

Please attach a **current** (2016 OR 2017) photo of your child here.

This is mandatory as it assists staff to identify your child on their first day or during an emergency.



Before, After & Vacation Care 2017 Enrolment Form

Annual Enrolment Fee:
\$60- Family
\$30- One Child
This fee will be added to your account unless specified otherwise to staff.

The information on this form is compulsory-Regulation 160-162

All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.

Please read each section carefully before completing and signing.

Complete a separate form for each child you are enrolling.

It is mandatory that all sections of the form are completed.

SECTION 1: CHILD'S DETAILS

Child's Full Name: _____

Sex: Male Female Child's CRN: _____

Address of child: _____

School: _____

Date of birth: ____/____/____

Grade in 2017: _____

Cultural Background: _____

Language/s spoken by child: _____

Is your child Aboriginal and/or Torres Strait Islander: YES NO

If yes, from which nation? _____

Please provide some additional information on how best we could support and incorporate your child's cultural heritage during their time at OOSH: _____

Days you wish your child to attend the service (Please circle)

Before School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

After School care: Monday Tuesday Wednesday Thursday Friday OR Casual only

* A separate form will be provided prior to each Vacation care period.

Child's expected start date at the service: ____/____/____

SECTION 2: PARENT / GUARDIAN DETAILS

Parent / Guardian 1 Full Name: _____

Relationship to Child: _____

Date of Birth: _____ / _____ / _____

Address: _____

Home phone number: _____

Mobile No. _____

Cultural Background: _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Email Address: _____

CRN: _____

Parent / Guardian / Partner 2 Full Name: _____

Relationship to Child: _____

Date of Birth: _____ / _____ / _____

Address: _____

Home phone number: _____

Mobile No. _____

Cultural Background: _____

Language/s spoken at home: _____

Occupation: _____

Employer: _____

Work address: _____

Work telephone number: _____

Email Address: _____

CRN: _____

SECTION 3: CHILD CARE BENEFIT

Will you be claiming Child Care Benefit? YES NO If yes please provide details below.

Name of person claiming: _____

Date of Birth: ____/____/____

For Child Care Benefit purposes, it is important to advise the service if you use any other service simultaneously.

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO If **YES** please provide details and a copy of orders:

NOTE: *The service cannot enforce custody issues without a copy of the relevant Court Order being provided. Please discuss any custody issues with the Nominated Supervisor before enrolment.*

SECTION 5: EMERGENCY CONTACTS

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of an emergency. Please supply at least 2 names, other than the child's parents/guardians. Please list in preferred contact order.

NAME	FULL ADDRESS	MOBILE	HOME PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to collect your child when you can not be contacted. Emergency in relation to an education and care centre, includes any situation or event that poses an imminent or serve risk to the persons at the education and care service premises (Fire,Flood or Any situation that requires service premises into lockdown) in accordance with Regulation 160 sub regulation 3, (b),(ii).

Medical treatment/authorization for medication

I hereby authorise the staff of the service to contact the following people, if I cannot be contacted, in the case of the need to consent to medical treatment of my child or to authorize administration of medication to my child. Please supply at least 2 names, other than the child's parents/guardians. Please list in preferred contact order.

NAME	FULL ADDRESS	MOBILE	HOME PHONE	RELATIONSHIP TO CHILD

NOTE: It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency, with your child or the service, and asked to consent to medical treatment for your child or an authorization for medication when you can not be contacted.

Care and Well being of my child

I hereby authorise the following people, to authorize an Educator to make decisions regarding the care and well being of my child. Such decisions include an educator to take the child outside the education and care service premises for example an excursion in accordance with Regulation 160 Sub regulation 3 (b), (v). *Please supply at least 2 names, other than the child's parents/guardian. Please list in preferred contact order.*

NAME	FULL ADDRESS	MOBILE	HOME PHONE	RELATIONSHIP TO CHILD

NOTE: *It is important that you inform the above people that you have included them that they may be contacted to give this authorization.*

Authority to collect your child from the Service

I hereby authorise the service staff to allow the following people to collect my child.

NAME	FULL ADDRESS	MOBILE	HOME PHONE	RELATIONSHIP TO CHILD

NOTE: *It is important that you inform the above people that they may be asked to show identification on their first few visits until staff become aware of whom they are. Only those people to whom you have given authority will be permitted to collect your child from the service.*

SECTION 6: MEDICAL INFORMATION

Family's medical practitioner's name: _____

Telephone number: _____

Address: _____

Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Medicare number: _____

Do you have a health care card? YES NO

If yes, health care card number: _____

Does your child have any medical condition EG? Asthma, anaphylaxis, diabetes, allergies, dietary restrictions, etc.

YES NO

If **YES** please provide details

Please attach a copy of a medical management plan prepared by the child's doctor. You also need to complete and attach the Centre Risk Minimization Plan.

Medical Management Plan YES

Risk Minimization Plan YES

Medical Conditions/Additional Needs

Does your child have any diagnosed additional needs for example ADHD or Autism, or require additional assistance to meet their needs?

YES NO

If **YES** please provide details of the condition/needs they require assistance with:

Does your child require administration of medication while at the service? YES NO

If **YES** please provide details and complete a medical administration form:

NOTE: Medication will only be administered in accordance with the services Medication Policy that you be will be provided with.

Immunisation

Has your child received the necessary immunisation for their age? YES NO

If **NO**, please complete & attach an Immunisation Exemption Conscientious Objection form available from Medicare.

SECTION 7: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any dietary requirements other than allergies? For example cultural preferences or religious beliefs

YES NO If **YES** please provide details:

SECTION 8: CHILDS INTERESTS

Please provide Fair Play with your child's interests to help with transitions.

NOTE: Staff will also talk individually to your child about their interests on a regular basis and incorporate these into the program and experiences on offer.

SECTION 9: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: Please read this section carefully. If you do not give your permission for any leave blank.

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the educators to seek medical treatment for my child from a medical practitioner, Hospital or Ambulance and for the child to be transported by Ambulance if required and agree to meet any financial expenses occurred.

Signed: _____

Date:

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

Signed: _____

Date:

4. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for educators to apply 30-50+ Australian Standard sunscreen to my child before outdoor play activities.

Signed: _____

Date:

5. ELECTRONIC DEVICES

I understand that my child is not permitted to bring any electronic devices such as iPods, iPads etc. whilst in Fair Play care as this is a Fair Play Policy which has been implemented due to new government law and regulations that assist staff to meet daily outcomes.

Signed: _____

Date:

6. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE SERVICE

I agree to sign my child in and out on the appropriate documentation on arrival and departure each day they attend the service. I understand that Fair Play has no responsibility of my child until I or an authorized person, including a staff member, has signed my child in or out of each session.

Signed: _____

Date:

7. LIABILITY

I understand the provider of Fair Play service is not liable for any personal injury, damage, loss to personal property due to any cause whatsoever, unless there is proven negligence by the provider or employee.

Signed: _____

Date:

8. CHILD ABSENCE

I agree to notify the service if my child is absent on a day that they are booked in.

Signed: _____

Date:

9. MOVIE PERMISSION

I give permission for my child to participate and view G & PG movies

Signed: _____

Date:

10. TRANSPORTATION

I give permission for Fair Play to transport my child off a Fair Play designated site of operation if and when required. I understand risk assessments will be undertaken for each program occasion, e.g. excursion, transportation to and from school, evacuation, the child required medical hospital or ambulance care or treatment, another emergency.

Signed: _____

Date:

11. SHARING INFORMATION

I give permission for Fair Play to exchange information regarding my child and their wellbeing with other educational facilities.

Signed: _____

Date:

SECTION 10: DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and acknowledge that I have received a Fair Play Parent Handbook

via: EMAIL HARDCOPY

Signed: _____

Date:

- I acknowledge by signing this form, I understand and accept the Centre Policies.

Signed: _____

Date:

- I Acknowledge all information I have provided on this form is true and correct and that I have provided Centrelink with this information. I am aware that it is my responsibility to advise Fair Play and Centrelink immediately with any change in the above information provided on this form.

Parent and/or Guardian's Full Name (please print): _____

Signature: _____ Date: _____

Fair Play OOSH & Vacation Care PTY

Services located at:

- St. Paul's Primary School, Gateshead, NSW
- St. Josephs Primary School, Kilaben Bay, NSW
- Boolaroo Public School, Boolaroo, NSW

Photo Release Form

At Fair Play OOSH & Vacation Care, we take many pictures. Mostly we take pictures to display within our centres and also to use as part of our required documentation.

We are currently in the process of developing our new website (www.fairplayoosh.com.au) and would love to be able to use photographs of all the fun times we have at OOSH.

We need each parent to accept or decline what we can do with pictures of their child/children. Please read each description and initial each one if you accept or decline.

1. I grant to Fair Play OOSH & Vacation Care the right to take photographs of my child/ren and my family in connection with their childcare experiences at the facility and on outings or excursion. I also give permission to display photographs of my child/ren in daily diaries and evaluation sheets.

Accept _____ Decline _____

2. I authorize Fair Play OOSH & Vacation Care, its employees, representatives, agents and persons associated within the company to copyright, use and publish photographs of my child/ren in print and/or electronically for the purpose of marketing, publicity and advertising (ex. brochures, newspapers, newsletters).

Accept _____ Decline _____

3. I agree that Fair Play OOSH & Vacation Care may use such photographs of my child/ren without names for any lawful purpose, including for such purposes as publicity, illustration, advertising, and Web content (ex. website, Facebook).

Accept _____ Decline _____

I understand that this Release will be in effect as long as my child/children are enrolled in Fair Play OOSH, unless I request and fill out a new form.

I have read, initialled and understand the above:

Signature of Parent or Guardian _____

Printed name _____

Name of Child/ren _____

Date _____