



South Coogee

Out Of School Hour Care

Enrolment form

Child's Details:

Given Name: _____ Middle Name(s) _____

Surname: _____

Gender: M F Date of Birth: _____

Place of Birth: _____

Current Home Address: _____

Suburb: _____ State: _____ Postcode: _____

CRN Number: _____ *(Must be a different number than parents)*

Please Provide Copy of your Child's Birth Certificate (Or Passport) and Immunisation Record alongside this enrolment form.

No Enrolment will be accepted if failure to provide either.

Office use only:

I/R

PP/BC

Priority of Access Information:

Is the child of Aboriginal or Torres Strait Islander decent? Yes No

Is the child of a family which includes an immediate member with a disability? Yes No

Is the child of a low – income family ? Yes No

Does the child have a culturally and linguistically diverse background? Yes No

Is the child of a socially isolated family ? Yes No

Is the child of a single-parent family ? Yes No

Is one of the child's primary caregivers employed by the Defence Force ? Yes No



Child's Health and Medical Information

Medicare Number: _____

Medicare IRN Number: _____

Private Health Insurance Fund: _____

Private Health Insurance Number: _____

Office use only:	
ANA	<input type="checkbox"/>
AST	<input type="checkbox"/>
M/C-A/N	<input type="checkbox"/>
F/AL-DR	<input type="checkbox"/>
R/MED	<input type="checkbox"/>

Does your child have an anaphylactic allergy? Yes No

If "Yes", please provide details:

Does your child have asthma? Yes No

If "Yes", please provide details:

Does your child have any medical conditions or additional needs? Yes No

If "Yes", please provide details:

Does your child have any allergies, food intolerances or dietary requirements? Yes No

If "Yes", please provide details:

Does your child take any regular medications? Yes No

If "Yes", please provide details:

If you have answered "yes" to any of these questions, all medications, risk minimisation plans, and medical action plans are a condition of enrolment. No enrolment will be processed without these supporting documents.

Regular Doctor (GP) Information:

Name: _____ Phone number: _____

Address: _____

Regular Dentist Information:

Name: _____ Phone number: _____

Address: _____



Family Information

Siblings:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Do any siblings attend South Coogee OOSH? Yes No

If "yes", please name: _____

Parent / Guardian #1 (parent/guardian registered for Child Care Subsidy)

First Name: _____ Surname: _____

Relationship to Child: _____ DOB: _____ Place of birth: _____

Phone number: _____ CRN: _____

Email address: _____

Home Address _____

Occupation: _____

Place of work/study: _____

Parent / Guardian #2

First Name: _____ Surname: _____

Relationship to Child: _____ DOB: _____ Place of birth: _____

Phone number: _____ CRN: _____

Email address: _____

Home Address _____

Occupation: _____

Place of work/study: _____

Languages spoken at home other than English? _____

Are there any other aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of ?

Please add details:

Custody arrangements:

Child at home with both parents

Shared custody between both parents

Child with one parent (sole custody) Name of parent _____

Other (please specify) _____

Are there any court orders in place ? Yes No

If yes, please provide a copy to the Centre.



Additional Contacts

These contacts will be added to your child's file to authorise them on the level of your choice. These contacts can be removed at anytime and/or more can be added over time by completing a separate form

Please note that we will request any photo ID (passport, drivers' licence, photo ID card) on the first collection to add to your child's file.

This can be anyone other than Parent/Guardian 1 & 2 listed above

Additional Contact #1

Full Name: _____

Relationship to Child: _____

Phone number: _____

Address: _____

This Person has the authority to:

(Please tick)

- Collect your child from the centre
- Consent to medical treatment in your absence
- Give permission for excursions
- Be an Emergency Contact

Additional Contact #2

Full Name: _____

Relationship to Child: _____

Phone number: _____

Address: _____

This Person has the authority to:

(Please tick)

- Collect your child from the centre
- Consent to medical treatment in your absence
- Give permission for excursions
- Be an Emergency Contact

Additional Contact #3

Full Name: _____

Relationship to Child: _____

Phone number: _____

Address: _____

This Person has the authority to:

(Please tick)

- Collect your child from the centre
- Consent to medical treatment in your absence
- Give permission for excursions
- Be an Emergency Contact

Additional Contact #3

Full Name: _____

Relationship to Child: _____

Phone number: _____

Address: _____

This Person has the authority to:

(Please tick)

- Collect your child from the centre
- Consent to medical treatment in your absence
- Give permission for excursions
- Be an Emergency Contact



Consent Required

I give consent for South Coogee OOSH Staff to:

Seek emergency medical treatment for my child: Yes No

Apply the Centre's sunscreen to my child: Yes No

Apply face paint to my child: Yes No

Watch PG movies with my child : Yes No

General Consent for Photographs to be taken of your child:

I understand that throughout the day staff will be taking photos of the children engaging in experiences.

I give permission for these photos to be used for the following:

Pictures of my child to be used for display of the program within the centre: Yes No

Pictures of my child to be posted onto Storypark for documentation purposes: Yes No

Pictures of my child to be used in promotional material for our centre: Yes No

A Regulatory Authority to view documentation including photographs: Yes No

(usually for quality assessment and rating purposes)

In case of emergencies:

If you do not have ambulance cover, you are aware and agree that you will be responsible for the call-out fee for an Ambulance and all other medical fees for your child during their attendance at the Centre

Name: _____ Signature: _____ Date: _____

Confidentiality Agreement:

I understand that the centre will keep the information I have provided on this form and other documentation relating to my child's enrolment confidential for the duration of my child's enrolment at South Coogee OOSH. I understand that the Centre is required by law to keep my child's enrolment records until the end of three years after the child's last attendance. I agree the information provided in this enrolment form is true and accurate.

Name: _____ Signature: _____ Date: _____