



BEECHMONT STATE SCHOOL P&C OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM 2016



1. CHILD DETAILS

DATE OF CARE TO BEGIN: _____

CHILD'S FULL NAME: _____ CHILD'S CLASS: _____

CHILD'S HOME ADDRESS: _____

CHILD'S DOB: _____ MALE FEMALE DISABILITY: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

2. CHILD DETAILS

DATE OF CARE TO BEGIN: _____

CHILD'S FULL NAME: _____ CHILD'S CLASS: _____

CHILD'S HOME ADDRESS: _____

CHILD'S DOB: _____ MALE FEMALE DISABILITY: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

3. CHILD DETAILS

DATE OF CARE TO BEGIN: _____

CHILD'S FULL NAME: _____ CHILD'S CLASS: _____

CHILD'S HOME ADDRESS: _____

CHILD'S DOB: _____ MALE FEMALE DISABILITY: _____

CHILD'S CENTRELINK REFERENCE NUMBER (CRN): _____

4. PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN 1 – ACCOUNT HOLDER

FULL NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

(IF DIFFERENT TO CHILD/REN)

PHONE: (H) _____ (WK) _____ (MOB) _____

EMAIL ADDRESS: _____ OCCUPATION: _____

GENDER: MALE FEMALE FAMILY CRN: _____

The date of birth and Centrelink Reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits (CCB) and the 50% Child Care Rebate (CCR). Families MUST be assessed as eligible for Child Care Benefit, please contact the Family Assistance Office on 136150 for further information.



PARENT/GUARDIAN 2 –

FULL NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

(IF DIFFERENT TO CHILD/REN)

PHONE: (H) _____ (WK) _____ (MOB) _____

EMAIL ADDRESS: _____ OCCUPATION: _____

GENDER: MALE FEMALE

Are there any parenting orders relating to your child/ren? NO YES

If so, have has relevant documentation been provided? NO YES

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contract orders.

5. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child/ren and/or can be contacted in case of emergency.

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: (H) _____

PHONE: (H) _____

(W) _____

(W) _____

(MOB) _____

(MOB) _____

Relationship to child: _____

Relationship to child: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: (H) _____

PHONE: (H) _____

(W) _____

(W) _____

(MOB) _____

(MOB) _____

Relationship to child: _____

Relationship to child: _____

6. HEALTH/MEDICAL DETAILS

Does your child/ren have any medical conditions/special needs? No Yes

Child's Name: _____

If yes, please provide details: _____

Does your child/ren require regular medication? No Yes

If staff will be required to administer medication, a separate medication authority form is to be completed.



Does your child have any allergies? NO YES (If yes, please provide details below)
_____ MILD SEVERE ANAPHYLAXIS

Please provide details of any allergy management plans relating to your child.

Does your child/ren experience asthma? NO YES (Please indicate severity) mild severe

Please provide any asthma management plans relating to your child.

Is your child's immunisation status up to date? NO YES

If your child's immunisation status is not up to date, your eligibility to receive Child Care Benefit may be affected.

Does your child/ren have any specific dietary requirements? NO YES

Does your child/ren have any food intolerances or allergies? NO YES

If yes, is the intolerance/allergy life threatening? NO YES

Please provide details of any food intolerances/allergy management plans relating to your child.

7. MEDICAL PRACTITIONER DETAILS

Doctors Name: _____ Surgery/Practice Name: _____

Address: _____ Phone: _____

Family Medicare Number: _____

8. ADDITIONAL INFORMATION

Does your child/ren have any religious or cultural needs? NO YES

Does your child/ren have any dislikes, fears or phobias? NO YES

Is your child of Aboriginal descent? NO YES

Is your child of Torres Strait Islander descent? NO YES

Is your child from a non-English speaking background? NO YES Nationality: _____

9. BEHAVIOUR INFORMATION

Does your child/ren have a Positive Behaviour Support Plan? NO YES

Are there any particular behaviours that staff should be aware of? NO YES

Are there any identifiable triggers to the behaviour? NO YES

Please provide a copy of any Positive Behaviour Support plans relating to your child.



10. BOOKING INFORMATION

Please indicate permanent requirements:

Before School Care Days: MON TUES WED THURS FRI

After School Care Days: MON TUES WED THURS FRI

Vacation Care Days: MON TUES WED THURS FRI

Casual Care:

Fees will be incurred for all absences and/or cancellations of any permanent booked day for Before School Care and After School Care.

Vacation Care programs and booking forms are available approximately 2 weeks before the Vacation Care period starts. The program usually has one excursion day and in-house activities other days.

Alternative Care is not provided at the service on excursion days. Alternative care will be the parent’s responsibility.

OVERDUE FEES

If there are outstanding fees of over \$200, or where no payment has been made in at least 2 weeks after issue of monthly statements:-

In the first instance, the Coordinator will remind parent and record when the parent has agreed to pay the account;

If no payment has been received when agreed, written notification by the Management Committee will be sent;

A debt collection agency may be used if payments of fees have not been received;

The Management Committee may, in its discretion, exclude the child temporarily or permanently from further attendance at Beechmont State School P&C OSHC if the parents have not met the requirements as advised to them by the Management Committee.

11. PERMISSION AND AGREEMENT DETAILS

(Please tick the appropriate boxes and initial beside each to signal your agreement)

<input type="checkbox"/>	I give my consent to the information contained in this document being available to the Support Workers employed to work with my child on the Outside School Hours Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service to my child.	Initial
<input type="checkbox"/>	I agree to notify the Coordinator, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.	
<input type="checkbox"/>	I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Number.	
<input type="checkbox"/>	I agree to inform the Co-ordinator/Staff Member of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of cancelling or nonattendance as per the service policy.	



<input type="checkbox"/>	I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.	
<input type="checkbox"/>	I agree to keep my child from attending the service should he/she be experiencing any illness of contagious disease.	
<input type="checkbox"/>	I give permission for OSHC staff to assist my child to apply SPF 30+ sunscreen prior to outdoor activities. I will provide my own sunscreen if my child cannot use the Service supply.	
<input type="checkbox"/>	I give permission for staff to take photos and/or videos of my child to record important events and special activities as part of our plan. I understand that these photos will be displayed for all families to see and will be also used for purposes of reflecting and evaluation.	
<input type="checkbox"/>	I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.	
<input type="checkbox"/>	I agree to receive Vacation Care Programs, newsletters and/or account statements via email as listed on front page.	
<input type="checkbox"/>	I agree to adhere to the services Outside School Hours Care Policies and Procedures, which is available at all times.	
<input type="checkbox"/>	I give permission for staff to apply Sting Aid to my child if required.	
<input type="checkbox"/>	I give permission for staff to apply Band-aids to my child if required.	
<input type="checkbox"/>	I give permission for for my child to remove their shoes (under staff direction).	
<input type="checkbox"/>	I give permission for my child to watch PG movies (under strict Staff supervision)	
<input type="checkbox"/>	I give permission for my child to attend activities held on Graceleigh Park, the Hall on Graceleigh and the Scenic Rim mobile library with OSHC staff.	