



# Bishop DrUITT College Outside School Hours Care



## Enrolment Form

OSHC Centre 6651 7400

Mobile 0414 515 606

Fax: (02) 66515654

E-mail: [oshc@bdc.nsw.edu.au](mailto:oshc@bdc.nsw.edu.au)

Address: 111 North Boambee Road  
Coffs Harbour NSW 2450

# Enrolment Form

Please complete one Enrolment Form for EACH child.

Need help filling this form in? Contact the Centre on 6651 7400 or email [oshc@bdc.nsw.edu.au](mailto:oshc@bdc.nsw.edu.au)

<b>Child's Details</b>	
Child's full name _____	
Date of birth _____	Gender: Male / Female (circle one)
Address _____	
_____	Postcode _____ Religion _____
School name _____ School starting date _____	

<b>Family Details</b>	
Name PARENT / GUARDIAN 1 Name PARENT / GUARDIAN 2	
Date of birth	Date of birth
Address	Address
Occupation	Occupation
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Email	Email
<input type="checkbox"/> Collect the child from the education and care service	<input type="checkbox"/> Collect the child from the education and care service
<input type="checkbox"/> Authorise an educator to take the child outside the education and care services premises	<input type="checkbox"/> Authorise an educator to take the child outside the education and care services premises
<input type="checkbox"/> Emergency contact	<input type="checkbox"/> Emergency contact
<input type="checkbox"/> Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service	<input type="checkbox"/> Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
<input type="checkbox"/> Consent to administration of medication	<input type="checkbox"/> Consent to administration of medication
<input type="checkbox"/> Consent to transportation by an ambulance service.	<input type="checkbox"/> Consent to transportation by an ambulance service.
Child lives with: Both parents <input type="checkbox"/> Guardian 1 <input type="checkbox"/> Guardian 2 <input type="checkbox"/> Other <input type="checkbox"/> (specify) _____	

<b>Court Orders/ Parenting Orders/ Parent Plans</b>	
Details of any court orders, parenting orders or parenting plans must be provided to the service in relation to your child or access to your child.	
Court order provided to the service	<input type="checkbox"/> No <input type="checkbox"/> Yes
Parenting order provided to the service	<input type="checkbox"/> No <input type="checkbox"/> Yes
Parenting plans provided to the service	<input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Child Care Benefit</b>	
Name of parent/guardian registered for Child Care Benefit _____	
Parent's CRN _____	Parent's date of birth _____
Child's CRN _____	Child's date of birth _____
If you are not yet registered for Child Care Benefit please call the Family Assistance Office (FAO) on 136 150 as you may be eligible. Please let us know the customer reference numbers (CRN) that FAO give you so we can reduce your fees with Child Care Benefit.	

## Authorised Nominee/ Emergency Contacts

**Note:** Children will not be released into the care of anyone other than an authorised person without written consent.

Nominee 1		
Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children		
Full name	<input type="checkbox"/>	Collect the child from the education and care service
Address	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	<input type="checkbox"/>	Emergency contact
Home phone	<input type="checkbox"/>	Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
Work phone	<input type="checkbox"/>	Authorise administration of medication
Mobile	<input type="checkbox"/>	Consent to transportation by an ambulance service.
Nominee 2		
Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children		
Full name	<input type="checkbox"/>	Collect the child from the education and care service
Address	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	<input type="checkbox"/>	Emergency contact
Home phone	<input type="checkbox"/>	Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
Work phone	<input type="checkbox"/>	Authorise administration of medication
Mobile	<input type="checkbox"/>	Consent to transportation by an ambulance service.
Nominee 3		
Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children		
Full name	<input type="checkbox"/>	Collect the child from the education and care service
Address	<input type="checkbox"/>	Authorise an educator to take the child outside he education and care services premises
Relationship to child	<input type="checkbox"/>	Emergency contact
Home phone	<input type="checkbox"/>	Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
Work phone	<input type="checkbox"/>	Authorise administration of medication
Mobile	<input type="checkbox"/>	Consent to transportation by an ambulance service.
Nominee 4		
Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children		
Full name	<input type="checkbox"/>	Collect the child from the education and care service
Address	<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child	<input type="checkbox"/>	Emergency contact
Home phone	<input type="checkbox"/>	Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
Work phone	<input type="checkbox"/>	Authorise administration of medication
Mobile	<input type="checkbox"/>	Consent to transportation by an ambulance service.

Nominee 5			
Authorised nominee- this person is authorised to carry out the following responsibilities for my/our children			
Full name		<input type="checkbox"/>	Collect the child from the education and care service
Address		<input type="checkbox"/>	Authorise an educator to take the child outside the education and care services premises
Relationship to child		<input type="checkbox"/>	Emergency contact
Home phone		<input type="checkbox"/>	Consent to medical treatment for the child from a registered medical practitioner, hospital or ambulance service
Work phone		<input type="checkbox"/>	Authorise administration of medication
Mobile		<input type="checkbox"/>	Consent to transportation by an ambulance service.

## Medical Information

Please note: if your child suffers from asthma, allergies, another medical condition or needs to have medication administered, you must send a copy of a medical management plan or additional information with your enrolment form.

Name of medical practitioner \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Medical practitioner's address: \_\_\_\_\_

Child's Medicare number \_\_\_\_\_

Known Allergies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What causes allergy?
			<input type="checkbox"/> Mild <input type="checkbox"/> Severe <input type="checkbox"/> Anaphylactic
			Symptoms
			Please provide details of any allergy management plans
			Action plan attached NO <input type="checkbox"/> YES <input type="checkbox"/>
Dietary Restrictions/ Requirements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Special dietary restrictions (Provide details)
			Special dietary requirements (Provide details)
Intolerances	YES <input type="checkbox"/>	NO <input type="checkbox"/>	What causes the intolerances?
			<input type="checkbox"/> Mild <input type="checkbox"/> Severe
			Symptoms
			Current action plan (provide details)
Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/> Mild <input type="checkbox"/> Severe (In order to proceed with this enrolment a current action plan is required)
			What symptoms does your child present with when experiencing asthma?
			Asthma plan provided NO <input type="checkbox"/> YES <input type="checkbox"/> ( Updated plan required every six (6) months)
Medication Is your child taking any medication	YES <input type="checkbox"/>	NO <input type="checkbox"/>	List any medication which your child is taking regularly _____ _____
Other Medical Condition	Details of medical condition: _____ _____ _____ <input type="checkbox"/> Completed risk minimisation plan (Please see the OSHC staff) <input type="checkbox"/> Completed medical management plan (Please see the OSHC staff) If medication is required a medication authorisation form will need to be completed. (Please see the OSHC staff)		



**Do any of the following apply to your child?**

Head injury	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADD	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High temperatures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Ear infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ADHD	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Frequent colds	YES <input type="checkbox"/>	NO <input type="checkbox"/>	ODD	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Stomach complaints	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Vision concerns	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hearing concerns	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Ambulance**

Bishop DrUITT College does take out ambulance cover for students, but if students need ambulance transportation whilst at OSHC activities they will be taken to the nearest hospital only. Parents/guardians will need to be covered themselves for the student transported further.

**Medical consent statement (conditions of enrolment)**

I/We understand, acknowledge and agree to the following:

- ✓ I/we authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I/we give permission for staff to obtain medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/we understand that every effort will be made to contact me/us in the event of any illness or accident. (reg. 161)
- ✓ On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness. I/we further acknowledge that a medical clearance may be necessary before my/our child is able to return.
- ✓ I/we understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed and non-prescribed medication.
- ✓ Prescribed medication will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is complete.
- ✓ I/we agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- ✓ I/we give permission for first aid qualified staff to administer Ventolin to my/our child in the case of an emergency
- ✓ I/we give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required

Parent/Guardian 1 Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Parent/Guardian 2 Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Note: If your child suffers from a medical condition (asthma, anaphylaxis, diabetes etc.) you MUST send a copy of a medical management plan. If your child requires medication to be administered while in care you will need to fill in a medication request form.**

**OFFICE USE ONLY - Medical Information**

**Is an individual medical care plan by an authorised medical practitioner required?**

YES  NO  **Date plan supplied to service** \_\_/\_\_/\_\_ **Expiry date** \_\_/\_\_/\_\_

YES  NO  **Risk minimisation action plan required (Reg. 162)**

YES  NO  **Medical conditions policy provided to families**

YES  NO  **Child health record sighted. Sighted by** \_\_\_\_\_

**Privacy Information**

Bishop DrUITT College OSHC collects your personal information to meet regulatory requirements and to assist us in meeting your childcare needs as requested. The information collected will be held in the strictest confidence and will only be disclosed to authorised officers of the service, or authorised persons as specified by law or public health and safety requirements. Bishop DrUITT College Privacy Policy is available by visiting [www.bdc.nsw.edu.au](http://www.bdc.nsw.edu.au)

## OSHC Enrolment Agreement 2015 Consents and Permissions

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permissions and consents below. Please note that the **permissions** provide parents with options to consider; however the **consent statements** are a compulsory requirement of enrolment.

### Permissions (Please tick yes or no)

#### Health and safety

- I give permission for staff to apply adhesive bandages. If no please provide an alternative. YES  NO
- I give permission for my/our child to have 30+ sunscreen/insect repellent applied as require. If no, an alternative must be provided on the days your child attends. YES  NO

#### Activities Permission

- I give permission for my/our child to view PG rated movies, programs and games while at the service. YES  NO
- I give permission for my/our child to participate in face painting activities. YES  NO

#### Medial/Photography permission

- I give permission for my/our child's photographs to be taken at OSHC and used to publicise the service and its activities. YES  NO
- I give permission for my/our child's photographs to be taken at OSHC and used to develop individual portfolios and provide quality assurance evidence. YES  NO

#### Educators signing in students

- I give permission for a certified staff member at Bishop Druitt College OSHC to sign my child in during after school care. YES  NO

### Consent Statement

#### General Information

- ✓ I have received a family handbook and agree to abide by the service policies, procedures and mission and values of Bishop Druitt College OSHC.
- ✓ I understand that a full copy of the centre's policies is available for my inspection.
- ✓ I understand it is my responsibility to ensure that all information associated with my child's enrolment is current and to notify the service of any changes to details provided.
- ✓ I understand that my child is required to be signed in by either a parent/caregiver or authorised nominee to ensure legal obligations are met.
- ✓ I agree to complete the daily attendance records by recording and signing the actual arrival and departure times daily on delivery and collection of my child as require by OSHC policy.
- ✓ I understand that I must notify the service if a person, who is not on the service's current records as authorised to collect my child will be collecting my child from OSHC and that photo ID will be required on collection.
- ✓ I understand that the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families e.g. personal toys, iPods etc.
- ✓ I agree to provide the service with a copy of court orders/custody papers relating to access to my child.
- ✓ I understand the priority of access as determined by the government for allocation places that identifies priority.

#### Fees

- ✓ I agree to pay all fees within 7 days of receipt of a fortnightly statement.
- ✓ If my child is not collected from the service by closing time the late fee penalty will be incurred as specified in the fee schedule.
- ✓ I will be financially responsible for any wilful damage of equipment or property by my child.
- ✓ I agree that all the above information is correct and matches information submitted by me to Centerlink. I understand that any discrepancies between the two may lead to the service being unable to claim CCB and CCR on my behalf. In this instance I will be required to pay full fees.
- ✓ Failure to pay fees incurred within prescribed timeframes may result in withdrawal of childcare until account is paid in full or payment plan negotiated.

**Parent/Guardian 1 Signature** \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**Parent/Guardian 2 Signature** \_\_\_\_\_ Date: \_\_/\_\_/\_\_