

ANGLESEA & AIREYS INLET OUT OF SCHOOL HOURS CARE

ENROLMENT FORM

Information about the child

Family Name:.....	Date of Birth:.....	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Given Names:	Preferred Name:.....	
Home Address:.....		
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?		
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details.....

Cultural background

Country of birth:.....	
Language spoken in the home:.....	
Is the child of Aboriginal and/or Torres Strait Islander origin?	
<input type="checkbox"/> No, not Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander	<input type="checkbox"/> Yes, Torres Strait islander

Information about the child's parents or guardians

Mother	Father
Name:	Name:
Date of Birth: (Centrelink requirement)	Date of Birth: (Centrelink requirement)
Address: as per child or	Address: as per child or
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile:	Mobile:
Email:	Email:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>
Guardian (if applicable)	Guardian (if applicable)
Name:	Name:
Address: as per child or	Address: as per child or
Telephone/s (H) (W)	Telephone/s (H) (W)
Mobile:	Mobile:
Email:	Email:
Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the guardian? No <input type="checkbox"/> Yes <input type="checkbox"/>

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FEE REDUCTION – Please apply.

Most families will be eligible for a Fee Reduction.

The Child Care Benefits Scheme (CCB) is provided to families via the Family Assistance Office (FAO). To receive a reduction in the fees to attend Anglesea Out of School Hours Care, families are required to have a customer reference number (CRN) issued from the Family Assistance Office. This enables families to reduce their fees either as a lump sum lodged with their income tax return or to receive a reduction on a weekly basis. If you are not receiving Child Care Benefits please call the FAO on 13 6150. You will need to provide your child's CRN number to Out of School Hours Care (OSHC) for reduced fees.

If you have any queries relating to Child Care Benefit, please speak to the OSHC Coordinator.

For more information visit www.familyassist.gov.au

Parent CRN Number: _____

Child CRN Number: _____

Child's Health Information

Name Doctor/Medical Service:..... Telephone:.....

Address Doctor/Medical Service:.....

Medicare number:.....

Is your child fully immunised: Yes No

Does your child have any allergies or sensitivity? No Yes

If yes, please provide details

.....
.....
.....

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (Epipen) No Yes

Has your child's Anaphylaxis 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.

Does your child have any other medical conditions? (eg. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)

No Yes

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

.....
.....
.....

Does your child have any special needs? No Yes

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

.....

Does the child have any dietary restrictions? No Yes

If yes, the following restrictions apply:

.....

Would you require a list of ingredients when cooking sessions are held: No Yes

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Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? No Yes please provide a copy

Details of people who you authorise to collect your child

Your consent is required for other people to collect your child from the OSHC Service on your behalf. In the table below please list the details of those people you have authorised to collect your child. This list may be added to or changed throughout the year.

In the event that your child is not collected from the OSHC service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect your 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

Declaration and consent to emergency medical treatment

I,
(Print full name)

a person 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 children’s 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;
- * Administer such first aid as the person in charge may judge to be reasonably necessary;
- * Consent to the person in charge to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature..... Date.....