

Gilson College - Mernda OSHC (Outside School Hours Care)

370 Bridge Inn Road, Mernda 3754

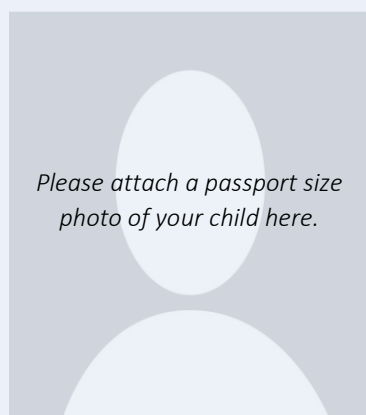
Phone: (03) 97177320

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FAMILY ENROLMENT FORM – 2023

Gilson College - Acacia Room

OUT OF SCHOOL HOURS CARE ENROLMENT FORM



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

| | | | |
|--|--|--|--|
| Child's birth certificate/identity documents | | Child Customer Reference Number (CRN) | |
| AIR Immunisation History Statement | | ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma) | |
| Parent Customer Reference Number (CRN) and date of birth | | Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan | |
| Copies of any family law or other relevant court Orders and/or legal documents | | Photo identification of all emergency contacts | |

OFFICE USE ONLY

Date Entered

Entered By

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

| | | | |
|----------------------|--|-------------|--|
| Family Name | | | |
| First given name | | Middle name | |
| Preferred first name | | | |

| | | | |
|---------------|--|------------------------|-------|
| Date of Birth | | Gender (Please circle) | M / F |
|---------------|--|------------------------|-------|

| | |
|--|--|
| Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i> | |
|--|--|

| | |
|---------------------------|--|
| Child's home address | |
| | |
| Child normally lives with | |

Booking Information (please tick casual or permanent)

Casual Permanent

Please tick which days you require for permanent bookings. **BOOKINGS are essential.**

| Days of attendance | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------|--------|---------|-----------|----------|--------|
| BEFORE School Care | | | | | |
| AFTER School Care | | | | | |

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

| | |
|--|---|
| Is your child of Aboriginal or Torres Strait Islander origin? | <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both |
| Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i> | If yes, what language (s) other than English are spoken at home. |
| County of birth | |
| Child's residency status | |
| What is your child's cultural background? | |
| Religion | |
| Please outline cultural or religious practices the service should be aware of (diet, routines ... etc) | |

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

| | |
|----------------|--|
| Parent Name | |
| Parent Surname | |
| Address | |

| | |
|---|-------------------|
| Phone Number/s | (H) (M) (W) |
| Parent Date of Birth: | |
| Email address | |
| Relationship to child | |
| Country of Birth | |
| Languages other than English spoken at home | |

| | |
|---|--|
| Parent Centrelink Reference Number (CRN): | |
|---|--|

| | |
|---|--|
| Please provide any relevant cultural background details | |
|---|--|

| | |
|---|----------|
| Does the child normally live with you? (Please circle) | Yes / No |
|---|----------|

| | |
|---------------------|--|
| Occupation | |
| Place of Employment | |

SECONDARY PARENT

Education and Care Services National Regulations – Regulation 160 (3b)

| | |
|----------------|-------------------|
| Parent Name | |
| Parent Surname | |
| Address | |
| Phone Number/s | (H) (M) (W) |

| | |
|---|--|
| Parent Date of Birth | |
| Email address | |
| Relationship to child | |
| Country of Birth | |
| Languages other than English spoken at home | |

| | |
|--|--|
| Parent Centrelink Reference Number (CRN) | |
|--|--|

| | |
|---|--|
| Please provide any relevant cultural background details | |
|---|--|

| | |
|---|----------|
| Does the child live with you? (Please circle) | Yes / No |
|---|----------|

| | |
|---------------------|--|
| Occupation | |
| Place of Employment | |

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

| | | |
|--|---|----------|
| Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? | Yes/No | Attached |
| | If yes, please provide all relevant documentation and paperwork | |
| Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person? | Yes/No | Attached |
| | If yes, please provide all relevant documentation and paperwork | |

| | | |
|---|--------|----------|
| | | |
| Have photographs and names of unauthorised people been attached to this form? | Yes/No | Attached |
| Briefly outline court order requirements | | |

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j) Regulation 162(d)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

| | | | |
|---|----------|-----------------------------------|----------|
| Child's Medicare Number | | | |
| Medicare Expiry Date | | Child's Medicare reference number | |
| Doctor's name | | | |
| Medical Centre | | Phone number | |
| Doctor's address | | | |
| Dentist name | | | |
| Name of Service | | Phone number | |
| Dentist's address | | | |
| Private Health Cover | Yes / No | Private Health Fund Name | |
| Private Health Care Membership Number | | Ambulance Cover | Yes / No |
| Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service) | Yes / No | | |

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

| | | | |
|---|--------|--|---------------------|
| Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other | | | |
| Allergy to | | | |
| Medical specialist or doctor who may be currently treating your child for this condition | | | |
| Phone contact | | Address | |
| Risk of Anaphylaxis | Yes/No | Has a doctor diagnosed this allergy? | Yes/No |
| Does your child have a current ASCIA Action Plan? | Yes/No | Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?) | Yes/No |
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis | | | Yes/No |
| If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date). | | | |
| What is the expiry date of the adrenaline autoinjector? | | | Month / Year |
| Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i> | | Yes/No | Parent 1 Signature: |
| | | | Parent 2 Signature: |
| | | | |

Does your child have any special dietary requirements or restrictions? Yes/No

| Prohibited Food | Detailed information |
|-----------------|----------------------|
| | |

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

| | | | |
|--|--|--|--------|
| Medical condition | | | |
| Has a doctor diagnosed this condition? | | | Yes/No |
| Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan) | | | Yes/No |
| If yes, is this plan attached? | | | Yes/No |

| | | | |
|--|--------|------------------------|------|
| A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90) | | Yes/No | |
| If yes, is this plan attached? | | Yes/No | |
| Does your child take any prescribed regular medication for this condition? | | Yes/No | |
| Medication Name/s | | | |
| REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION | | | |
| Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i> | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis). | | | |
| Doctor's name | | | |
| Medical Centre | | Phone Number | |
| Signature | | | Date |
| <p>Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.</p> <p>Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.</p> | | | |
| | | | |

| | | |
|---|------------------------|--|
| Medication agreement | | |
| Medication will only be administered if: <ul style="list-style-type: none"> • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid | Parent 1 Signature: | |
| | Parent 2 Signature: | |

| | |
|--|--|
| <ul style="list-style-type: none"> any verbal or written instructions provided by the medical practitioner must be provided by the parent/s <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our <i>Administration of Authorised Medication</i> form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p> | |
|--|--|

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)

| | | |
|---|---------|----------|
| Immunisation Status of Child at enrolment | | |
| AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded. | Yes/ No | Attached |
| AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity. | Yes/ No | Attached |
| Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated. | Yes/ No | Attached |

FAMILY INFORMATION

| | |
|---|--|
| Does your child have any siblings attending our Service? If so, please provide their names and ages. | |
| Does your child have other siblings at home or attending school? If so, please provide their names and ages. | |
| Does your child have any other close relations attending the Service? If so, please provide their names and ages. | |

DEVELOPMENTAL INFORMATION

| | <i>Please provide any relevant information</i> |
|--|--|
| Does your child have any problems with hearing, sight or speech? | |
| Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? | |
| Does your child require additional support for learning because of disability? | |
| Is there anything that you do or modify at home that may assist us to meet the educational needs of your child? | |
| Is this the first time your child has been in care? If yes, please indicate the type of early education and care your child has experienced. | |

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

| | |
|-----------------------|-------------------|
| Full Name | |
| Relationship to child | |
| Phone Number | (H) (M) (W) |
| Address | |
| Email Address | |

| | | | |
|--|--------|--------------------|--|
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? | Yes/No | Parent 1 Signature | If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A |
| | | Parent 2 Signature | |

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, i, ii, 1b)

| | | | |
|--|--------|--------------------|--|
| Full Name | | | |
| Relationship to child | | | |
| Phone Number | (H) | | |
| | (M) | | |
| | (W) | | |
| Address | | | |
| Email Address | | | |
| Can this person be contacted to collect your child from the education and care service | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |

| | | | |
|--|--------|--------------------|---|
| | | | |
| Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Can this person give authorisation for the Service to take the child on regular outings? (Please Circle) | Yes/No | Parent 1 Signature | |
| | | Parent 2 Signature | |
| Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child? | Yes/No | Parent 1 Signature | If your service does not offer, or arrange transportation of children as part of your education and care service - mark N/A |
| | | Parent 2 Signature | |

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

| | | | |
|--|--------|---------------------|--|
| Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |
| Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency? | Yes/No | Parent 1 Signature: | |
| | | Parent 2 Signature: | |

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

| | | |
|--|-----|----|
| I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service) | YES | NO |
| I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability) | YES | NO |
| Have Band-Aids or sticking plasters applied when necessary | YES | NO |
| Have staff apply Insect Repellent (supplied by parents) | YES | NO |

PHOTOGRAPHY AND VIDEO

| | | |
|--|-----|----|
| For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service) | YES | NO |
| For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service | YES | NO |
| For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking) | YES | NO |
| For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources | YES | NO |

PARENT AGREEMENT (Medication / Emergency / General)

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am

unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

- I agree to pay a late pickup fee of (\$10.00 for first 5 minutes and \$1.00 per minute thereafter for each child) after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- I understand that in an emergency situation or fire drill, where evacuation is necessary that my child may need to leave the Before & After School Care Program premises under the direction and supervision of the Before & After School care educators.
- I authorise the Before & After School care educators in the event of accident, injury or illness, to administer on my behalf any such medical attention my child may require. I agree to pay all expenses that maybe incurred including ambulance and any medical costs.
- I understand it is my responsibility to inform the service if my child contracts an infectious or contagious disease.
- I authorise the service to display relevant Action Plans which will include a photo of my child.
- I agree to provide all information in relation to my child's needs, health and provide any management plan my child is under before they commence care.
- I agree to notify the Coordinator if there are any changes in my child's health status after they commence care and will provide any new management plans.
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.
- I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an

educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

- I give permission for my child to be involved with leisure activities offered at the OSHC Service.
- I have read the Family Handbook and am familiar with the Service's Policy Manual available at the Service located in the Acacia room and in the office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.
- I am interested to provide feedback, assist with activities, fundraising and social events organised by the Service.
- I, or someone I know, has a skill they could share with the children to enhance the educational program.
- I realise that my child will be involved in a Christian College and am willing to uphold and support the Christian philosophy and values of the College.
- I declare that the information in this enrolment form is true and correct and undertake to immediately inform Gilson College OSHC Mernda Program in the event of any change to this information.

| | | | | | |
|---|--|-----------|--|------|--|
| I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation. | | | | | |
| PRINT NAME | | SIGNATURE | | DATE | |
| PRINT NAME | | SIGNATURE | | DATE | |

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Regular Debit Form

You may elect to have payments taken out each invoice from your designated credit card.

A receipt will be forwarded upon payment. Please complete the following details

I _____ give permission for Gilson College Mernda OSHC to take regular payments from this account during 2023 **in accordance with the invoice amount owing.**

Visa

Mastercard

Card Holder Name _____ Expiry __ __ / __ __

Card Number

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Signature

Date

***** PLEASE ADVISE ANY CHANGES TO THE INFORMATION given in this form to:**
oshc.m@gilson.vic.edu.au or call (03) 9717 7320