

Scallywaggs Skoolz OSHC

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ENROLMENT FORM

Commencement Date: _____

CHILD'S DETAILS

CHILD'S CRN: _____

Personal

Name: _____

Address: _____

Date of Birth: _____ * Gender: _____

*Birth Certificate must be sighted within 6 weeks of enrolment commencing.

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Place of Birth: _____

Ethnic Origin: _____

Primary language spoken at home: _____

Days of Attendance:

Days	Approx. Time In	Approx. Time Out
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

Should you wish to change any of the agreed hours as stated here you will need to consult the Director to ensure that the service can meet your needs.

Please Note: By signing this enrolment form you are entering a contractual agreement with Scallywaggs Skoolz OSHC. Upon accepting a position for your child at the Centre, you will be required to pay a Holding Deposit along with to (2) weeks fees in advance. The Holding Deposit is refundable when two (2) weeks notice has been given before terminating your child's care with the service.

PARENTS DETAILS

Parent CRN No: _____ (Account Holder).

Parent ONE

Parent TWO

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Mobile: _____

Mobile: _____

DOB: _____

DOB: _____

Work Phone: _____

Work Phone: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Occupation: _____

Occupation: _____

Ethnicity: _____

Ethnicity: _____

Languages Spoken: _____

Languages Spoken: _____

Email (optional): _____

Email (optional): _____

This centre values cultural diversity. Knowledge of children’s ethnic background helps the staff better meet the family and child’s needs.

Are there any other persons (other than siblings) residing in your home?

Access/Custody Details

Does a court order exist regarding the legal custody of your child? Yes / No

Who has legal custody of your child? _____

The Director needs to sight and keep a copy of any court orders relating to custody or access to the child being enrolled. All information will remain confidential.

Original sighted by Director: _____ Copy taken by Director: _____

Other Persons Authorised to Collect the Child

In the event of my child being left at the centre after closing time (6pm) or the collecting parent (or primary carer) being deemed by centre staff as *'unfit to collect'** my child, or in an emergency, I authorise the following persons to be contacted and collect my child from Scallywaggs Skoolz OSHC.

Name	Work Phone	Home Phone	Mobile Phone	Home Address	Relationship to child
1.					
2.					
3.					
4.					

Any special instructions or comments: _____

Persons other than those specified above will not be permitted to collect your child. If you wish to change or add to the persons you authorise to collect your child please see the centre Director. In the event of an emergency and the above persons are not available to collect your child, you are required to contact the centre by phone and provide details of the person who will be collecting the child. This person will need to provide identification.

I understand that in the event that parents and emergency contacts can not be contacted, the Department of Community Services/Police will be notified.

Signed: _____ Date: _____

* *'unfit to collect'* includes persons considered by centre staff to be affected by alcohol or other drugs, mentally or physically ill, threatening or in fear of danger, so as not to be able to provide reasonable, safe care.

HEALTH INFORMATION

Immunisation

Immunisation is not compulsory to enrol at Scallywaggs Skoolz OSHC, however, in the event of an outbreak of a vaccine preventable disease, immunised children will be required to remain at home for the duration of the outbreak. Fees need to be paid during these absences.

Office to complete this section:

Documentation of immunisation (specify type) _____

Original documentation of Birth Certificate sighted by Director: _____

Copy of immunisation and B/Certificate kept by Centre: _____

Medical History

Has your child had any past illnesses? _____

Does your child have any present illnesses? _____

Is your child receiving and regular medication? Please provide details.

Does your child have any allergies? _____

Does your child have any dietary requirements or restrictions? Please provide brief details

Does your child have asthma?	Yes	No	Unsure
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Does your child have epilepsy?	Yes	No	Unsure
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Does your child have diabetes?	Yes	No	Unsure
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Medical Details

Medicare Number: _____ Health Care Card holder: Yes / No

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Authorisation for the emergency administration of panadol/nurofen

I give consent to the centre to administer one dose of panadol/nurofen according to the manufacturer's instructions if my child has a temperature above 38 degrees Celsius and I have given verbal permission over the phone.

Signed: _____ Date: _____

I give consent to the centre to administer one dose of panadol/nurofen according to the manufacturer's instructions if my child has a dangerous temperature (persistently above 38 degrees Celsius) and parents/s or emergency contacts cannot be contacted.

Signed: _____ Date: _____

Authorisation for the emergency medical, hospital, dental and ambulance service

I give consent to the centre to authorise immediate emergency action and provide appropriate services, such as a doctor, dentist, ambulance or other person or service as is considered appropriate, to my child in case of an emergency. I authorise the centre to transport my child via ambulance service if required.

Signed: _____ Date: _____

Authorisation for your child to attend all incursions and excursions (to be taken off premises)

Signed: _____ Date: _____

Sun Policy

I realise that it is my responsibility to apply sunscreen to my child on arrival at the centre. Staff will reapply sunscreen when necessary. I realise that it is my responsibility to provide my child with clothing that protects his/her back and shoulders from the sun. I understand that I must provide a hat for my child.

Signed: _____ Date: _____

Policy Development:

Do you wish to be involved in regular development and review of Centre Policies? Y / N

SPECIAL NEEDS/DEVELOPMENTAL DETAILS

Are there any special requirements which you wish the staff to observe in the care of your child?

Has your child undertaken any early intervention or screening? Please provide details.

Has your child been diagnosed with as having Additional Needs? Yes / No

If yes, please state diagnosis: _____

Is your child currently attending or waiting for Early Intervention Services?

Does your child require additional support while attending OSHC? Yes / No

If yes, please state what type: _____

Knowledge of children's additional needs assists our centre to ensure that our program meets your child's needs.

ENROLMENT CHECKLIST

Before returning your enrolment form, have you:

- Got evidence of date of birth (e.g. Birth Certificate)?
- Got evidence of any legal documents that affect your child (e.g. Court Orders)?
- Got evidence of immunisation (ACIR Immunisation History Statement)?
- Completed and signed all sections of this form?
- Got your Child Care Benefit details including CRN from the Family Assistance Office?



Signed: _____ Date: _____