

### CHILD'S PERSONAL DETAILS-CHILD 3

Surname:

Given name:

Preferred name (if applicable):

Gender:

Male

Female

Other (please state):

Address:

Postcode:

Birth date (dd-mm-yyyy):

Centrelink CRN: \_ \_ \_ \_ \_

Country of birth:

Religion (Optional):

Is your child of Aboriginal or Torres Strait Islander origin?

No  Yes, Torres Strait Islander  Yes, Aboriginal  Yes, Both Aboriginal and Torres Strait Islander

Primary language spoken at home:

School attending:

Year level in 2021:

#### ABOUT YOUR CHILD

My favourite book/toy is:

My favourite sport/game is:

My favourite snack is:

I enjoy:

My fears and/or phobias are:

#### CUSTODY ACCESS

Is there a court order or parenting plan in place?  YES  NO

If yes, please provide a copy and see the Coordinator. Unless a copy of the court order is provided to us, we are unable to uphold the requirements.

The child lives with:

- Both Parents
- Mother
- Father
- Guardian

### HEALTH DETAILS –CHILD 3

Does your child have any allergies, sensitivity or anaphylaxis?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
If <b>yes</b> , please attach a separate medical management plan.  <b>Please note:</b> All children that are anaphylactic must provide a <b>current</b> anaphylaxis management plan and Epipen. <b>(less than 12 months old).</b>	
Does your child have any dietary restrictions / requirements?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have a disability or behavioural condition? (i.e. ADHD, ASD, ODD)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have any specified medical conditions/needs? (i.e. asthma, diabetes, fits/seizures)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
If <b>yes</b> , the following management procedures are to be followed (or please attach a separate management plan). <b>Please note:</b> Action plans for asthma, diabetes and epilepsy must be provided before the child commences at the service. <b>(within the last 12 months).</b>	
Has your child been immunised?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If <b>yes</b> , please indicate which supporting document you are attaching with this enrolment form.	<input type="checkbox"/> Child History Statement from Australian Childhood Immunisation Register <input type="checkbox"/> Immunisation Record printout from Medicare

**MEDICAL DETAILS- CHILD 3 (Only fill out if different to Child 1's details)**

Doctor's Name (if applicable):	
Name of Medical Practice:	
Street Address:	
Medical Health Cover:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your child covered by a current ambulance subscription?	<input type="checkbox"/> YES- Ambulance Subscription Number: _____ Expiry: _____ <input type="checkbox"/> YES-Through my Health Fund <input type="checkbox"/> NO
Medicare Details:	Number: _____ Expiry: _____
Is your child on medication?	<input type="checkbox"/> NO <input type="checkbox"/> YES If <b>yes</b> , please specify:
<b>PREP CHILDREN ONLY</b>	Please attach a copy of your child's 2020 Transition Learning and Development Statement

**CONSENT TO EMERGENCY MEDICAL TREATMENT- CHILD 3**

I / we \_\_\_\_\_  

*(please print full name/s of parent/s and/or guardians/s)*

- Agree to collect or make arrangements for the collection of my/our child referred to in this enrolment form if he/she becomes unwell at OSHC.
- Consent to the staff of OSHC seeking emergency medical or dental treatment by a medical practitioner, hospital or ambulance service, including transportation of your child in an ambulance, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by OSHC.

\_\_\_\_\_

*(Parent/guardian signature and date)*

### CONSENT FORM- CHILD 3

**Website Consent:**

I give permission for images of my child to be used on the OSHC website.

YES     NO

**Code of Behaviour:**

I have read the Code of Behaviour (see family handbook) and agree to abide by the guidelines. I have informed my child of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child is in breach of the guidelines.

YES     NO

**Family Handbook:**

I have read the OSHC Family Handbook and agree to be bound by the information and policies outlined by Croydon Hills Primary School OSHC therein. The Family Handbook can be viewed and downloaded from the school website, or a hard copy can be provided on request.

YES     NO

**Privacy Acknowledgement:**

I acknowledge the information provided herein by me is to be used by the CHPS OSHC for the sole purpose for providing childcare services for my child and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child is mandatory.

YES     NO

**Photography:**

I give permission for my child to be photographed or videoed for the purpose of promoting CHPS OSHC, within the service. Our Duty of Care ensures that children's safety and privacy is of the highest priority at all times. Surnames are never used in any of the photo displays. The photos are mainly used in the service and are displayed on the TV screen above the Sign in / out podium.

YES     NO

**Movies:**

I allow my child to watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG' in the centre and on excursions.

YES     NO

### BOOKINGS- CHILD 3

Using the table below please indicate your child's permanent attendance across the week by playing an 'X' in the box corresponding to the days you require.

**Before School Care Centre start date:**

**After School Care Centre start date:**

**Child's Name:**

Casual and Extra Bookings can be discussed with the OSHC Director and will be subject to availability. The first 2 days of the 2021 school year are curriculum days. Please advise below if you would like your child to attend. Please refer to attached program for curriculum days.

Care Required	Cost	MON	TUE	WED	THUR	FRI
Wednesday 27 <sup>th</sup> Jan- Curriculum Day	\$68.00					
Thursday 28 <sup>th</sup> Jan- Curriculum Day	\$68.00					
Before School Care days attending	\$12.00					
After School Care days attending	\$18.00					

**\*These costs are before Child Subsidy have been deducted**