



Address: School Road, Samford Village Qld 4520

Telephone: (07) 3430 9145

Email: [oshc.samford@gmail.com](mailto:oshc.samford@gmail.com)



## **FAMILY ENROLMENT FORM**

### **Child's Details**

Child's full name: \_\_\_\_\_

Home address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_ Year/Class \_\_\_\_\_

Child's CRN: \_\_\_\_\_ Cultural Heritage: \_\_\_\_\_

School attending: \_\_\_\_\_

### **Parent/Guardian Details**

#### *Parent/guardian 1 – Account Holder*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Family CRN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

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

#### *Parent/guardian 2*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

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

Are there any parenting orders relating to or child? YES/NO

Has a copy of the relevant documentation been provided? YES/NO

### **Additional information**

Does your child have any religious/cultural needs? YES/NO

Does your child have any dislikes, fears, or phobias? YES/NO

Is your child of Aboriginal or Torres Strait Islander descent? YES/NO

Is your child from a non-English speaking background? YES/NO



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**Emergency contacts/collection details**

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child and/or can be contacted in case of emergency

*Emergency contact 1:*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

*Emergency contact 2:*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

*Emergency contact 3:*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

**Health/Medical Details**

(Please circle one)

Does your child have any medical conditions?

YES/NO

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Does your child require regular medication?

YES/NO

Does your child have any allergies?

YES/NO

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Please provide details of any allergy/asthma/anaphylaxis management plans relating to your child

\_\_\_\_\_



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Does your child experience asthma? YES/NO

If yes, please indicate severity – Mild OR Severe

Is your child's immunisation status up to date? \*YES/NO

(\*Please attach an updated immunisation schedule with this form when completed)

Does your child have any specific dietary requirements? YES/NO

**Medical practitioner details**

Doctor Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ Post code: \_\_\_\_\_

**Behaviour information**

Does your child have a positive behaviour support plan? YES/NO

Is there any particular behaviour that staff should be aware of? YES/NO

Are there any identifiable triggers to the behaviour? YES/NO

(Please provide further information if you answered yes to any of the Behaviour Information questions)

**Booking information**

**Before school care:** Please circle days below if permanent booking, otherwise circle casual.

Permanent days: Monday Tuesday Wednesday Thursday Friday

Casual Care may be required: YES / NO

**After school care:** Please circle days below if permanent booking, otherwise circle casual.

Permanent days: Monday Tuesday Wednesday Thursday Friday

Casual Care may be required: YES / NO

Vacation care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in house activities and excursion days.



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Bookings are essential by returning the booking form sent out with the vacation care programs. Cancellations for booked days must have 24 hours' notice or the fee for that session will be charged.

Alternative care is not provided at the service on excursion days. Alternative care will be the parents' responsibilities.

### **Permission and agreement details**

Please circle the appropriate answer

YES/NO I hereby give permission for my child to participate in all activities offered by the service. I understand it is my responsibility to familiarise myself with all aspects of the program and to advise in writing if I do not wish my child to participate in a particular way.

YES/NO I give my consent to the information contained in this document being available to the Staff at Samford SS OSHC employed to work with my child. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.

YES/NO I agree for my child's information to be shared between the school and the service staff as and when needs may arise

YES/NO I agree to pay for ALL fees incurred through usage of the OSHC Service, including the \$20 Annual non-refundable Family Levy, as set out in the Family Handbook: "Payment for Care".

YES/NO I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing family and child Customer Reference Numbers.

YES/NO I agree to notify the Service, in writing, of any changes to details outlined in this enrolment form including contact details, care arrangements, and/or medical information.

YES/NO I agree to inform OSHC of my child/children's altered arrangements – egg. Care days; absence from care; if I will be late in collecting my child/children; or if another person (including authorised persons on my enrolment form) is collecting my child/children. I am aware that ID will need to be shown by that person or my child/children will not be released into their care.

YES/NO I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.



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YES/NO I have read the "Behaviour Management Policy" in the Family Handbook and acknowledge that every effort will be taken to ensure children are treated equally and fairly.

YES/NO I understand that if my child's behaviour is unable to be supported by staff, that I will be contacted and asked to collect my child. If unacceptable/ dangerous behaviour is recorded more than 3 times, I understand my child may be excluded from the service for a period of time.

YES/NO I understand that I am financially responsible for any wilful damage of equipment or property by my child/children.

YES/NO I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such transport and treatment costs. I understand that every effort will be made to contact me in the event of any illness or accident.

YES/NO I agree to keep my child/children from attending OSHC should they be suffering any infectious or contagious disease as recognised by the National Health and Medical Research Council.

YES/NO I agree to receive promotional material, newsletters and / or account statements via email.

YES/NO I consent to my child/ren's name, image, art or musical works, electronic media created during OSHC activities and events to be retained, distributed, published or communicated in any form including newsletters and other print media. This will also be used for the purposes of programming and evaluation.

YES/NO I agree to adhere to the Service's Policies and Procedures as outlined in the Family Handbook.

I have read, I understand and I agree to the conditions of this contract.

Parent/Guardian Name: \_\_\_\_\_

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

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