

Coolum Outside School Hours Care & Vacation Care ENROLMENT FORM

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*Please complete a separate enrolment form for each child, forms must be fully completed.

Child's Information

Child's Name: _____ Male Female

Address: _____

School: _____ Yr: _____ DOB: ___/___/___

Country of Birth: _____

First Language: _____

Other Language: _____

Centrelink Customer Reference #: / (This number is different to Parent's Number)

Medicare Number:

Does your child use another Service: YES NO

Total number of Children in Care: _____ (Include any siblings at Long/Family Day Care)

Health & Medical Details

Medical Management Plans must be provided before attendance can commence.

Does your child have any Medical Conditions/Special Needs? NO YES, please provide details:

Does your child have any Allergies?

NO YES, you will need to complete the Allergy Management Plan or supply your child's own.

Does your child have Diabetes?

NO YES, you will need to supply your child's own Diabetes Management Plan.

Does your child experience Asthma?

NO YES, you will need to complete the Asthma Management Plan or supply your child's own.

Does your child have any specific Dietary Needs or Food Intolerances (eg. Vegetarian, Religious, Gluten Free Foods)?

Gluten Free Coeliac Vegetarian Vegan

Other: _____

Is your child's immunisation status up to date? NO YES, please provide a copy of your child's immunisation record.

Please note that if your child's immunization status is not up to date:

* Your eligibility to receive the Child Care Benefit may be affected, contact the Dept. of Human Services. (Ph:136-150)

* Your child may not be able to attend the Service in the event of an outbreak of a vaccine preventable disease.

Parent/Guardian's 1 Information – Account Holder

Full Name: _____

Relationship to Child: _____

Home Address: *(If different to Child's)* _____

Date of Birth: ___ / ___ / _____

Home Phone: (___) _____ - _____

Work Phone: (___) _____ - _____

Mobile: _____ - _____ - _____

Email: *(Account statements will be sent to this Email or you can get a printed version upon request):*

Authorized to Make/Change Bookings:

YES NO

Authorized to Pick Child Up:

YES NO

Approved to Authorize Medication:

YES NO

Enrolling Parent's CRN: / *(This number is different to your Child's CRN)*

Parent/Guardian's 2 Information

Full Name: _____

Relationship to Child: _____

Home Address: *(If different to Child's)* _____

Date of Birth: ___ / ___ / _____

Home Phone: (___) _____ - _____

Work Phone: (___) _____ - _____

Mobile: _____ - _____ - _____

Authorized to Make/Change Bookings:

YES NO

Authorized to Pick Child Up:

YES NO

Approved to Authorize Medication:

YES NO

Emergency Contacts/Persons authorized to collect your child

- Must be 18yrs or over
- You must provide the person's address (required by law and allows Educators to check the person's identity when they arrive to collect your child)
- You must provide a phone number for the signing in/out process
- Only one person per section

Name: _____ Relationship to Child: _____

Address: _____

Phone: (H): (___) _____ - _____ (M): _____ - _____ - _____ (W): (___) _____ - _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: (H): (___) _____ - _____ (M): _____ - _____ - _____ (W): (___) _____ - _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: (H): (___) _____ - _____ (M): _____ - _____ - _____ (W): (___) _____ - _____

Name: _____ Relationship to Child: _____

Address: _____

Phone: (H): (___) _____ - _____ (M): _____ - _____ - _____ (W): (___) _____ - _____

Please note: The Service can only abide by orders which the Service has a copy of.

Are there any Family Court Orders? NO YES, please attach a copy of the order
Are there any Restraining Orders in relation to your child? NO YES, please attach a copy of the order

Child's Medical Practitioner Details

Your family's Doctor and/or Surgery Details must be provided

Surgery/Practice Name: _____ and/or
Doctor's Name: _____
Address: _____
Phone: (___) _____ - _____

Additional Information

Your family's Cultural Background (Eg. Australian, European, Maori): _____

Does your child have any cultural needs? NO YES, please provide details:

Does your child identify as (optional): Aboriginal, not TS Islander TS Islander, not Aboriginal
 Aboriginal and TS Islander Not Aboriginal or TS Islander

Child's Religious background (Optional, Eg Christian, Muslim, Hindu):

Does your child have any religious needs? NO YES, please provide details:

Are there any particular behaviours that Educators should be aware of? NO YES, please provide details:

Are there any identifiable triggers to the behaviour? NO YES, please provide details:

Booking Request

Before School Care 6:00am-8:30am

Permanent Days: MON TUES WED THU FRI Start Date: ___/___/_____
or End Date: ___/___/_____
Casual Care:

After School Care 2:40pm – 6:00pm

Permanent Days: MON TUES WED THU FRI Start Date: ___/___/_____
or End Date: ___/___/_____
Casual Care:

Evening Care 2:40pm-10:00pm (Term time only)

Permanent Days: MON TUES WED THU FRI Start Date: ___/___/_____
or End Date: ___/___/_____
Casual Care:

Homework (Evenings only)

*Educators will be responsible for supervising any homework. Please note that Educators are not responsible for 'Signing Off' any homework.

Please select your preference:

- I would like my child to do their homework
- I want my child to be encouraged to do their homework, but if they don't want to that's ok.
- I do not want my child to do their homework

Sleep

I want my child to go to bed: My child's bed time is: ____ : ____pm

Are there any particular behaviours relating to 'Bed Time' that Educators should be aware of?

NO YES, please provide details:

Vacation Care 6:00am-6:00pm (School Holidays & Pupil Free Days)

Vacation Care bookings are taken separately before each school holiday period. Before and After School Care bookings are suspended during this period and restart with the new term after the holidays.

Cancellation Information

- ★ All permanent bookings will be charged for and will continue until the Coordinator is notified, in person or writing, of any changes or cancellations to bookings.
- ★ All cancellations for Before School and After School must be made by **6pm the Friday prior** to the day of care being cancelled to avoid being charged the session fee.
- ★ All cancellations for Vacation Care must be made by **the** date advised on the Vacation Care Program.

By answering these questions you can help us get to know your child better and help us provide interesting experiences and a stimulating environment for your child while they are attending our Service.

What kind of experiences does your child enjoy?

- Music & Movement (eg dance, drama)
- Nature (eg sandpit, animals, plants)
- Group activities (eg team games)
- Single activities (eg individual projects)
- Physical activities (eg sports, games)
- Artistic activities (eg painting, craft)
- Construction (eg boxes, blocks, Lego)
- Quiet activities (eg reading, puzzles)

Are there any specific games or activities your child likes to do?

What foods would your child enjoy for breakfast, afternoon tea or dinner?

Does your child have any dislikes, fears or phobias?

What would you like your child to learn/develop while at our Service? (eg Social Skills, Gross Motor Skills)

What do you think are the most important aspects of providing high quality care?

What do you expect of Coolum OSHC? (eg the Educators, the Environment)

Are there any special skills or knowledge you wish to offer to the children attending the Service? (eg cultural knowledge, wood working, occupational assistance)

What was your first impression of our Service?

☺ Thank you for your time, all feedback assists us in improving our service and providing the best care for your child

Permission & Agreement Details

I, (Name) _____
have read the following conditions below and agree to
comply with Coolum OSHC's Policies and Procedures.

Signature: _____

Date: ___ / ___ / _____

✓ Child Participation

I give permission for my child to participate in the OSHC Program and understand that OSHC staff will notify parents/ guardians of each individual excursion.

I understand it is my responsibility to advise Educators if I do not wish my child to participate in a particular activity.

✓ Child Information

I give permission for the centre to share information with the school in relation to my child/ren. 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.

✓ First Aid & Medical Attention

I authorize qualified Educators to provide any required first aid.

I authorize qualified Educators to administer lifesaving medication (eg. EpiPen or Ventolin) in an emergency situation.

I give permission for the Service's Educators to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I agree to pay all medical and transport costs incurred on behalf of my child.

I understand that every effort will be made to contact me in the event of an emergency.

✓ Illness & Medical Conditions

I understand that the service is unable to care for sick children or children with contagious illnesses. Medicine or tablets will be administered to my child by Educators only by the receipt of and under written authorisation from parents and medical authority, and in line with the relevant Policies and Procedures.

I agree that my child will not attend the service while suffering from an infectious or contagious illness/condition and I will notify the Service if my child has an infectious or contagious illness/condition and has attended the Service.

✓ Signing in and out

I understand that I must sign my child in and out of the Centre each morning and/or afternoon.

✓ Correspondence

By providing my email address, I agree to receive my statement by email. Otherwise I will ask for a printed copy to be provided.

✓ Fees

I agree it is my responsibility as the Account Holder to pay all fees in full on a weekly or fortnightly basis via Ezidebit.

I agree to inform the Coordinator of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy.

I will adhere to the session times of the service and understand that Late Fees will apply as per the Policies and Procedures.

I understand that failure to comply may preclude my child from enrolment in the service and may result in my account being passed on to a debt collection agency, where all fees incurred will be at my expense.

✓ Policies & Procedures

I agree that it is my responsibility to familiarise myself with the Policies and Procedures of the Service and understand that in signing this, I agree to all of its conditions.

✓ Privacy Act

I understand the information provided on this Enrolment Form is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation, may be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies and may otherwise be disclosed where authorised or required by law.

✓ Required Information

I agree to notify the Service of any changes to the information stated in this enrolment form (eg, contact details, persons authorised to collect, any changes to my family records, living arrangements of my child).

I understand it is my responsibility as the Account Holder to supply the Service with the correct information that is required to be eligible for the Child Care Benefit.

✓ OSHC Behaviour Management

Coolum OSHC has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours.

I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.

I understand that it is my responsibility as parent/guardian to inform the Service of my child's behavioural needs.

Photo Consent

I consent to photographs (still or video) being taken of my child while attending the centre and for the photos and footage to be displayed in the centre only.

I do not consent to photographs (still or video) being taken of my child

Parent/Guardian Signature: _____

Date: ___ / ___ / _____

Sun Protection

I understand that if my child does not have a hat he/she will spend playtime either indoors or in a shaded area. Sunscreen will be used in accordance with the Coolum OSHC Policies and Procedures.

I give permission for OSHC Educators to assist my child to apply a sunscreen prior to outdoor activities.

I will provide alternative Sun Screen for my child

I do not consent to my child being given Sun Screen at the Service

Parent/Guardian Signature: _____

Date: ___ / ___ / _____