Wantirna South Primary 2018

OSHC and Vacation Care Enrolment Form

A parent or guardian who has lawful authority in relation to the child must complete this form. Licensed children's services are required to have a child's enrolment information as required in regulation 31 to 35.

Wantirna South Primary School Out of School Hours Care and Vacation Care will ensure to the best of our abilities that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorized by parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e)).

Account Name:_____

Child 1 Details	Child 2 Details	Child 3 Details
Full Name	Full Name	Full Name
Gender	Gender	Gender
D.O.B	D.O.B	D.O.B
CRN	CRN	CRN
School & Year Level	School & Year Level	School & Year Level
Address	Address	Address

Do you have any other children attending another approved care service? [ ] Yes [ ] No
If yes, are you claiming the Multiple Child Care Benefit? [ ] Yes [ ] No

Family Details	
Cultural Background Identify as Aboriginal [ ] Identify as Torres Strait Islander [ ] Other (Please specify):	**Languages spoken at home** First (Primary): Second:

Care Arrangements

Are there any current written arrangements?
Yes [ ] No [ ]

Relevant documentation may include parenting plans, parental responsibility plans, residence orders and contact order. To enable services to comply with the court orders a copy must be provided. ***Relevant paperwork attached Yes [ ] No [ ]***

Is there anyone legally denied access to the child?
Yes [ ] No [ ]
Please list:

Medical Details		
Child 1 –	**Child 2 –**	**Child 3 –**
Has the child been immunised? Yes [ ] No [ ] Copy attached Yes [ ] No [ ]	**Has the child been immunised?** Yes [ ] No [ ] Copy attached Yes [ ] No [ ]	**Has the child been immunised?** Yes [ ] No [ ] Copy attached Yes [ ] No [ ]
Allergies? Yes [ ] No [ ] Please list:	**Allergies?** Yes [ ] No [ ] Please list:	**Allergies?** Yes [ ] No [ ] Please list:
Does this child suffer from *anaphylaxis?* Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]	**Does this child suffer from *anaphylaxis?*** Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]	**Does this child suffer from *anaphylaxis?*** Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]
Does this child suffer from *asthma?* Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]	**Does this child suffer from *asthma?*** Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]	**Does this child suffer from *asthma?*** Yes [ ] No [ ] Plan attached? Yes [ ] No [ ]
Dietary restrictions Yes [ ] No [ ] Family Choice [ ] Medical [ ] Please list:	**Dietary restrictions** Yes [ ] No [ ] Family Choice [ ] Medical [ ] Please list:	**Dietary restrictions** Yes [ ] No [ ] Family Choice [ ] Medical [ ] Please list:
Additional Needs Yes [ ] No [ ] Please list:	**Additional Needs** Yes [ ] No [ ] Please list:	**Additional Needs** Yes [ ] No [ ] Please list:
Any other medical conditions (e.g. Diabetes, Epilepsy) Yes [ ] No [ ] Please provide details below:	**Any other medical conditions (e.g. Diabetes, Epilepsy)** Yes [ ] No [ ] Please provide details below:	**Any other medical conditions (e.g. Diabetes, Epilepsy)** Yes [ ] No [ ] Please provide details below:

Medical Practitioner	
Name of Doctor or Medical Service:	
Address:	Phone:

Parent/Guardian Details	
Lawful Authority *Parents* All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations' 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A Court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person. *Guardians* A guardian of child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the children's Service Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.	
Parent/Guardian 1 Details	**Parent/Guardian 2 Details**
Full name	Full name
Gender	Gender
DOB	DOB
CRN	CRN
Phone H [ ] M [ ] W [ ]	Phone H [ ] M [ ] W [ ]
Address	Address
Email	Email
Country of Birth	Country of Birth
Occupation	Occupation
Does the child live with this Parent/Guardian? Yes [ ] No [ ]	Does the child live with this Parent/Guardian? Yes [ ] No [ ]

Other persons to be notified / emergency contacts	
There may be time when the child has an accident, injury or illness and the parents or guardian cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury or illness. **These people must be aged 18 years and older.**	
Authorised Person 1	**Authorised Person 2**
Full name	Full name
DOB	DOB
Relationship	Relationship
Phone H [ ] M [ ] W [ ]	Phone H [ ] M [ ] W [ ]
Address	Address
This person is authorised to carry out the following responsibilities for my child/ren:	**This person is authorised to carry out the following responsibilities for my child/ren:**
Can collect from the service [ ]	Can collect from the service [ ]
Consent to medical treatment/authorise the administration of medication [ ]	Consent to medical treatment/authorise the administration of medication [ ]
Authorise an educator to take the child outside of the service [ ]	Authorise an educator to take the child outside of the service [ ]
Can be contacted in the event of an emergency [ ]	Can be contacted in the event of an emergency [ ]
Authorised Person 3	**Authorised Person 4**
Full name	Full name
DOB	DOB
Relationship	Relationship
Phone H [ ] M [ ] W [ ]	Phone H [ ] M [ ] W [ ]
Address	Address
This person is authorised to carry out the following responsibilities for my child/ren:	**This person is authorised to carry out the following responsibilities for my child/ren:**
Can collect from the service [ ]	Can collect from the service [ ]
Consent to medical treatment/authorise the administration of medication [ ]	Consent to medical treatment/authorise the administration of medication [ ]
Authorise an educator to take the child outside of the service [ ]	Authorise an educator to take the child outside of the service [ ]
Can be contacted in the event of an emergency [ ]	Can be contacted in the event of an emergency [ ]

Other Information
Please list any other relevant information our service should know about your child/ren (e.g. excessive fears, favourite activities, cultural celebrations, attending other services or intervention services ect.)

Declaration and consent to emergency medical treatment

I……(Print Full Name)
A person with lawful authority of the child/ren 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 services in the event of any changes to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Sign…… Date……..

General Consent	
Applying 30+ sunscreen when needed (if no please provide alternative)	Yes [ ] No [ ] Initial:
Walking to and from Walkers Reserve with staff	Yes [ ] No [ ] Initial:
Watching G and PG Movies in the Service	Yes [ ] No [ ] Initial:
Being photographed for the OSHC services use only	Yes [ ] No [ ] Initial:

To be completed at the service with staff

I……(Print Full Name)
A person with lawful authority of the child/ren referred to in this enrolment form,

- **Confirm that all the information listed is still current and correct**

Sign…… Date……..

Staff signature…… Date……..