

**ENROLMENT FORM A**

**A Community Service of Port Stephens Council**

**ENROLLING PARENT DETAILS**

Title (Dr/Mr/Mrs/Ms): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

Postal address: \_\_\_\_\_

Suburb: \_\_\_\_\_ CRN: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employers name: \_\_\_\_\_

Email: \_\_\_\_\_

Please note that notification must be given of any changes to relevant information.

**CHILD DETAILS**

	CHILD 1	CHILD 2
<b>Full Name</b>		
<b>Male/Female</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Customer Reference No.</b>		
<b>School attended</b>		
<b>Class</b>		
<b>Medicare number</b>		
<b>Fully immunised Yes/No</b>		
<b>Date care is to begin</b>		

**Days child/ren will be attending the Centre (Please tick for permanent days required)**

<i>Care Required</i>	<i>MONDAY</i>	<i>TUESDAY</i>	<i>WEDNESDAY</i>	<i>THURSDAY</i>	<i>FRIDAY</i>
<i>AM</i>					
<i>PM</i>					

Casual Placement only (Please tick box)

**NON –ENROLLING PARENT/GUARDIAN DETAILS**

<b>Name</b>	
<b>Address</b>	
<b>Home phone</b>	
<b>Mobile</b>	
<b>Email Address</b>	
<b>Work phone</b>	
<b>Employers Name</b>	

**EMERGENCY CONTACT PERSONS (Other than child's parents)**

Please nominate three people, other than the parents listed above, who may be contacted in an emergency or who may also collect your child(ren) from the centre in the event of an emergency and are authorised to give consent to administer medication.

Photo Identification needs to be shown upon collecting child/ren from centre.

<b>Full Name</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Mobile</b>			
<b>Address</b>			
<b>Relationship to child</b>			

## AUTHORISED COLLECTORS

Please list here persons other than emergency contacts & parents who you authorise to collect child/ren (only those listed will be allowed, any changes are to be made in writing).

Photo Identification needs to be shown upon collecting child/ren from centre.

<b>Full Name</b>			
<b>Home Phone</b>			
<b>Work Phone</b>			
<b>Mobile</b>			
<b>Address</b>			
<b>Relationship to child</b>			

The service must be given prior notice when the above people will be collecting the child/ren. If neither a parent nor the person/s nominated above are able to collect child/ren the Supervisor must be advised, this may be noted on the sign in/out sheet or by telephone. Child/ren will not be released into the care of unauthorised persons.

Are there any court orders, parent orders or parenting plans that we need to be aware of?

**YES NO**

**You are required to provide a copy of relevant court orders.**

A parent of a child may only be denied access where a current Court Order stating such has been provided to the centre.

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Are there any religious / cultural requirements that need to be considered while your child/ren are at our centre?

**YES NO**

If so please provide details.

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**MEDICAL INFORMATION**

<b>Family Doctor's Name</b>	
<b>Medical Centre Name</b>	
<b>Doctor or Medical Centre Address</b>	
<b>Doctor or Medical Centre Phone</b>	

Is there any dietary, medical or other conditions (emotional, physical or psychological) which Educators need to be aware of to support your child(ren) while in our care? **YES NO**

If yes please indicate the nature of the condition and any requirements. Please include any known allergies.

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Is your child/ren on any prescribed medication? **YES NO**

If so please list the medication and any side effects.

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Do you require the centre to administer medication? **YES NO**

**If yes you will be required to complete a "Medication Authorisation" form.**

Does your child/ren have any physical, sensory or developmental support needs that Educators need to be aware of? **YES NO**

**If yes then you will be required to complete Enrolment Form B**

Does your child have Asthma or Anaphylaxis? **YES NO**

**If so you will be required to provide a current medical management plan.**

**Signature:** \_\_\_\_\_

**Date:** \_\_/\_\_/\_\_

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## **AUTHORISATIONS, AGREEMENTS AND PERMISSIONS**

### TRANSPORT AUTHORISATION:

I authorise the Service Educators to escort my child/ren from Before School Care to their nominated transportation to school and if required supervised onto the designated transport.

MORNING: My Child will travel from the Centre by (please circle)

**BUS    FOOT    PRIVATE CAR    ASSISTED SCHOOL TRAVEL TRANSPORT**

I authorise the Service Educators to collect my child/ren from the nominated transportation from school and escort them to the centre for After School Care.

AFTERNOON: My Child will travel to the Centre by (please circle)

**BUS    FOOT    PRIVATE CAR    ASSISTED SCHOOL TRAVEL TRANSPORT**

MEDICAL EMERGENCY: In the event of an accident or illness, I consent for the Approved Provider, Nominated Supervisor or an Educator to seek medical treatment from a registered medical practitioner, dental, hospital or ambulance service (transportation of the child by ambulance). I accept liability for any medical/ dental/ ambulance/ hospital expenses as may be incurred.

**YES / NO**

PARENTAL RESPONSIBILITY POLICY: I have read and agree to abide by the conditions set out in the policy.

**YES / NO**

PERMISSION FOR PHOTOGRAPHS: I give permission for my child to have their photograph taken and used in Centre environment.

**YES / NO**

PERMISSION FOR SUNSCEEN (Cancer Council 50+):

I give permission for my child to apply sunscreen

**YES / NO**

PERMISSION FOR INSECT REPELLANT

I give permission for my child/ren to apply insect repellent

**YES / NO**

I RECEIVED A DISK CONTAINING CENTRE POLICIES

**YES / NO**

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PARENT ADVICE FOR CHILDREN USING OTHER SERVICES**

Please complete this if you have another child using an approved child care service and wish to claim a multiple child in care rate for Child Care Benefit, **OR** if you wish to restrict the number of hours you claim CCB for your child attending our OOSH.

Number of siblings using other service	Total number of children eligible for CCB

Will your child be using another CCB approved service during the same week you are using our OOSH? **YES** **NO**

If you answered YES to the above question, how many hours per week do you want to claim Child Care Benefit from this Service?  
\_\_\_\_\_

**PLEASE INDICATE HOW YOU OBTAINED INFORMATION ABOUT OUR CENTRE**

***Port Stephen's Council***

***Port Stephens Council - Website***

***Internet Search***

***Facebook***

***Friends/Family***

***Word of Mouth***

***School/ School Newsletter***

***Other*** \_\_\_\_\_

The following personal details are requested to assist in caring for your child, to comply with census requirements or to assist us determine "Priority of Access".

***Aboriginal or Torres Strait Island heritage?*** \_\_\_\_\_

***Cultural background of Child*** \_\_\_\_\_

***Cultural background of Parent*** \_\_\_\_\_

***Language other than English spoken at home*** \_\_\_\_\_

***Does your household include a person with a continuing disability?*** \_\_\_\_\_

***Do you consider your family to be socially isolated?*** \_\_\_\_\_

***Please circle family status:***      ***Two Parent Family***                      ***One Parent Family***

***Both parents working***                      ***One parent working***

***Both parents studying/training***      ***One parent studying/training***

\* It is our statutory obligation under the Child Care and Protection Act to report incidents of suspected Child Abuse / Neglect. In the interests of child protection relevant information we hold about you or your child may be shared with other authorised organisations.

#### **YOUR PRIVACY**

Port Stephens Council is committed to protecting your privacy. We take reasonable steps to comply with relevant legislation and Council policy.

**Purpose:** this information is being collected in order to provide care for your child.

**Intended recipients:** this information will be used by Port Stephens Council staff.

**Supply:** legally required.

**Consequence of Non Provision:** if the information is not provided then your child cannot be enrolled with the service.

**Storage and security:** This document will be placed on the relevant file and/or saved in Council's records management system in accordance with Council policy and relevant legislation.

**Access:** Please contact Council on (02) 4980 0255 to enquire how you can access information.