



Please complete this form and return it to the Coordinator prior to commencing OSHC

CHILD'S DETAILS	
Surname	First Name
Middle Name	Preferred First Name
Date of Birth	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Main language spoken by child	Other Languages
CCW Year Level in 2019	Teacher
Child Customer Reference Number (CRN) for Centrelink	
CUSTODY ARRANGEMENTS	
Are there any custody or access arrangements for your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
* Please provide a copy of the original of Custody Orders, Parenting Orders or Parenting Plans to be copied and attached to the enrolment form.	
Please provide details for these arrangements:	
If the Custody Orders, Parenting Orders or Plans change, an updated copy must be provided to OSHC.	
SHARED CARE ARRANGEMENTS	
Name of other Parent/Guardian/Person Responsible	
Days/times of care with other Parent/Guardian/Person Responsible	
Second residential address for child	
Contact Phone Numbers	
CHILD'S INDIVIDUAL REQUIREMENTS (if more space is required, please attach a separate page)	
Disability or additional needs	
Cultural background/Religious considerations	
Other (likes, dislikes, interests)	

CHILD'S HEALTH INFORMATION	
Child's Doctor Doctor's Surgery and Address	Phone Number
Child's Medicare Number	Medicare Expiry Date
Ambulance Subscription	
Does Ambulance Subscription cover your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ambulance Subscription details (include number)	
Medical Insurance	
Does Private Medical Insurance cover your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Insurance details (Insurer and member number)	
Medical Information - Please provide details for the following, including medications (prescribed and/or non-prescribed)	
Please describe your child's overall health	
Is your child currently receiving medical treatment? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is your child on ongoing medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide details	
Asthma	
Does your child have Asthma? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a current Asthma Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> *Please provide a copy of the plan	
Asthma medications and dosage	Any known triggers for your child's Asthma
Anaphylaxis	
Does your child have Anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a current Anaphylaxis Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> * Please provide a copy of the plan	
Anaphylaxis medications and dosage	Any known triggers for your child's Anaphylaxis
Diabetes	
Does your child have Diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a current Diabetes Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> * Please provide a copy of the plan	
Diabetes medications and dosage	
Allergies	Dietary Restrictions
Other Medical information – Medical Conditions and/or Medications for your child	

Immunisation *Please provide a copy of your child's immunisation history*

Has your child been immunised? Yes No

Are these immunisations up to date? Yes No

Sunscreen

A 30+ broad-spectrum, non-allergenic, water resistant sunscreen is provided by the service.
I/we give permission for my/our child to have 30+ sunscreen applied in accordance with the service's Sunscreen policy. Yes No
*If you have not given permission for your child to use the sunscreen provided by our service, you will be required to provide sunscreen for your child to be left at the service.

OSHC/SCHOOL PHOTOGRAPHIC CONSENT

I/we give permission for my/our child to be photographed by the OSHC staff members and understand that these photos are for the service use only and may be used for promotional material for the service and the school. Yes No

MEDIA PHOTOGRAPHIC/VIDEO CONSENT

I/we give permission for my/our child to be photographed and/or videoed in the event of media reportage. Yes No

POLICY AND PHILOSOPHY STATEMENT

I/we agree to abide by all policy and philosophy guidelines of the service. Yes No

DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I/we (Print full name/s)
agree to collect or make arrangement for the collection of my/our child referred to in this enrolment form if he/she becomes unwell at the service.
I/we consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary for my/our child and agree to reimburse any necessary expenses incurred by the OSHC service.

Parent/Guardian 1 Signature Date

Parent/Guardian 2 Signature Date

AGREEMENT AND CONSENT

I/we (Print full name/s)
are the person/s with lawful authority of the child referred to in this enrolment form and declare that the information in this enrolment form is true and correct.
I/we agree to undertake to immediately inform the OSHC service in the event of any change to this information.
I/we will undertake responsibility to inform the staff of any absence of my/our child from the service.
I/we accept full responsibility for my/our child's belongings whilst attending the service.

Parent/Guardian 1 Signature Date

Parent/Guardian 2 Signature Date

PRIMARY PARENT/GUARDIAN 1 DETAILS (Parent/Guardian responsible for enrolment and if applicable, claiming Child Care Subsidy)	
Surname	First Name
Middle Name	Preferred First Name
Relationship to child	Date of Birth
Address Same as child's address <input type="checkbox"/>	
Postal Address Same as address above <input type="checkbox"/>	
Home Phone Number	Mobile Phone Number
Email	
Employer	
Work Address	
Work Phone Number	Occupation
Cultural background/Religious considerations	
Main Language Spoken	Other languages spoken
Does your child live with you on a full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you share care/have custody arrangements with your child's other parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> Other parent / guardian's name	
Do you have any individual requirements or have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Customer Reference Number (CRN) for Centrelink	
PARENT/GUARDIAN 2 DETAILS (Second Parent/Step-Parent/Guardian)	
Surname	First Name
Middle Name	Preferred First Name
Relationship to child	Date of Birth
Address Same as child's address <input type="checkbox"/>	
Postal Address Same as address above <input type="checkbox"/>	
Home Phone Number	Mobile Phone Number
Email	
Employer	
Work Address	
Work Phone Number	Occupation
Cultural background/Religious considerations	
Main Language Spoken	Other languages spoken
Does your child live with you on a full-time basis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you share care/have custody arrangements with your child's other parent/guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> Other parent / guardian's name	
Do you have any individual requirements or have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian Customer Reference Number (CRN) for Centrelink	

AUTHORISED NOMINEES BY PARENTS/GUARDIANS

Please tick the appropriate boxes for each contact to confirm authorisations

(In accordance with the Education and Care Services National Regulations (Reg. 160(3(b)(ii)(iii)(iv)(v)))

In event that the child/children's parents or guardians are not contactable please authorise nominees who are able to undertake the following responsibilities on your behalf:

AUTHORISED NOMINEES (please indicate permissions below for each Nominee)

- To collect your child from our Outside School Hours Care Service
- To be notified in the event of an emergency involving your child when the parents/guardians are not available
- To give consent to medical treatment or the administration of medication if the parents/guardians are not available
- To authorise an Educator to take your children outside of the Service premises if the parents/guardians are not available

NOMINEE 1	NOMINEE 2
Name	Name
Address	Address
Home Phone Number	Home Phone Number
Mobile Phone Number	Mobile Phone Number
Work Phone Number	Work Phone Number
Relationship to child	Relationship to child
Authorisations	Authorisations
<input type="checkbox"/> To collect the child from the OSHC service	<input type="checkbox"/> To collect the child from the OSHC service
<input type="checkbox"/> To be notified in the event of an emergency	<input type="checkbox"/> To be notified in the event of an emergency
<input type="checkbox"/> Is authorised to consent to medical treatment	<input type="checkbox"/> Is authorised to consent to medical treatment
<input type="checkbox"/> Is able to authorise an Educator to take the child outside the OSHC service premises	<input type="checkbox"/> Is able to authorise an Educator to take the child outside the OSHC service premises
NOMINEE 3	NOMINEE 4
Name	Name
Address	Address
Home Phone Number	Home Phone Number
Mobile Phone Number	Mobile Phone Number
Work Phone Number	Work Phone Number
Relationship to child	Relationship to child
Authorisations	Authorisations
<input type="checkbox"/> To collect the child from the OSHC service	<input type="checkbox"/> To collect the child from the OSHC service
<input type="checkbox"/> To be notified in the event of an emergency	<input type="checkbox"/> To be notified in the event of an emergency
<input type="checkbox"/> Is authorised to consent to medical treatment	<input type="checkbox"/> Is authorised to consent to medical treatment
<input type="checkbox"/> Is able to authorise an Educator to take the child outside the OSHC service premises	<input type="checkbox"/> Is able to authorise an Educator to take the child outside the OSHC service premises

REQUIREMENTS FOR CARE				
Date to commence OSHC				
Bookings		Permanent Bookings (every week) <input type="checkbox"/>		Casual Care only <input type="checkbox"/>
For permanent after school care bookings, please tick which days you require for care:				
Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
CHILD CARE SUBSIDY				
To claim these entitlements you will need to provide Centrelink Customer Reference Numbers (CRN) for the parent/guardian responsible for entitlement claims and for your child. This information is entered onto our software system and links to the Child Care Subsidy government online portal. Your information is kept confidential and will only be used for claiming your entitlements.				
* Please be aware that full fees for OSHC will be charged until the CRN information is provided to our service and you have completed the online activity test requirements and confirmed your child's enrolment on the mygov website.				
Centrelink Benefits information				
Do you intend to claim Child Care Subsidy entitlements for your fees? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, have you applied for these entitlements? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Parent/Guardian responsible for claiming Child Care Subsidy:				
Parent/Guardian Full Name				
Other Children attending registered child care services				
This information will be used for claiming entitlements for more than one child.				
Do you have any other children attending another registered child care service? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please indicate the number of children attending these services and their start date (do not include your child/children attending this service)				
Long Day Care	No. of children	Start Date		
Other OSHC service	No. of children	Start Date		
Registered Kindergarten	No. of children	Start Date		
Family Day Care	No. of children	Start Date		
Invoicing for OSHC Fees				
Email OSHC fees invoice to: Parent/Guardian 1 <input type="checkbox"/> or Parent/Guardian 2 <input type="checkbox"/>				
PRIVACY INFORMATION				
Cathedral College Wangaratta Outside School Hours Care uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with government funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service Coordinator, Ms. Donna Brokken Ph: (03) 5722 2144.				
OSHC OFFICE NOTES				
Xplor entry date				
Medical Health Plans provided	Yes	No	N/A	
Parenting Plans/Custody Orders provided	Yes	No	N/A	
Notes				