



# OOSH CARE ENROLMENT 2021

Please complete a new form for each child.

**CHILD**

Family Name \_\_\_\_\_ Gender F  M

First Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Languages Spoken \_\_\_\_\_

School they are attending \_\_\_\_\_ School Year \_\_\_\_\_

<b>PARENT/GUARDIAN # 1</b>	<b>PARENT/GUARDIAN # 2</b>
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (H) _____	Phone (H) _____
(W) _____	(W) _____
(M) _____	(M) _____
Occupation _____	Occupation _____
Email address for invoices/ correspondence _____	
Child lives with: Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____	
Are there any family situations we need to be made aware of? _____	
<i>Please attach details of any court orders, parenting orders, or parenting plans.</i>	

**AUTHORITY TO COLLECT & APPROVED EMERGENCY CONTACTS**

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Relationship to child _____	Relationship to child _____
Authorised to consent to medical treatment & medication (tick) <input type="checkbox"/>	Authorised to consent to medical treatment & medication (tick) <input type="checkbox"/>
Authorised to consent to excursions (tick) <input type="checkbox"/>	Authorised to consent to excursions (tick) <input type="checkbox"/>
Authorised to consent to authorise an educator take the child outside the services premises (tick) <input type="checkbox"/>	Authorised to consent to authorise an educator to take the child outside the services premises <input type="checkbox"/>

Note: Children will not be released into the care of anyone other than an authorised person (mentioned above), without written consent.

**MEDICAL**

Medical Practitioner or Service Name \_\_\_\_\_ Medicare # \_\_\_\_\_

Address \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Does your child have any medical conditions? (Including Anaphylaxis) Y  N   
If yes, please give details, any medical management plan and a risk minimisation plan will need to be made with director or assistant director and any implications this may have in providing care for your child **(note: enrolment will not be accepted without the medical management plan)**

\_\_\_\_\_

Does your child have asthma? Y  N   
If yes, is it? Mild  Moderate  Severe

Please provide us with a copy of their current Asthma Management Plan and any other details **(note: enrolment will not be accepted without the Asthma Management Plan)**

\_\_\_\_\_

Does your child have any allergies, eg. grasses, food, sun cream etc? Y  N   
If yes, please give detailed management plan and any implications this may have in providing care for your child

\_\_\_\_\_

Does your child have any dietary restrictions? Eg food colouring, milk, yeast, meat etc Y  N   
If yes, please give details

\_\_\_\_\_

Please describe any activities that your child should avoid for medical reasons \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication? Y  N   
If yes, will the centre staff need to administer this medication while your child is in care? Y  N   
If yes, please give the following details:  
Name of medication \_\_\_\_\_ Form of medication eg tablet, liquid \_\_\_\_\_  
Dosage \_\_\_\_\_ Known side effects and action staff should take if your child has a reaction to this medication \_\_\_\_\_

Note: A Medication form will also have to be completed and a copy of the prescription provided prior to child's first attendance at The Kids Cottage.

After checking page has been completed in full Director to initial here \_\_\_\_\_

## IMMUNISATION

Upon enrolment The Kids Cottage must be provided with:

- An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement which shows the child's immunisation is up to date, or;
- An ACIR Immunisation Exemption Conscientious Objection Form which has been certified by an immunisation provider and a parent/guardian, or;
- An ACIR Immunisation Exemption – Medical Contraindication Form which has been certified by an immunisation provider, or;
- An ACIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule.

This is a requirement of all child care services under the Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 Amendment No 46.

Attached Y

**Note: Your enrolment will not be completed without this.**

## MULTICULTURAL NEEDS FORM

Country of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Do you or your child require the assistance of any special service in order to settle into the care environment? i.e. an interpreter etc? \_\_\_\_\_

Mother's Cultural Background \_\_\_\_\_ Father's Cultural Background \_\_\_\_\_

Do you and your family celebrate any cultural holidays? If so please specify.  
\_\_\_\_\_

## CHILD CARE SUBSIDY (CCS)

The Child Care Subsidy (CCS) is an upfront reduction in your child care fees based on your income. You may be eligible for up to 50 hours of CCS per week.

The Child Care Subsidy (CCS) pays up to 85% of your out-of-pocket expenses for child care up to an annual cap based on your individual assessment with Centrelink. CCS is paid directly to the child care service and passed on to you through a fee reduction.

To receive CCS you must apply to be assessed for the CCS through your myGov Centrelink account. They will give the child a Customer Reference Number (CRN) and the parent applying a separate CRN, which you then need to supply to us. You will also need to confirm The Kids Cottage as your child care provider through your myGov account.

1. Have you applied to be assessed for the Child Care Subsidy (CCS)? N  (go to 2)  
Y  (provide details below)

Parent's full name \_\_\_\_\_ D.O.B \_\_\_\_\_ CRN \_\_\_\_\_

Child's full name \_\_\_\_\_ D.O.B \_\_\_\_\_ CRN \_\_\_\_\_

2. I do not wish to participate in the CCS Y

**Note: Your child cannot be enrolled at The Kids Cottage until you have indicated your Child Care Subsidy position**

## BOOKINGS

- I am enrolling my child for **casual** bookings or **vacation care only**
- I am enrolling my child for **permanent** bookings and have filled out a waitlist application form

## PARENT / GUARDIAN AUTHORITY

I give permission for my child to attend the OOSH care program.

I have read and understood the centre's policies and conditions of enrolment including the Parent/Visitors' Code of Conduct.

I understand that a full copy of the centre policy is available for my inspection.

In the event of an accident or illness requiring emergency medical treatment every effort will be made to contact parents before such treatment is sought. However, should contact prove impossible, I give authority for the treatment to be undertaken and/or ambulance transportation. (Note: urgent treatment may include the following – first aid, medical, dental, hospital and ambulance)

Y  N

I give permission and accept responsibility for a non-medically trained staff member to administer paracetamol in the event that my child's temperature exceeds 38° C

Y  N

I hereby consent to my child being photographed/videoed while at the service, or on an excursion. (Note: reasons the service takes photographs of the children include providing visual documentation for families, to assist with programming and evaluation as part of promotion for the service)

Y  N

I give permission for my child to swim on swimming excursions

Y  N

I give permission for Kids Cottage to take my child on regular outings

Y  N

I give permission for Kids Cottage to regularly apply sunscreen to my child

Y  N

I am interested in becoming a member of the Kids Cottage Committee

Y  N

*I declare that the information in this enrolment form is true and correct and undertake to immediately inform the centre in the event of any change to this information. I agree to adhere to the parent/visitors' code of conduct and understand that my child's enrolment may be impacted if either myself or one of the authorised contacts on our account repeatedly violates this code of conduct.*

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

## PRIVACY STATEMENT

The Kids Cottage Middle Harbour is a trading name of Middle Harbour Public School P&C Assoc. Inc. The information on this enrolment form is collected solely for the purpose of operating The Kids Cottage out of school hours centre. This information is available for inspection at The Kids Cottage whose contact details appear at the top of this form. This information will not be disclosed to any other party unless you give your permission. Should you not provide all the information requested, it may preclude your child/ren from enrolment in the out of school hours care program.

*After checking page has been completed in full Director to initial here \_\_\_\_\_*