand the importance of family cooperation and agree to participate when possible in the service i.e. Policy review, volunteer, share an experience or talent, become a committee member.

Permission to apply Sunscreen

I authorise for staff to apply sunscreen to my child/ren. My child is aware that if they do not demonstrate SunSafe behaviours they must play in areas protected from the sun.

Yes ☐ No ☐

Permission to photograph and record video footage of child

I agree to photos and footage to be taken of my child/ren within the limits of the program and that they may be used for public display at OSHC only.

Yes ☐ No ☐

I agree that photos and footage of my child/ren can be used for promotional material, newsletters and reports.

Yes ☐ No ☐

Permission to administer Panadol

In the event that my child has a high temperature, I agree that if staff are unable to contact me in this situation, staff can administer Panadol to lower the temperature.

Yes ☐ No ☐

Parent/Guardian

Name _____ Signature _____ Date _____

Please speak with us if you would like to discuss any of the content in this enrolment form.

Thank you for enrolling your child at Immanuel Lutheran College OSHC. We trust that your child will have a wonderful time with us.



Child Profile

My name is: _____

My Mum and Dad call me _____ at home.

I have brothers and sisters. Their names are:

I am in Year _____ at school.

My favourite foods are: _____

My favourite T.V. show is: _____

My favourite music is: _____

My favourite colour is: _____

My favourite place to go on holiday is: _____

My pets are: _____

Clubs/activities/sport I'm involved in: _____

I am very good at doing: _____

When I grow up I want to be: _____

Things I'd like to do at Outside School Hours Care: _____