



Enrolment Form 2024

☐ Re-enrolment ☐ New Enrolment

Please ensure form is completed either digitally or with block letters.

1. Child Information

First Name Last Name

Preferred Name Date of Birth Gender

Residential Address

Country of Birth Cultural Background

Child's CRN Classroom Teacher

School Attending (if not Leanyer)

Do you believe your child qualifies for Priority of Access under Department of Education guidelines?

☐ Yes ☐ No

Is your child on a health care card? ☐ Yes ☐ No Expiry Date

Indigenous Status: ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Both

2. Family Information

Main Language spoken at home Place of child in Family

Name & DOB of Siblings

1. 2.

3. 4.

Have there been any stresses in the family that may have affected your child? ☐ Yes ☐ No

If yes, please provide details. i.e. divorce, separation, illness, etc.

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Is there a court order regarding your child including parenting orders or parenting plans? ☐ Yes ☐ No

If yes, provide details. Order may relate to powers, duties, responsibilities or authorisations of any person and child's residence or the child's contact with a parent or other person. Including parenting orders and parenting plans.

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☐ I have attached copy of relevant court forms/documentation

While the service is mindful of your child and family's confidentiality, there may be details we need to discuss, particularly pertaining to authorisations and permissions.

Please discuss any issues that might be relevant to the care of your child with the Director.

3. Parent/Guardian Details

Parent/Guardian 1 (CCS Claimant)

First Name Last Name
Date of Birth Gender Same Address as Child? ☐ Yes ☐ No
Residential Address
Country of Birth Cultural Background
Mobile Home Work
Email Address CRN
Occupation Employer

Parent/Guardian 2

First Name Last Name
Date of Birth Gender Same Address as Child? ☐ Yes ☐ No
Residential Address
Country of Birth Cultural Background
Mobile Home Work
Email Address
Occupation Employer

4. Emergency Contact Information

A minimum of 2 emergency contacts **must** be nominated. If you are unable to do so, please see the Director.
These contacts are **not** a Parent or Guardian. To add additional contacts, please see OSHC office for extra forms.
Please note the following applies to Emergency Contacts:

1. Only the people noted below may pick up your child (excluding Parents & Guardians) unless otherwise arranged.
2. These people are required to produce photo identification when picking up our child at their first visit to the Centre and subsequently by staff request.
3. No person under the age of 18 years will be allowed to drop off or pick up your child unless they have recognised Carer Status by the Australian Government. In this case, please provide a copy of the appropriate documentation.
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact Parent/Guardians first then the emergency contacts second.

Contact 1

First Name Last Name
Date of Birth Gender Relationship to Child
Residential Address
Mobile Home Work

This person is authorised to:

- | | |
|--|---|
| <input type="checkbox"/> Collect child from service | <input type="checkbox"/> Consent to medical treatment |
| <input type="checkbox"/> Consent to administration of medication | <input type="checkbox"/> Have access to photographs & observations |
| <input type="checkbox"/> Consent to transport of child | <input type="checkbox"/> Consent to remove child from service (i.e. excursions) |

Contact 2

First Name Last Name
Date of Birth Gender Relationship to Child
Residential Address
Mobile Home Work

This person is authorised to:

- | | |
|--|---|
| <input type="checkbox"/> Collect child from service | <input type="checkbox"/> Consent to medical treatment |
| <input type="checkbox"/> Consent to administration of medication | <input type="checkbox"/> Have access to photographs & observations |
| <input type="checkbox"/> Consent to transport of child | <input type="checkbox"/> Consent to remove child from service (i.e. excursions) |

☐ I authorise the above-named people as emergency contacts and have notified each nominated person of their requirements in the event they are called upon to collect my child.

Parent/Guardian 1 Signature Date

5. Medical Information

Does your child have a disability? ☐ Yes ☐ No

If yes, provide details:

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Does your child have special considerations? ☐ Yes ☐ No

i.e. any cultural, religious, or dietary requirements/restrictions or additional needs?

If yes, provide details:

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Does your child have any specific healthcare needs including any diagnosed medical conditions? ☐ Yes ☐ No

i.e. allergies, asthma or anaphylaxis? Please include sunscreens, creams, Band-Aids & other wound treatment allergies.

If yes, provide details:

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☐ I have attached copy of my Child's Medical Management Plan

☐ I have provided the Centre with the appropriate tools my child requires (i.e. EpiPen, Inhaler, etc.)

If your child is Anaphylactic or Asthmatic, please see director for respective plans.

Please ask the Director for our Medication Policy and Consent Forms if your child needs to be given medication whilst at the Centre.

If your child is accessing any specialist care, it may be useful for the Centre to have access to this information.

Please see the Director to complete a 'Consent to Release/ Obtain Information' form to ensure consistent and appropriate care for your child.

6. OSHC Information

Before School Care – 06:30am to 08:05am

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

After School Care – 02:30pm to 05:30pm

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

☐ ALTERNATE WEDNESDAYS (Preschool only)

Proposed Start Date Preschool Group (if applicable) ☐ Group A ☐ Group B

☐ I authorise Leanyer OSHC Staff to pick up & sign my child in/out of Preschool as required

Vacation Care – 06:30am to 05:30pm

Vacation Care bookings open during the term before the holidays begin & close 2 weeks before the end of term.

For more information please see the parent handbook or speak to OSHC staff.

7. Parental Consent

Child's Name

Name of Consenting Parent (Parent/Guardian 1)

Medical

Please Note: If your child becomes ill during the day we will contact you immediately. Should your child develop a high temperature that continues to rise and you or your emergency contacts cannot be reached, it may become necessary to call an ambulance. If an ambulance is called, a staff member will accompany your child to hospital and a continued effort will be made to contact you and your emergency contacts.

If I cannot be contacted, I accept that the emergency service would be the closest hospital or doctor.

Signature

Date

Excursions

I hereby consent to the director and/or members of their staff escorting my child on walks or local expeditions outside the boundaries of the Centre/OSHC grounds on such occasions, as the director shall decide. I understand that staff will notify me prior to these excursions taking place.

Signature

Date

Photographs/ Media

I give my consent for a Leanyer OSHC representative to photograph my child/myself. I agree and acknowledge that any and all copyright and other rights to any photographs of my child/myself shall be owned by Leanyer OSHC.

I also give my consent for Leanyer OSHC to use photograph/s of my child/myself in their promotional material. In doing so, I acknowledge and agree that Leanyer OSHC does not need to submit to me any promotional material containing a photograph of my child/myself for approval before the publication of that promotional material.

If signing this form on behalf of a child, I warrant that I am the parent or guardian of the above-named child and have the authority to grant the above consent.

Signature

Date

Fees

I agree to pay the fees for my child's attendance two weeks in advance. I understand that I must still pay fees when my child is absent from the centre or not attending an excursion. This includes days off for sickness, holidays and public holidays. I agree to give two weeks' notice before cancelling bookings or before my child leaves the centre.

Signature

Date

Parent Handbook

I have read over the Parent Handbook & I agree to the terms & conditions.

Signature

Date

Debt Policy

I have received and agree to the terms and conditions of the Leanyer OSHC Debt Policy. I agree that I am responsible for paying all fees incurred and non-payment will result in referral to a third party for recovery action. I agree to pay any additional recovery costs as a result of referral.

Signature

Date

Ointments, Creams and Applications

The Centre regularly provides Band-Aids/other wound treatments for minor wounds and abrasions. Please advise if your child is allergic to, or cannot use any brands. (Please include sunscreens, creams, Band-Aids and other wound treatments) and other applications.

Please note that all medications (including over the counter medications) must be in their original packaging and be labelled with medical instructions from a medical practitioner/chemist in order to be administered at the centre.

These products must have been applied to the child on more than three occasions without incident.

You will be asked to complete a 'Student Medication Request Form' and supply a copy of the medical advice.

Please speak to the Director for further details.

Signature

Date

8. Consent Form & Declaration

In completing and signing this form, I understand and consent to the following arrangements.

- Leanyer OSHC will collect some information about my family and my child. Most information will be provided by myself via the enrolment process. Some information may be provided by the government department or other agencies. Information collected from external sources will be checked with me to ensure it is correct.
- Some of the information collected may be health information about my child, which Leanyer OSHC will handle with due care. All information will be used to assist my child at Leanyer OSHC.
- Some information may be given to other organisations (such as government agencies), as required or authorised by law.
- During my child's attendance at Leanyer OSHC, I may want, or be offered, other services by Leanyer OSHC. If this happens, I consent to relevant information being given to other Leanyer OSHC staffs so that they can assess my needs.
- I have viewed Leanyer OSHC and consent to progressing to enrolling my child in the service.
- I acknowledge having received and read the Parent Handbook and I understand any changes to such will be displayed within the centre.
- I agree to comply with all government requirements in relation to the centre and its service.
- I am aware that a system of payments for late departures operates at the centre to cover overtime payment due to staff.
- I am aware that my child will be excluded from care at the centre if they have contracted a contagious disease or condition. I understand that my child will be accepted back into the centre upon provision of a 'clearance certificate' for my child from a medical practitioner.
- The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest to exercise this right and will refund any payment in credit.
- I am aware that my child is not able to begin attending until the \$110.00 bond & 2-weeks of fees in advance have been paid, and Direct Debit has been registered for.
- All information in this form is true & complete to the best of my abilities. I understand that Leanyer OSHC has the right to return incomplete forms. I understand that my child cannot begin attending until the forms have been approved & accepted by Leanyer OSHC.

Parent/Guardian 1 Name

Signature

Date