

Yarranlea OSHC Enrolment Form



Child Care Benefit

If you wish to claim Child Care Benefit you must provide the correct date of birth and Family Assistance Office-Customer Reference Numbers for both the child enrolling and the parent/guardian claiming the benefit.

Service required

Before School Care/After School Care /Vacation Care (PLEASE CIRCLE)

Child Details Surname _____ Given Name/s _____ Preferred Name _____

Date of Birth _____ Gender Male / Female

School attended _____ Child's Grade _____

Family Assistance Office-Customer Reference Number _____

Medicare Number _____

Nationality _____ Primary language _____

Home address _____

Post Code _____

Parent/Guardian 1 (Person Claiming Child Care Benefit)

Date of Birth _____ Relationship to Child _____

Surname _____ Given Name/s _____

Family Assistance Office-Customer Reference Number _____

Address (If different from above) _____ Postcode _____

Home Phone Number _____ Mobile _____ Work Phone _____

Email Address _____

Workplace _____ Occupation _____

Medicare Number _____ Nationality _____ Primary language _____

Parent/Guardian 2

Relationship to Child _____

Surname _____ Given Name/s _____

Family Assistance Office-Customer Reference Number _____

Address (If different from above) _____ Postcode _____

Home Phone Number _____ Mobile _____ Work Phone _____

Email Address _____

Workplace _____ Occupation _____

Medicare Number _____ Nationality _____ Primary language _____

Medical History

Medical Practitioner _____

Address _____ Phone _____

**If your child has been diagnosed with a medical condition, please circle Yes/No
(IF YES, PLEASE SEE STAFF FOR RELEVANT DOCUMENTATION)**

Immunisation

My Child's Immunisations are up to date Yes / No

(A CURRENT COPY OF YOUR CHILD'S IMMUNISATION STATUS IS REQUIRED)

Childhood Illnesses (chickenpox, measles etc) _____

Regular Medication (Letter from practitioner will be needed if staff are to administer medication-see medication policy) _____

Allergies _____

Special Diet _____

Cultural requirements _____

Additional Needs _____

Court Orders and Legal Custody

Are there any Court Orders or custody issues pertaining to your child? Yes / No

If yes, who has legal custody? _____ Details (a copy of the Custody Order will need to be kept on file)

Additional Child Information (Other important information we should know about the child?) _____

Emergency Contact Details

Please provide 2 emergency contacts (other than listed above). If you are unable to provide 2, speak to the Coordinator.
Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation.
4. In an emergency, and/or if your child is not collected at closing time, the centre will contact the emergency contacts.

AUTHORISED NOMINEE/EMERGENCY CONTACT 1

Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

AUTHORISED NOMINEE/EMERGENCY CONTACT 2

Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): <input type="checkbox"/> Collect the child from the education and care service <input type="checkbox"/> Consent to medical treatment and authorised to administration of medication. <input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises e.g. excursion.
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Family Information

Please list names of other children in your family in order of birth

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Permission

Emergency Treatment

In the event of an accident or illness requiring emergency medical treatment, every possible effort will be made to contact me before such treatment is sought. However, should this prove impossible, I hereby authorise the staff of Yarranlea OSHC to provide First Aid treatment and/or seek professional medical assistance for my child should it be considered necessary. I agree to meet all expenses in this regard.

Publicity

I consent/do not consent (Please circle) for Yarranlea OSHC to photograph/video/record audio of my child for centre use only (Not to be used for any form of advertising). A separate form will be given to authorise any other type of Media or photography to be used for other purposes.

Excursions

I give my child permission/do not give permission (**please circle**) for my child to participate in short walks/excursions, planned as part of Yarranlea OSHC's program, from the school by foot within the University grounds. A separate form will be given for any excursions requiring vehicle transportation or that are off the University grounds.

Fire Drills/Lockdowns

Please be advised that your child/children will participate in regular fire and lockdown drills throughout year.

Medication

I agree to keep my child at home if he/she is suffering an illness or requires frequent pain relief. I understand that the centre is not able to administer non-prescription medications without a letter from a doctor and that letter is only valid for two weeks.

Paracetamol

In the event of my child suffering from a high temperature, I understand that I will be contacted and expected to collect my child immediately.

Sunscreen

I authorise/do not authorise (please circle) centre staff to provide sunscreen to my child before sun exposure.

Allowable Absences

Relating to CCB (Child Care Benefit). Children are eligible for 42 days of subsidised allowable absences each financial year. Children are allowed unlimited absences if a doctor's letter is provided for each absence.

Payment of Fees

Child Care fees must be kept up to date at all times. Failure to do so, may incur and administration cost. Please see centre staff immediately if you have any issues regarding the payment of fees.

Child Care Benefit (CCB) and Child Care Rebate (CCR)

The Australian Government provides families with two types of financial assistance to help cover the costs of approved child care – the Child Care Benefit and the Child Care Rebate. It is the family's responsibility to apply for CCB and/or CCR. Please find a link that provides some information that may be useful:
<http://www.mychild.gov.au/childcare-information/rebate>.

Please contact the Department of Human Services on 13 61 50 to discuss your eligibility. You must inform the Department of Human Services of any changes to your family or financial circumstances

Forms

I have completed all forms required by Yarranlea OSHC including the enrolment form and booking form.

Policies and Procedures

I agree to abide by the Yarranlea OSHC's policies and procedures

Parent/Guardian Name (please print) _____

Parent/Guardian signature _____ Date _____

Privacy statement

Yarranlea OSHC collects, stores and uses personal information only for the purposes of administering child care. The information collected is confidential and will not be disclosed to third parties without your consent, except to meet government, legal or other regulatory authority requirements.