



LANDSDALE OSHC ENROLMENT FORM

Requested start date: _____

OFFICE USE ONLY			
Date Entered		Entered By	
Child's birth certificate COPIED		Photo identification	
Medicare Immunisation history statement		CWA form	
Risk minimisation plan		Uploaded onto StoryPark	
GUARDIAN PLEASE CONFIRM BELOW			
Child can go on social media	Y / N	Child CAN be in group Obs only families of service will be able to access this	Y / N

PLEASE ENSURE ALL FELIDS BELOW OF THIS FORM ARE COMPLETED BEFORE RETURNING

CHILD DETAILS

Given Name(s):		Surname:	
Date of Birth		Male / Female	
Child's home address			
Child CRN			

PRIMARY PARENT / GUARDIAN

Primary Parent must also be the registered CRN number holder registered to child CCS

Name:		Surname:	
Relationship to child		Parent CRN	
Address:			
Date of Birth		Contact Number	
Parent working Yes / No	Place of work	Work Number	
Email address			

PARENT / GUARDIAN 2

Name:		Surname:	
Relationship to child			
Address:			
Date of Birth		Contact Number	
Parent working Yes / No	Place of work	Work Number	
Email address			

CUSTODY OF CHILD

Have there been any orders made by any court regarding your child?	YES / NO
If yes please provide details (please also provide any copies of relevant documents) Please note that without this documentation we cannot legally enforce the Order/s.	

MEDICAL INFORMATION

Medical centre name			Doctors name		
Address			Contact number		
Medicare number			Expiry date		Number on card
Please circle if any of the following relate to your child	Asthma	developmentally challenged	Sight Impaired	Hearing Impaired	
	Hay fever	Autism	Asperger's	Down Syndrome	
	Global developmental delay				
Is your child Anaphylactic?	YES / NO				
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis?	<p>Yes / No</p> <p>If yes, please provide a medical management plan, which the child's medical practitioner has prepared.</p> <p>The Plan should include:</p> <p>A photo of the child</p> <p><input type="checkbox"/> If relevant, state what triggers the medical condition, allergy, or anaphylaxis</p> <p><input type="checkbox"/> First aid needed</p> <p><input type="checkbox"/> Contact details of the doctor who signed the plan</p> <p>When the Plan should be reviewed.</p>				
Does your child have allergies or intolerances?	YES / NO	Please provide details			
Food requirements	Vegetarian	YES / NO	Egg	YES / NO	Cheese
	Cows milk	YES / NO	Other Requirements		
Do you authorise the Responsible Person or other educator to transport the child in an ambulance in the event of an emergency and agree to pay any expenses incurred for medical treatment and transportation?	Yes/No	Signature:			
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Responsible Person or other First Aid qualified educators may administer emergency first aid without making contact Educators will notify the child's parents and/or emergency services as soon as possible.	Yes/No	Signature:			

CHILD ILLNESS

Excluding a child due to illness is sometimes difficult as it can put pressure on parents if they have other commitments, however we have a duty of care to all other children and staff.

Our centre has a policy that when a child has been prescribed antibiotics, they **MUST** be administered for 24 hrs before they can return to care.

PERSONS TO BE CONTACTED IN AN EMERGENCY

(OTHER THAN PARENT OR GUARDIAN)

Name		Contact number		MALE / FEMALE
Relationship				
Name		Contact number		MALE / FEMALE
Relationship				

AUTHORISED PERSONS TO COLLECT CHILD FROM SERVICE

(OTHER THAN PARENT OR GUARDIAN)

Full name		Contact Number		Relation	
Full name		Contact Number		Relation	
Full name		Contact Number		Relation	
Full name		Contact Number		Relation	

COLLECTION OF CHILDREN NOTICE

In the case of failure to pick up your child by centre closing time parents/guardians and emergency contacts will be contacted.

Failure to contact either parents/guardians or emergency contacts the centre educators will contact the relevant authorities.

Please note we have a license for the operating hours at our service. We open at 7am and close at 6pm. We cannot have children on the premises before or after our open and close times. A charge of \$1 per minute will be made for any child left after pick-up time. If you are late for a 3rd time, you will be charged \$5 per minute until your child is collected. These fees will be added to your account.

CULTURAL INFORMATION (Optional)

Are you Aboriginal or Torres Strait Islander Descent? Yes / No

Childs country of birth _____

DAYS OF CARE REQUIRED

Please select which type of care you are seeking;

- Flexible with option of additional casual care (any change of booked days need to be put into writing to the service following the service policy)
- Routine - Care that can only occur on the specified days that have been agreed to, there is no flexibility for changing this type of care
- Casual only (all casual bookings must be put through writing to the service)

If you require routine / flexible care, please tick which days are required

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BSC				
ASC				
CHILDS CLASSROOM NAME/NUMBER:				
Should your child required fortnightly care please state the date and rotation in the appropriate box				

All service fee structures including sessional care are available on the service website.

CHILDCARE SUBSIDY

We process Child Care Subsidy enrolments a week before your enrolment start date. This can often take time to process through Centrelink. If it is not processed before payment is due, you will be required to pay full fees until it is processed. Please speak to the office for more information about this.

PAYMENT

We have 2 options of payments, please fill in the option you would like to use. A payment option must be selected before returning enrolment forms. Fees are 1 week in advance and are taken a week before enrolment start date. All information is kept in a secure location.

ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Have SPF30+ or SPF50+ sunscreen applied prior to sun exposure, or provide own (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have staff apply Insect Repellent	YES	NO
For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in GROUP Learning Stories, and to be shared with other families that attend the Service through Storypark or our educational platform	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media (Facebook and Instagram) and other internet purposes, such as advertisement and used in organisation's resources	YES	NO

TERMS AND CONDITIONS

Please read and sign to confirm you have read and agree to each point

1. I agree to inform the service in writing immediately of any changes to the information within my child/ren's enrolment.
2. I agree to pay the service \$30 enrolment fee prior to my child starting and am aware that this is non-refundable.
3. I have read the Parent Handbook and am familiar with the Service's Policy Manual in the foyer and office. I agree to follow, support, and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or the email
4. Fees for all bookings at the service are due 1 weeks in ADVANCE. I agree to keep my fees up-to-date and understand that my child/ren's position at the service will be in jeopardy if my fees are not kept up-to-date. If I do not meet the requirements and I am overdue, I agree to pay any expenses, cost etc. incurred by recovering or attempting to recover any outstanding monies and fees. If fees are overdue a \$10 account fee will be added for every week it occurs. If accounts are not paid as required, legal proceedings will begin with any court/legal costs being paid by the account holder.
5. All parties understand that the fee structure at our service is variable and will be changed at managements discretion and current fees can be obtained by referring to the service website.
6. All parties understand that bookings may change, families must put these changes in writing to the office as your complying written arrangement (CWA).
7. Both parents / guardian's on the enrolment form are responsible of the account of the child enrolled at the service.
8. All permanent bookings are on a continuous and regular basis unless otherwise stated.
9. All causal bookings must be notified in writing.
10. Casual bookings cannot be cancelled unless 7 days notice given. Casual bookings cannot be canceled within the same week of booking.
11. I agree to giving two weeks written notice to withdraw my child/ren or reduce booked days. I understand that I will still be charged attendance fees for the 2 weeks from the date given.
12. My child must be personally handed over to a staff member and signed in on arrival and must be signed out and a staff member notified before my child can leave the centre.
13. My child must be collected from the centre by 6pm closing time. A late fee of \$1.00 per minute will be charged every 1 minute after closing if my child has not been collected. I understand that I need to notify the centre if I am going to be late. If you are late for a 3rd time a higher fee of \$5 per minute will be charged.
14. I understand all booked days are paid for. Fees are payable for sickness and non-attendance days including public holidays to ensure your child's place.
15. Additional excursion costs are to be debited to your account.
16. My child will not be accepted into the centre with any illness which may be transferred to others.
17. I understand that my child will need to have been on anti-biotics for a minimum 24hrs before returning to care.
18. I understand there is a waiting period of 24 hours for immunisations and any form of injection before my child may return to the service.

- 19.** I hereby give permission for Landsdale OSHC to administer liquid Panadol/ Nurofen or a Panadol tablet for the temporary relief of pain or fever. Dosage shall be in accordance with instructions printed on the relevant bottle used. I understand the centre will make every effort to contact parents or guardians before administering the medication and I will sign the necessary authority form. If a parent, guardian, or emergency contact are uncontactable, Panadol will be administered.
- 20.** I understand that my child will not be allowed to leave the service with a minor or anyone not on the enrolment form unless prior written notice is given.
- 21.** I give permission for prescribed medication to be administered by a qualified educator, upon my authorization on a medication form provided by the service. I understand that if the details are not filled incorrectly or do not match the medication bottle medication will not be given.
- 22.** Should my child's behavior put staff, children, or property at risk, we will make other arrangements for the care of our child and remove them from the centre at the request of the Director.
- 23.** These conditions of the enrolment may change but I understand that I will be notified of any changes if my child is enrolled at the centre.
- 24.** I give permission for my child to participate in our emergency drills, children will be under the supervision of staff and may exit the premises during the drill.
- 25.** I give permission for the Responsible Person to sign my child in and out
- 26.** I understand that my child must attend the first and last day of their booking with the service. If they do not attend these days, and any absences before or after Child Care Subsidy will be removed from these days and full fees will be required to be paid.
- 27.** I give my child consent to access all areas of Landsdale Primary school, Warradale park, and its playspaces.

Signed: _____ Name: _____ Date: ___ / ___ / _____

MY CHILD INFORMATION

Please take the time to fill in this form so that our educators have a better understanding as to where your child is currently at, what they have experienced and experiencing in their lives. This information helps guide our educators in the development of your child's learning and well being. please note this information is strictly confidential to the educators directly in contact with your child.

CHILD NAME: _____ D.O.B: _____ AGE: _____

Has your Child attended an education and care service previously? Yes/NO
does your child have any special needs or disabilities we should be aware of to support them during our care? Yes/No/examples

Does your child have any allergies or food intolerances? Yes/No

CHILD WELLBEING

ON A SCALE OF 1-5 (1 BEING NOT VERY WELL, 5 VERY WELL)

Dealing/coping with conflict	1	2	3	4	5
Changes to their routine	1	2	3	4	5
how well they regulate their emotions	1	2	3	4	5

Typically, does your child demonstrate behaviours that can be described as...

CIRCLE AS MANY AS YOU NEED

CONFIDENT REQUIRES REASSURANCE HAPPY QUIET SHY SECURE

BORES EASILY OUTGOING TIMID CUDDLY LOUD QUIET LOUD CHILLED

NERVOUS FIERY FRUSTRATED TIMID AGGRESSIVE ANXIOUS RELAXED

BOTTLES UP EMOTION DIFFICULTY EXPRESSING NEEDS PREFERS TO PLAY INDEPENDENTLY

CULTURAL

If Any, Does Your Family Practice Any Religion/Faith? _____

Does Your Child Speak Another Language, If Yes Please List _____

Family Background: _____

Any Words That Would Be Helpful For The Educators? _____

Do You Celebrate Any Special Occassions, Events? _____

Who Lives At Home With The Child Attending Our Care Ie Aunty, Siblings, Foster:

Are There Any Special Skills Or Talents That A Family Member Has That They Could Contribute To Our Center. E.G. Police Officer, Dental Nurse, Local Football Coach, Face Painting? Yes/No

CHILD/SERVICE INPUT

What are your child's likes and Dislikes?

What would you like to see in your child's learning and development at our service?

Any other input you would like to give to better improve our education we provide and your child/s time with us?

We are continually committed to improving the early childhood experience for you and your child/children. to do this properly we need to know how you feel and then respond swiftly to your suggestions.

A RATING OF '1' MEANING NEEDS IMPROVEMENT AND A RATING OF '5' MEANING OUTSTANDING.

Relevance of information provided in the orientation package:	1	2	3	4	5
Relevance of information provided verbally	1	2	3	4	5
Staff friendliness:	1	2	3	4	5

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

Were you given the opportunity to ask questions?	y / n
Did the service feel welcoming?	y / n
Were you thoroughly shown the whole service/rooms?	y / n
Were you provided with enough information prior to orientation?	y / n
Was there adequate time made for you and your child for orientation?	y / n
Were you given an opportunity to ask questions?	y / n
Were your answers adequately answered?	y / n

Were you shown the location of the program and day journal?	y / n
Given adequate suggestions on settling your child	y / n
Were you provided with an information book/parent handbook?	y / n
Did you find the information in the book useful?	y / n
Overall rating of the orientation experience	1 2 3 4 5

Do you have any suggestions on how we can improve your experience with our service?
