

Enrolment Form



St Nicholas OOSH

DIOCESE OF MAITLAND-NEWCASTLE



www.stnicholasoosh.com

All information on this form is confidential. It is the family's responsibility to ensure information is kept up to date.

Which St Nicholas OOSH Centre do you wish to enrol your child/re in:

*Please attach a
passport size photo of*

Child 1 Name:

*Please attach a
passport size photo of*

Child 2 Name:

CHILD 1 DETAILS*Education and Care Services National Regulations - Regulation 160 (3a, e)*

Given Name (s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Gender (Please circle):	Male / Female
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address:			
Child lives with:			
Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied			Yes / No

ATTENDANCE

Days of attendance BEFORE SCHOOL (Please tick):	Monday	Tuesday	Wednesday	Thursday	Friday
Days of attendance AFTER SCHOOL (Please tick):	Monday	Tuesday	Wednesday	Thursday	Friday
Casual Care (Please tick):	YES		NO		
Vacation Care (Please tick):	YES		NO		
Start Date:					
Name of school child attends:					
School contact number:					
Current class:					
Current teacher's name:					
Special instructions:					

CHILD 2 DETAILS

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

Given Name (s):			
Middle Name:		Surname:	
Name Usually Called:			
Date of Birth:		Gender: (Please circle):	Male / Female
Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>			
Child's home address:			
Child lives with:			
Child's birth certificate or equivalent has been cited by Nominated Supervisor/Responsible Person and photocopied			Yes / No

ATTENDANCE

Days of attendance BEFORE SCHOOL (Please tick):	Monday	Tuesday	Wednesday	Thursday	Friday
Days of attendance AFTER SCHOOL (Please tick):	Monday	Tuesday	Wednesday	Thursday	Friday
Casual Care (Please tick):	YES		NO		
Vacation Care (Please tick):	YES		NO		
Start Date:					
Name of school child attends:					
School contact number:					
Current class:					
Current teacher's name:					
Special instructions:					

Continued on the next page:

CULTURAL CONSIDERATION*Education and Care Services National Regulations - Regulation 160 (f, g, h)***CHILD 1****CHILD 2**

Language spoken at home:		Language spoken at home:	
Ethnicity:		Ethnicity:	
Religion:		Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i>	Yes / No	Is the Child of Aboriginal or Torres Strait Islander Descent? <i>(Please circle)</i>	Yes / No
Please outline any cultural practices you would like followed:		Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:		Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:		Religious celebrations:	

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

Medicare Number:			
Medicare Expiry Date:		Child 1	Child 2
	Number on card:		
Please outline any dietary restrictions or considerations e.g. like and dislikes. (Details of allergies etc. will be requested in the Medical section of the form):			

Family Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Family Registered Dental Practitioner or Service Details:

Service Name:		
Practitioner's Name:		
Contact Numbers:		
Address:		
Private Health Cover (Please Circle):	Yes / No	
Private Health Fund Name:		
Private Health Care Membership Number:		
Ambulance Cover:	Yes / No	

Child 1

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)		Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: ☐ A photo of the child ☐ If relevant, state what triggers the medical condition, allergy or anaphylaxis ☐ First aid needed ☐ Contact details of the doctor who signed the plan ☐ When the Plan should be reviewed.	
Does the child have any dietary restrictions? (Please Circle)		Yes / No (If yes, please attach relevant details.)	Attached
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: - The label must contain the child's name and - Parents must provide any verbal or written instructions provided by the medical practitioner. <i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i>		Parent 1 Signature:	
		Parent 2 Signature:	
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:	

IMMUNISATION DETAILS

I have chosen not to have my child immunised.	Yes/No Please note: Approved documentation must be provided before your child can attend <i>See Immunisation Policy</i>	Attached
Are your child's immunisations up to date?	Yes/No Please provide a copy of your child's: Immunisation History Statement provided by Medicare	Attached
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:
		Parent 2 Signature:
Please be advised that if the 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:

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child <i>(For example, favourite activities, favourite subjects at school, etc.)</i>	
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Child 2

Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)		Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: ☐ A photo of the child ☐ If relevant, state what triggers the medical condition, allergy or anaphylaxis ☐ First aid needed ☐ Contact details of the doctor who signed the plan ☐ When the Plan should be reviewed.	
Does the child have any dietary restrictions? (Please Circle)		Yes / No (If yes, please attach relevant details.)	Attached
Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner: - The label must contain the child's name and - Parents must provide any verbal or written instructions provided by the medical practitioner. <i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form. <i>Education and Care Services National Regulations Regulation 93</i>		Parent 1 Signature:	
		Parent 2 Signature:	
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:	

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		Parent 2 Signature:

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child <i>(For example, favourite activities, favourite subjects at school, etc.)</i>	
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FAMILY INFORMATION

Does the child/ren have any siblings? If so, please provide their names and ages.	
Does the child have any other close relations attending the Service? E.g. cousins. If so, please provide their names and ages.	

PARENT/ GUARDIAN DETAILS*Education and Care Services National Regulations - Regulation 160 (3b)*

	PARENT/ GUARDIAN	PARENT/ GUARDIAN
FULL NAME		
ADDRESS		
RELATIONSHIP TO THE CHILD		
Centre link Reference Number (CRN):		
DATE OF BIRTH		
HOME PHONE NUMBER		
WORK PHONE NUMBER		
MOBILE NUMBER		
EMAIL ADDRESS		
OCCUPATION		
PLACE OF EMPLOYMENT		
Please provide any relevant cultural background details:		

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

Are there any 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? If yes, please provide all relevant documentation and paperwork	YES		NO		Attached	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? If yes, please provide all relevant documentation and paperwork	YES		NO		Attached	

Please note that without this documentation we cannot legally enforce the Order/s.**FIRST EMERGENCY CONTACT***Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 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. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please obtain the person's consent before listing them as an emergency contact			
Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 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:	
Can this person give authorisation for the Service to take the child on regular outings (excursions)?	Yes/No	Parent 1 Signature:	

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

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 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:	
Can this person give authorisation for the Service to take the child on regular outings (excursions)?	Yes/No	Parent 1 Signature:	

Authorised Persons

Authority to collect your child from the centre ONLY (OTHER THAN EMERGENCY CONTACTS LISTED ABOVE). I hereby authorise the staff of the centre to allow the following people to collect my child/ren from the centre.			
FULL NAME	ADDRESS	CONTACT NUMBER	RELATIONSHIP TO CHILD

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING.

Please tick the following items to authorise:

HEALTH & SAFETY:

I/We give permission for the child/ren to:		
Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied 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 Insect Repellent applied if required (supplied by parents)	YES	NO

PHOTOGRAPHY & VIDEO:

I/We give permission for the child/ren:		
For photos to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service – may be displayed	YES	NO
For photos of my/our child to be used for student training purposes (Photos may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos 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
Do you ONLY give permission for photos of your child to be taken for your own personal viewing and to receive copies	YES	NO

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 pay the Service enrolment fee and a security bond equivalent to 2 weeks' full fees prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
- ☐ I understand that weekly statements are created and I understand that fees are paid by Debit success and required to be 2 weeks in advance at all times.
- ☐ I understand that fees are payable regardless of attendance except during the Christmas closure or pupil free days where 2 weeks' notice has been provided that the child will not be attending.
- ☐ 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 if 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 fee as per the St Nicholas OOSH Fee Policy if I or the nominated person is late collecting my child/children.
- ☐ I agree to giving two weeks written notice to withdraw my child or change booked days. I understand that if my child does not attend during this time I will not be eligible for Child Care Subsidy and full fees will be charged.
- ☐ I agree to allow my child to apply sunscreen before any outdoor activities. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service, clearly labelled with your child's first and last name).
- ☐ I authorise the staff to administer a single dose of paracetamol (Panadol) OR allow my child to self-administer a single dose of paracetamol under staff supervision, appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does mean your child must still be collected and cannot remain at the service.
- ☐ I give permission for prescribed medication to be administered OR self-administered by Service primary contact staff upon my authorisation on the Service's 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 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 (within 6 months) dated Doctors letter 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 the 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 have read the Parent Handbook and am familiar with the Service's Policy Manual and I agree to follow, support, and abide by these Policies and am aware that staff members are available to discuss any policies with me that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.

☐ I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.

☐ I, or someone I know has a skill they could share with the children.

Signed: _____ Name: _____ Date: ____ / ____ / ____

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

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.

OFFICE USE**ATTACHED DOCUMENTS**

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

Child 1	
Child CRN	
Claiming parent CRN	
Immunisation record	
Child's birth certificate	
Medical document and action plan attached	
Child Care Subsidy Confirmation	

Child 2	
Child CRN	
Claiming parent CRN	
Immunisation record	
Child's birth certificate	
Medical document and action plan attached	
Child Care Subsidy Confirmation	

OFFICE USE ONLY	
Date Entered:	Entered By: