

ACCOUNT DETAILS – invoice to be sent to: (Please circle)

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

FEES

Have you applied for Child Care Benefit? YES NO (please circle)

(If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit)

Parent/Guardian CRN:.....

Parent/Guardian CRN:.....

Child CRN:.....

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE

PERMANENT BOOKINGS

BEFORE CARE (7:00 – 8:45am)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

AFTER CARE (3:30 – 6:00pm)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

CASUAL/EMERGENCY CARE

Please tick if you will require casual care only

MEDICAL INFORMATION

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

Is he/she under any medical treatment?.....

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

Allergies.....

Medical Conditions.....

Medical Plan.....

Asthma YES NO (please circle)

Asthma Medication/Treatment.....

Do you have an Asthma Plan? YES NO (please circle)

Are there any known triggers?.....

Has your child been immunised? YES NO (please circle)

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 circle)

If yes, please state the Ambulance Subscription Number and Category

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OTHER INFORMATION

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

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CUSTODY DETAILS

Are there special access/custody arrangements? YES NO (please circle)

If yes, please give details.....

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If a court order exists please bring the original/s for staff to sight and attach a copy to this form

PERSONS AUTHORISED TO COLLECT CHILDREN/ EMERGENCY CONTACTS

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. 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).....

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 circle)

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

YES NO (Please circle)

SUNSCREEN CONSENT

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

YES NO (Please circle)

VIEWING OF PG PROGRAMS CONSENT

I give permission for my child to view PG TV programs and PG DVD/ Video Movies.

YES NO (Please circle)

POLICY AND PHILOSOPHY STATEMENT

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

YES NO (Please circle)

PARENT/GUARDIAN SIGNATURE/S.....

DATE

PRIVACY NOTIFICATION

The Banyule Primary Before and After School Care uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational 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.