

Attendance year: _____

Date starting: _____



Children's Services
Since 1895

CONFIDENTIAL

Enrolment Form

Outside School Hours Care and Vacation Care

Service: _____

To be completed by both the Coordinator and both parents upon enrolment after reading the relevant version of KU's *Standard Terms for Enrolment of Children* ("Standard Terms"). Any minor alterations need to be initialled and dated by both parents.

If you need help to understand this form or the attached Standard Terms please ask the Director/Coordinator of the service for assistance. Please write as clearly as possible on this form.

1. GENERAL INFORMATION

Child's family name: _____ Child's first name: _____

Any other names by which child is known (including any former names): _____

Child's residential address: _____

_____ Postcode: _____

*Date of birth: _____ Place of birth: _____

*Attach a duly certified copy of Birth Certificate, Australian Citizenship Certificate or Passport

Sex: Male Female

DAYS AND TIMES OF ATTENDANCE: (*Before and After School Care to complete only*)

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Starting time</i>					
<i>Finishing time</i>					

Vacation Care Only – Please complete Booking Form for each Vacation Care period.

2. FAMILY DETAILS

PARENT/CARER NO.1

Parent/Carer Date of Birth: _____

Family name: _____ First/Given names: _____

Any other known names or former names: _____

Relationship to child: _____

Residential address: _____

_____ Postcode: _____

Phone (Home): _____ Mobile: _____

Email (Work): _____ Email (Home): _____

Occupation or course of study: _____

Employer or place of study: _____

Department or section: _____

Business address: _____

Switchboard no.: _____ Direct Phone no.: _____

AUTHORISATION FOR OTHERS TO COLLECT CHILD AND EMERGENCY CONTACTS (as at the time of enrolment)

Please list at least two people authorised to collect your child and at least two people whom staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes, if you wish.

Person's full name	Relationship to child	Home phone number	Work phone number	Mobile phone number	Emergency contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential address						Postcode:
Work address						Postcode:

Person's full name	Relationship to child	Home phone number	Work phone number	Mobile phone number	Emergency contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential address						Postcode:
Work address						Postcode:

Person's full name	Relationship to child	Home phone number	Work phone number	Mobile phone number	Emergency contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential address						Postcode:
Work address						Postcode:

Person's full name	Relationship to child	Home phone number	Work phone number	Mobile phone number	Emergency contact	Authorised to collect child
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Residential address						Postcode:
Work address						Postcode:

If you wish to change any details on this list of emergency contacts or people who are authorised to collect your child, you MUST complete a **CS44 Authorisation for Others to Collect Child and Emergency Contacts Update of Details** form.

Parent 1: _____ (Signature) Parent 2: _____ (Signature)

3. MEDICAL/HEALTH INFORMATION

Child's Medicare no.: _____

Name of health fund that has issued a policy by which child is covered (if known): _____

Child's doctor's name: _____ Phone no.: _____

Child's doctor's address: _____

Child's dentist's name: _____ Phone no.: _____

Child's dentist's address: _____

Religious/cultural requirements in case of accident/illness: _____

4. HEALTH

- A Does your child have any distinguishing birthmarks or suffer from any recurring skin disease?** Yes No
If Yes, please give details: _____
- B Has your child had any serious illness in the past?** Yes No
If Yes, please give details: _____
- C Has your child ever been hospitalised?** Yes No
If Yes, please provide details of each stay, including child's age, length of stay, and cause of hospitalisation:

- D Does your child currently have any serious illness?** Yes No
If Yes, please give details: _____
- E Does your child have any additional needs?** Yes No
If Yes, please give the Director/Coordinator of the service a copy of a referral or assessment by an appropriate professional.
Name of referring agency/doctor: _____
- F Does your child require any medical procedures to be performed on a regular basis?** Yes No
If Yes, please give details and complete the appropriate KU forms:

- G Is your child receiving regular medication?** Yes No
If Yes, please give details: _____

Does the medication have any side effects of which the staff need be aware? Yes No
If Yes, please give details: _____
- H Does your child have Asthma?** Yes No
If Yes, please attach a copy of your child's *Asthma Management Plan*.
- I Does your child have any allergies (including, e.g., allergies to sunscreens, antiseptics, etc.)?** Yes No
If Yes, please give details: _____
- J If yes to the above (I), is your child's allergic reaction likely to result in anaphylaxis?** Yes No
If Yes, please attach a copy of your child's *Anaphylaxis Action Plan*.
- K Does your child have Epilepsy?** Yes No
If Yes, please attach a copy of your child's *Epilepsy Management Plan*.
- L Is there any other health information that we need to know?** Yes No
If Yes, please give details: _____

If you have answered Yes to questions D, E, F, G, H, I, J or K in the section above, the Centre Director/Coordinator may ask you to complete KU's **Request for Medical Information** which will be sent to your child's medical practitioner and/or hospital.

PERMISSION FOR:

A Administration of Paracetamol Mixture

I agree that if my child is older than 6 months and has a temperature higher than 38°C and is in discomfort and/or pain, whilst in KU's care, a staff member may administer a single dose of paracetamol mixture (such as *Panadol*) to my child.

Yes No If No, please specify alternative action: _____

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

B Administration of Asthma First Aid Kit

I agree that if my child has difficulty in breathing whilst at the service, or otherwise in KU's care, a staff member with a current First Aid Certificate, may administer medication from the service's Asthma First Aid Kit.

Yes No If No, please specify alternative action: _____

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

C Administration of Allergies and Anaphylaxis Emergency Kit

I agree that if my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, or otherwise in KU's care, the Director/Coordinator will call an ambulance and a staff member with a current First Aid Certificate, will follow the recommended treatment from the ambulance staff. This may involve the administration of an epipen from the service's Anaphylaxis Emergency Kit.

Yes No If No, please specify alternative action: _____

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

D Emergency Medical Assistance – Your child's enrolment at the service **will not be accepted** unless you agree to the following:

I agree that if my child has been injured, or becomes ill whilst at the service or otherwise in KU's care, and if the Director/Coordinator of the service thinks it is necessary, he/she will seek:

- ▶ Urgent medical, dental or hospital treatment or ambulance service, and
- ▶ I give consent to the carrying out of appropriate medical, dental or hospital treatment

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

E Excursions (Vacation Care Only)

I agree that the Coordinator of the service or his/her designated representative, may take my child travelling by hire bus and/or public transport and/or on foot to excursions without asking for my further consent.

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

F Routine excursions

I agree that the Coordinator of the service or his/her designated representative, may take my child on a routine excursion without asking me for further consent. (A routine excursion might be, for example, a daily walk to a nearby park or library, and will not involve crossing a major road or using transport other than walking).

Yes No If No, please specify alternative action: _____

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

G Use of child's photographs and videos – at the service

I agree that photographs and videos of my child taken at the service may be displayed or viewed at the service or incorporated into other children's portfolios. Yes No

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

H Use of child’s photographs and videos – by KU

I agree that photographs and videos of my child taken at the service may be used by KU in its publications; on its website and intranet; for educational displays and in presentations at professional development courses and conferences.

Yes No

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

I Use of child’s drawings, paintings and other artwork – by KU

I agree that my child’s drawings, paintings and other artwork may be used by KU in its publications; on its intranet; for educational displays and in presentations at professional development courses and conferences.

Yes No

Parent/Carer 1: _____ (Signature) Parent/Carer 2: _____ (Signature)

5. OTHER INFORMATION

Is there any other information about your child/family that you would like the staff to know to enable them to meet your child’s needs?

6. PARENT’S OR CARER’S DECLARATION AND AGREEMENT

7.1 I understand that my child’s enrolment at the service depends on my acceptance of KU’s *Standard Terms*, a copy of which I have been given. I have read those *Standard Terms*, I understand them, and I accept them. Please refer to attached sheet under 7.1.

7.2 I confirm that all the information which I have given in this *Enrolment Form* is correct. I understand that KU will rely on that information.

7.3 I understand that under the National Standards for Outside School Hours Care the following documents are available at the service:

- ▶ KU’s *Privacy Statement*
- ▶ KU’s *Confidentiality Statement*
- ▶ KU’s *Feedback from Families Policy*
- Details of *Emergency and Evacuation Procedure*
- ▶ KU’s *Child Protection Policy*
- ▶ Other centre policies and procedures
- ▶ Staffing details (incl. qualifications)
- ▶ Details of the curriculum
- ▶ Centre records concerning my child
- ▶ Details of daily timetable
- ▶ Other information about the centre

<p>PARENT/CARER 1</p> <p>Name (please print): _____</p> <p>Signed: _____</p> <p>Relationship to child: _____</p> <p>Date: _____</p>	<p>PARENT/CARER 2</p> <p>Name (please print): _____</p> <p>Signed: _____</p> <p>Relationship to child: _____</p> <p>Date: _____</p>
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ACCEPTANCE OF ENROLMENT

Name of Centre Director/Coordinator: _____

Signature: _____ Date: _____

Version of **Standard Terms** given and explained to parent/guardian (quote year/edition): _____