



Burra & Communities Out of School Hours Care
7 Bridge Terrace, Burra SA 5417

CHILD DETAILS:

Child's Full Name:

Preferred Name:

Home Address:

Date of birth: / / Male / Female

Can we display Birthday on attendance sheet? Yes / No

Centrelink Reference Number (CRN) :

Indigenous status: Aboriginal: Yes / No Torres Strait Islander: Yes / No

What School does your child attend? :

ENROLLING PARENT / GUARDIAN AND BILLING DETAILS

Name:

Postal Address:

Date of birth: / / Male / Female

Centrelink Reference Number (CRN):

Relationship to Child: Mother / Father / Guardian / Other:

Phone: Home: Work: Mobile:

Email:

Do you have children in care elsewhere? Yes / No If YES, Number of Children?

OTHER PARENT / GUARDIAN

Name:

Postal Address:

Relationship to Child: Mother / Father / Guardian / Other:

Phone: Home: Work: Mobile:

Email:

COURT ORDERS

Are there any court orders in place which apply to the child? Yes / No

If yes, please bring a copy of the Court Order for sighting by staff and a copy to attach to this enrolment form.

Please detail any custody arrangements:

.....

HOMEWORK

Would you like your child to do some homework while attending After School Care?

Yes / No / Not Applicable

AUTHORITY TO LEAVE PREMISES

Do you give authority for your child to leave premises when a text/phone call has been received by the Director from the parent / guardian? Be specific? (eg walk home, to kindy, walk to workplace)

.....

EMERGENCY CONTACT DETAILS AND AUTHORITY TO COLLECT

(This preferably be someone other than the parent/guardians listed on page 1)

Name (1):

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work: Mobile:

Name (2):

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work: Mobile:

Name (3):

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work: Mobile:

Name (4):

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work: Mobile:

DIETARY REQUIREMENTS

Does your child have any special dietary requirements? (i.e Diabetic) Yes / No

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

If yes, please detail:

.....

Are they life threatening? Yes / No

Is there a medical plan in place? Yes / No If yes please give the Centre a copy

MEDICAL INFORMATION

Does your child suffer from any of the following medical conditions (please circle):

Diabetes Asthma (if yes, please provide a copy of current Asthma Care Plan)

Epilepsy Allergies, if yes please detail:

.....

Are the allergies: Mild / Severe

Does your child have a diagnosed disability (i.e ADHD, ASD etc) Yes / No

If yes, please detail:

.....

Has the child received all immunisations appropriated for his/her age? Yes / No

If no, please give details:

.....

If no, I accept full responsibility if my child is not immunised. Yes / No

Parent / Guardian signature:

ATTENDANCE (Please indicate your preferred bookings)

Casual

Permanent

Vacation Care Only

Before School Care (BSC) Mon Tues Wed Thurs Fri

After School Care (ASC) Mon Tues Wed Thurs Fri

PERMISSIONS

I give permission for my child to watch "G" or "PG: rated movies Yes / No

I give permission for my child to take part in supervised walking excursions within the local area as part of the centre's program Yes / No

I give permission for a staff member to apply sunblock to my child, if required Yes / No

I give permission for my child to be videoed for Centre purposes only Yes / No

I give permission for my child to be photographed for BURRA OSHC purposes only Yes / No

I give permission for my child to be photographed and for their image and name to be published in circumstances the Director deems appropriate ie Local Paper Yes / No

I give permission for staff to check my child's hair for head lice confidentially and discreetly Yes / No

I give permission for staff to administer rescue medication (for asthma or anaphylaxis) Yes / No

PARENT / GUARDIAN AUTHORITY AND ACKNOWLEDGEMENT

I agree to pay the required fees for my child's booked childcare and accept that if this is forwarded to debt recovery agency I am fully responsible for any debt collection fees incurred.

I agree that staff administer first aid to my child if the need arises.

I understand that if my child requires emergency medical / hospital / Ambulance treatment that the staff will make arrangements for the emergency treatment and I will be liable for all expenses.

I have read the information in the Parent Handbook and agree to comply with Burra OSHC's Policies and Procedures as outlined.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service in any of these details change.

Parent / Guardian Signatures: Date:

<u>STAFF USE ONLY</u>	Entered by:
Bond:	Email into Outlook: Test Email:
Booking Slip:	Number in Mobile: Staff Meeting: