

Name of **PARENT** Claiming Child Care Subsidy(CCS)

Date of Birth (for **PARENT** claiming Child Care Subsidy)

C.R.N. Number for **PARENT** claiming Child Care Subsidy

C.R.N. Number for **YOUR CHILD'S** Child Care Subsidy applies

Other Persons to be notified in an Emergency –

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations Birmingham Primary School should notify one of the following people who are authorised to collect and care (including authorise any medical treatment and authorising the administration of medication) for the child, after an accident, injury, trauma or illness. They are also authorised to authorise an educator to take the child outside the education and care service premises.

Name	Name
Address –	Address –
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Other People Authorised to Collect the Child (Authorised Nominee)

Authorised Nominee means a person who has been given permission by a parent or guardian to collect the child from the education and care service. Section 170 (5) of the Law.

Please list details of those people who you have authorised to collect the child (your Authorised Nominee's) in the table below. This list may be added to or changed throughout the year. In the event that the child is not collected from the education and care service and the parents or guardians cannot be contacted, this list will be used to arrange someone to collect the child.

Name	Name
Address –	Address –
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address –	Address –
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Court orders relating to the child

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Parenting order means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 of the Commonwealth;

Parenting Plan means a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C (6) of that Act.

No Go to the next section Yes Please complete the following:

1. Bring the ORIGINAL court orders, parenting orders or parenting plans for the educators to see

and please attach a copy to this enrolment form. A copy must be provided before the commencement of care.

2. If these orders -

a. Change the powers of a parent/guardian to...

- authorise the taking of the child outside the service by a staff member of the service;**
- in the case of a family day care service, the taking of the child outside the family day care's residence or family day care venue by a family day care;**
- Consent to the medical treatment of the child;**
- Request or permit the administration of medication to the child;**
- Collect the child from the service or family day care, AND/OR**

b. Give these powers to someone else,

Please describe the changes and provide the contact details of any person given these powers:

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<p>NEW PREP CHILDREN –</p> <p>Has a copy of your child's Transition Learning and Development Statement been supplied? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>(please tick)</p> <p>The information in the statement helps Educators to get to know the children entering the program before they start; and to plan for each child's learning and development when they attend the OSHC program.</p>

Child's health information

Name of Doctor/Medical Service: _____

Address: _____ Post Code: _____

Phone Number: _____

Medicare No. _____

Ambulance Member: Yes No

Ambulance Subscription Number or Pension Card Number: _____

Has your child been immunised? Yes No

Are the immunisations up to date? Yes No

Does your child have a health record? Yes No

Child health record means a record that documents a child's health and development assessments and Immunisations.

If yes, please provide to the service:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register

PLEASE NOTE – Although the school office has copies of the children's immunisation records, we are a separate entity and therefore insist that families be responsible and provide these records on enrolment. **No bookings will be accepted without these records as per our OSHC policies.**

Name and position of person at the children's service who has sighted the child's health record.

Name:

Position:.....

Date

Child's medical information

Does your child have any special needs? No Yes (please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special needs.

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Does your child have any allergies, sensitivity or medical conditions? No Yes (please tick) If yes, the following conditions apply?

If yes please provide details of any allergies and any management procedure to be followed with respect to the special need.

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Does your child have a health care need that could affect their safety at Out of school Hours Care?

- No /Yes **If YES** please tick the boxes below and please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

	✓		✓
Asthma (If ticking yes you MUST supply a Asthma plan, a Ventolin puffer & an asthma plan to the service)		Incontinence	
Is your child under a health care plan for Asthma? (Please provide)		Joint Disorder (e.g. arthritis)	
Epilepsy		Ear Disorder	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication difficulties	
Seizures/convulsions		Skin condition (e.g. dermatitis)	
Diabetes		Other (please give details)	
ADHD			

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Anaphylaxis

- Does your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (eg EpiPen)? No Yes
- Has the anaphylaxis medical management plan been provided to the service? No Yes
- Has a risk management plan been completed by the service in consultation with you? No Yes

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 medical management 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

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Does the child have any dietary restrictions? No Yes (please tick)
 If yes, the following restrictions apply:

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Does the child have any cultural considerations? No Yes (please tick)
 If yes, the following considerations apply:

Does the child have any religious considerations?

No Yes (please tick)

If yes, the following considerations apply:

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***Other information**

If there is anything else that the children’s service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc).

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Declaration and consent to emergency medical treatment

I,..... (Print full name)

A person with parental 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 children’s service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the Co-Ordinator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service, and transportation of the child by an ambulance service.

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Signature

.....
Date

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 (please circle)

I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES / NO (please circle)

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service (copy at service please request).

YES / NO (please circle)

VIDEOS: Staff will select appropriate PG & G rated videos to be included in the program

YES / NO (please circle)

If you do not want your child/ren to watch PG movies, please let a staff member know!

EXCURSIONS –

I give permission for staff of Birmingham OSHC to take my child on incidental excursions out of the hall to the football oval, basketball courts or library when convenient, with the permission of the Centre Director or person in charge and in accordance with Education and Care Services National Law and Regulations 2011 and Centre Policies and Procedures.

YES / NO (please circle)

PAYMENT OF CARE

Name of person (or Agency) to whom account is to be sent: _____

E-mail address where account is to be sent: _____

- I/We agree to pay the fees and charges as set down in the current fee schedule.
- I/We agree to pay for all booked days if I have not cancelled care by the allocated times for cut off (Before care **7:00am** on the day, After care **9:00am** on the day of care)
- I/We agree if my child/ren is not collected from the program by closing time of 6:00pm, a late fee of \$1.00 per minute will be charged to my account
- I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled, in particular linking my/our child/children to the service on my gov, providing my/our date of birth and providing family and child Customer Reference Numbers (CRN).
- I/We agree if we fail to notify the program that my child/ren will not be attending their booked After school care session, that a \$5.00 non-notification fee will be charged to my account.
- I/We understand that if we fail to send our child on the first and last day of care, that cessation of care will be charged meaning we will not be entitled to childcare subsidy these days.
- I/We hereby undertake to pay each invoice promptly, within one week of receipt of each invoice
- I/We understand that failure to pay current accounts will result in the cancellation of care for my child

Signature of person paying the account _____ Date ____/____/____

EMPLOYMENT/STUDY STATUS of PARENT or GUARDIAN

<i>Status</i>	Parent/Guardian 1	Parent/Guardian 2
Employed full time		
Employed part time		
Casual employment		
Domestic duties		
Student Unemployed/seeking employment		
Pension/benefit(other than job-search or student)		
Not employed nor receiving pension/benefit		
Other		

CARE REQUIRED – Please tick below care required

STARTING DATE -

PERMANENT BOOKING (please tick) CASUAL BOOKING (please tick)

WEEKLY (please tick) FORTNIGHTLY (please tick)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE CARE					
AFTER CARE					

**** N.B. Please sign last page ****

Confidentiality of Enrolment Records

The Program Coordinator of Birmingham Primary must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, the management for medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 part 4.7, Regulation 181 (a-e)

Parental Responsibility

The term "parental responsibility" is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children"

"All parents have powers and responsibilities in relation to their children, which can only be changed by a court order.

These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person".

PRIVACY COLLECTION STATEMENT REGARDING ENROLMENT FORM

Birmingham Primary School OSHC is collecting the information on this form for the purpose of registering and administering your child's application/enrolment application. The information may also be used to provide a total service for your child and to contact you in case of an emergency. A "total service" may mean referral to an Inclusion Support Facilitator, health practitioners and speech therapists etc.

Your information will automatically be used in the manner described above unless you specifically indicate NO (by placing a circle around it).

Referral to other health practitioners No

Referral to speech therapist No

Referral to Inclusion Support Facilitator No

The information will not otherwise be disclosed except as required by law e.g. State Government departments and agencies. If you fail to provide this information (*i.e. information on the application /enrolment form*) your child's application/enrolment may not be processed.

Birmingham Primary School OSHC is committed to complying with the provisions of the Information Privacy Act 2000 and the Health Records Act 2001. Your child's information will be collected and used in accordance with the Information Privacy Principles and Health Privacy Principles.

PARENT/GUARDIAN SIGNATURE/S

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DATE

CO-ORDINATOR SIGNATURE.....

DATE ENTERED.....

NOTES.....

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