



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

### CHILD'S DETAILS

Education and Care Service National Regulations – Regulation 160 (3a, e)  
*Please complete a separate form for each child.*

Family name:	Given name/s:	
Preferred name:	DOB:	Gender: M <input type="checkbox"/> / F <input type="checkbox"/>

### CENTRELINK REFERENCE NUMBER (CRN)

Please note: Parent and child have their own individual CRN number:

Child CRN:	Claiming Child Care Subsidy (CCS): Y <input type="checkbox"/> / N <input type="checkbox"/>
------------	--

### ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's Birth Certificate	Attached <input type="checkbox"/>	Child and parent CRN	Attached <input type="checkbox"/>
Medical documents & Action Plans (ASCIA)	Attached <input type="checkbox"/>	Photo identification of all emergency contacts	Attached <input type="checkbox"/>
AIR Immunisation record	Attached <input type="checkbox"/>	Documents regarding additional needs or diagnosed disability	Attached <input type="checkbox"/>
Legal documents, regarding custody arrangements, court order, parental agreements, parenting plans, parenting order, etc.			Attached <input type="checkbox"/>

### PLEASE NOMINATE WHICH CAMPUS YOU WILL BE ATTENDING THE SERVICE:

Trinity Anglican School Outside School Hours Care (OSHC) Kewarra Beach 45 Poolwood Road, Kewarra Beach (07) 4057 7000, kboshc@tas.qld.edu.au	Kewarra Beach Campus <input type="checkbox"/>
Trinity Anglican School Outside School Hours Care (OSHC) White Rock 200 Progress Road, White Rock (07) 4036 8111, wroshc@tas.qld.edu.au	White Rock Campus <input type="checkbox"/>

### PLEASE NOMINATE DAYS AND SESSIONS OF ATTENDANCE

	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care (long day 3:15pm – 5:45pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care (short day 4:30pm – 5:45pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEWARRA BEACH ONLY</b> Before school Care (7:00am – 8:30am)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's state date:
---------------------

OFFICE USE ONLY	
Date entered:	Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

## CULTURAL CONSIDERATION

Education and Care Service National Regulations – Regulation 160 (f, g, h)

Is your child Aboriginal  / Torres Strait Islander  / Both  / None

Country of birth:

Residency status:

Does your child speak a language other than English at home? No  / Yes   
If yes, what languages?

Please outline relevant cultural background or any cultural practices you would like followed:

Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.

## PRIMARY PARENT/LEGAL GUARDIAN 1

Education and Care Service National Regulations – Regulation 160 (3b)  
*The primary parent must also be the registered CRN number holder*

Mr  Mrs  Ms  Miss  Dr

Relationship to child:

Full name:

Given name:

DOB:

Residing at the same address as the child: Y  / N

Address:

Email address:

Home ph.:

Work ph.:

Mob ph.:

Parent CRN:

## SECONDARY PARENT/LEGAL GUARDIAN 2

Education and Care Service National Regulations – Regulation 160 (3b)

Mr  Mrs  Ms  Miss  Dr

Relationship to child:

Full name:

Given name:

DOB:

Residing at the same address as the child: Y  / N

Address:

Email address:

Home ph.:

Work ph.:

Mob ph.:

### OFFICE USE ONLY

Date entered:

Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

**FAMILY LAW, AVO's or OTHER RELEVANT COURT ORDER**  
Education and Care Service National Regulations – Regulation 160 (3c, d)  
*Please note that without this documentation, we cannot legally enforce the Order/s.*

Are there any relevant court orders, parenting orders, or parenting plans relating to the powers, duties, and responsibilities or authorities of any person, in relation to the child or access to the child?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>
Have photographs and names of unauthorized people been attached to this form?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>
Briefly outline court order requirements:		

**CHILD CARE SUBSIDY (CCS)**  
*Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) families must meet eligibility requirements which include:*

You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Are you liable for fees for care provided at an approved childcare service?	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Do you meet residency requirements?	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Does your child meet immunisation requirements?	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Have you completed the Child Care Subsidy assessment of the <a href="https://my.gov.au">myGov</a> website?	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Have you received confirmation about your Child Care Subsidy?	No <input type="checkbox"/> / Yes <input type="checkbox"/>

OFFICE USE ONLY	
Date entered:	Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

**MEDICAL INFORMATION**  
Education and Care Service National Regulations – Regulation 160 (3a, l, j)  
*To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible.*

Child's Medicare Number: \_\_\_\_\_

Medicare Expiry: _____	Child's Medicare reference number: _____
------------------------	--

GP Doctor's name: \_\_\_\_\_

Medical Centre: _____	Phone number: _____
-----------------------	---------------------

Address: \_\_\_\_\_

Dentist name: \_\_\_\_\_

Name of service: _____	Phone number _____
------------------------	--------------------

Address: \_\_\_\_\_

Private health cover: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Ambulance Cover: Yes <input type="checkbox"/> / No <input type="checkbox"/>
--	---

Private Health Fund name: \_\_\_\_\_

Private Health Care Membership number: \_\_\_\_\_

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital, or ambulance service?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	

OFFICE USE ONLY	
Date entered: _____	Entered By: _____



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

## ALLERGIES – PROVIDE DETAILS OF CHILD’S ALLERGIES.

Education and Care Services National Regulations - Regulation 94.

*These can include insect stings, food (e.g. nuts, eggs, peanuts), animals, latex, medication, or other*

Please list any allergies your child may have:			
Risk of Anaphylaxis: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Do you have a current Action Management Plan: Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Has a doctor diagnosed this allergy? Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Medical specialist for this condition:			
Phone contact:	Address:		
Has your child been prescribed an adrenaline autoinjector? Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, you will need to provide this to the Service.			
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other 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 <input type="checkbox"/> / No <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	

## DIETARY RESTRICTIONS

Does your child have any special dietary requirements or restrictions? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If yes, please provide details on prohibited food and detailed information.	

## (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES, AND OTHERS)

Does your child have any other medical conditions? Yes <input type="checkbox"/> / No <input type="checkbox"/>	
If yes, please provide details:	

OFFICE USE ONLY	
Date entered:	Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

## REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION

Education and Care Services National Regulations - Regulation 96

*Students in infant classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service, and the student's medical/health practitioner. Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.*

Do you agree to your child independently self-administer their own medication?	Yes <input type="checkbox"/> /	Parent 1 Signature	
	No <input type="checkbox"/>	Parent 2 Signature	
Please indicate the medication that your child has permission to self-administer (e.g.: asthma reliever, enzymes for cystic fibrosis).			

## MEDICATION AGREEMENT

Education and Care Services National Regulations - Regulation 95, 93

<p>Medication will only be administered if:</p> <ul style="list-style-type: none"> <li>it is prescribed by a medical practitioner</li> <li>it is in the original container with the original label</li> <li>the label contains the child's name</li> <li>instructions and dosage can be clearly read</li> <li>expiry date or use by date is valid</li> </ul> <p>Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s. Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents.</p>	Parent 1 Signature	
	Parent 2 Signature:	

## IMMUNISATION DETAILS

Education and Care Service National Regulations – Regulation 160 (3a, l, j)

AIR Immunisation History Statement or AIR Immunisation History Form is provided and has the words 'up to date recorded'.	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Attached <input type="checkbox"/>

OFFICE USE ONLY	
Date entered:	Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

## EMERGENCY CONTACT

Education and Care Service National Regulations – Regulation 160 (3B, ii, iii, iv, v) 161 (1a, i, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma, or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child. Please ensure you have obtained the person's consent.

## 1<sup>ST</sup> EMERGENCY CONTACT

Full name:		Relationship to child:	
Home Ph:	Work Ph:	Mobile Ph:	
Address:			
Email:			
Can this person be contacted to collect your child from the education and care service?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment for your child?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	

## 2<sup>ND</sup> EMERGENCY CONTACT

Full name:		Relationship to child:	
Home Ph:	Work Ph:	Mobile Ph:	
Address:			
Email:			
Can this person be contacted to collect your child from the education and care service?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment for your child?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings?	No <input type="checkbox"/> / Yes <input type="checkbox"/>	Parent 1 Signature	
		Parent 2 Signature	

OFFICE USE ONLY	
Date entered:	Entered By:



# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

## ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

## HEALTH AND SAFETY

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	No <input type="checkbox"/> / Yes <input type="checkbox"/>
I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Have Band-Aids or sticking plasters applied when necessary	No <input type="checkbox"/> / Yes <input type="checkbox"/>
Have staff apply Insect Repellent (supplied by parents)	No <input type="checkbox"/> / Yes <input type="checkbox"/>

## PHOTOGRAPHY AND VIDEO

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)	No <input type="checkbox"/> / Yes <input type="checkbox"/>
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	No <input type="checkbox"/> / Yes <input type="checkbox"/>
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)	No <input type="checkbox"/> / Yes <input type="checkbox"/>
For photos and video footage of my/our child to be used on Service website, social media, and other internet purposes, such as advertisement and used in organisation's resources	No <input type="checkbox"/> / Yes <input type="checkbox"/>

## PARENT AGREEMENT

Education and Care Service National Regulations – Regulation 160 (3a, l, j)  
*Please tick the box to confirm you have read each point*

I agree to inform the Service in writing immediately of any changes to the above information.	<input type="checkbox"/>
I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.	<input type="checkbox"/>
I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holiday.	<input type="checkbox"/>
If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.	<input type="checkbox"/>
I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.	<input type="checkbox"/>
I agree to provide two weeks' written notice to withdraw my child.	<input type="checkbox"/>

OFFICE USE ONLY	
Date entered:	Entered By:





# OUTSIDE SCHOOL HOURS CARE APPLICATION FOR ENROLMENT

I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible or organise for someone else to collect my child.	<input type="checkbox"/>
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's Administration of Medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then if the Nominated Supervisor deems the child well enough to attend Service.	<input type="checkbox"/>
I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	<input type="checkbox"/>
I give permission for my child to be involved with leisure activities offered at the OSHC service.	<input type="checkbox"/>
I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the foyer area and the office. I agree to follow, support, and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.	<input type="checkbox"/>
I am interested in being a part of a Parent Committee that meets occasionally to update policies, provide feedback, assist with activities, fundraising, and social events.	<input type="checkbox"/>
I, or someone I know, has a skill they could share with the children to enhance the educational program.	<input type="checkbox"/>

### PARENT/GUARDIAN AUTHORISATION

*I have read and understood the information in this application. Information provided about my child/ren or other people has been given with the authorisation.*

Print name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY DISCLAIMER**

We acknowledge and respect the privacy of our clients. The enrolment information that is collected assists us to meet our legislative obligations and providing the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

**HOW DID YOU HEAR ABOUT US?**

- Word of Mouth
- Internet Search
- Advertisement
- Social Media

- Website
- Other:

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY	
Date entered:	Entered By: