

**WONGA PARK PRIMARY SCHOOL OSHC
ENROLMENT FORM
BEFORE AND AFTER SCHOOL CARE**



DETAILS OF CHILD

Family Name..... Grade.....

Given Names.....

Usually Called..... Male Female (Please tick)

Date of Birth.....

Languages spoken in the home.....

Is your child of Aboriginal and / or Torres Strait Islander Origin? YES NO (Please tick)

PREP CHILD: TRANSITION LEARNING & DEVELOPMENT STATEMENT
Available (please tick) YES NO

1. DETAILS OF PARENT/GUARDIAN	2. DETAILS OF PARENT/GUARDIAN
Name.....	Name.....
Address.....	Address.....
Telephone: (Home).....	Telephone: (Home).....
(Work).....	(Work).....
(Mobile).....	(Mobile).....
Date of Birth.....	Date of Birth.....
Occupation.....	Occupation.....
Languages spoken.....	Languages spoken.....
Does the child live with this parent/guardian? YES/NO	Does the child live with this parent/guardian? YES/NO

Would you be prepared to share any of your cultural or family life with the OSHC Program?

YES NO (Please tick)

ACCOUNT DETAILS – invoice to be sent to:

Parent Guardian 1..... Parent/Guardian 2.....

Email :

FEES
Have you applied for Child Care Benefit? YES NO (Please tick)

(If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit)

Parent/Guardian CRN:.....

Parent/Guardian CRN:.....

Child CRN:.....

WONGA PARK PRIMARY SCHOOL
Dudley Road Wonga Park 3115
T 03 9722 1325 F 03 9722 2069
W www.wongapark.vic.edu.au
E wonga.park.ps@edumail.vic.gov.au

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE

PERMANENT BOOKINGS

BEFORE CARE – from 7.15am until 8.45am

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER CARE – from school finish until 6.15pm

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

CASUAL/EMERGENCY CARE

Please tick if you require casual care only

AUTHORISATIONS

Name/Relationship.....

Address.....

Phone Numbers.....

Authorised to collect children YES NO

Authorised to consent to medical treatment of the child or the administration of medication to the child

 YES NO

Authorised to authorise an educator to take the child outside the education and care service premises

 YES NO

Name/Relationship.....

Address.....

Phone Numbers.....

Authorised to collect children YES NO

Authorised to consent to medical treatment of the child or the administration of medication to the child

 YES NO

Authorised to authorise an educator to take the child outside the education and care service premises

 YES NO

EMERGENCY CONTACTS (Maximum 30 minutes from the service)

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name/Relationship.....

Address.....

Phone Number (Home).....

(Work).....

(Mobile).....

Name/Relationship.....

Address.....

Phone Number (Home).....

(Work).....

(Mobile).....

MEDICAL INFORMATION

How would you describe your child's health?.....

Is he/she under any regular treatment?

Has he/she had any history of illness? Please give details?.....

Allergies.....

Medical Conditions.....

Medical Plan.....

Any Dietary Restrictions?.....

Asthma YES NO Anaphylaxis YES NO (Please tick)

Anaphylaxis/Asthma Medication/Treatment.....

Do you have an Anaphylaxis Management/Asthma Plan? YES NO (Please tick)

****A current copy of plan signed by your GP must be returned with this form.**

Are there any known triggers?

Has your child been immunised? YES NO (Please tick)

***If yes please provide a copy of your child's immunisation certificate/record with this form**

FAMILY DOCTOR

Doctor's Name..... Phone.....

Name of Practice.....

Address.....

Medicare Number.....

Do you have Private Medical Insurance?

Do you subscribe to an Ambulance Service? YES NO (Please tick)

If yes, please state the Ambulance Subscription Number and Category

.....

CUSTODY DETAILS

Are there any access/custody arrangements? YES NO (Please tick)

If yes, please give details.....

.....

If a court order exists please provide this information to the Coordinator.

1. Bring the original court order/s for staff to sight and copy to attach to the enrolment form
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
 - Consent to the medical treatment of the child
 - Request or permit the administration of medication to the child
 - Collect the child

AND/OR

- b. Give these powers to someone else,

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

.....

OTHER INFORMATION

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information, religion, food etc.

.....

.....

.....

Do you give your child permission to watch PG movies?

YES NO (Please tick)

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We..... (Print full name/s)

Person/s 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 OSHC 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
- Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service
- Undertake to inform the staff of any absence of my child from the service
- Accept full responsibility for my child’s belongings whilst attending the service

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 tick)

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

YES NO (Please tick)

SUNSCREEN CONSENT

I give permission for my child to have a 30+ sunscreen applied as per the service’s Sun Protection Policy.

YES NO (Please tick)

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service.

YES NO (Please tick)

PARENT/GUARDIAN SIGNATURES

.....
.....

DATE

PARENT/GUARDIAN SIGNATURES

The Wonga Park Primary School OSHC uses their enrolment form to collect personal information for the purposes of service and enrolment statistics and recording. The information may be shared with funding agencies and administrators for operation purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.