

LEICHHARDT OUT OF SCHOOL HOURS CARE ENROLMENT FORM

PARENT/GUARDIAN INFORMATION

This information helps us determine priority of access and assists us in completing the DEEWR Child Care Census. All information is kept private & confidential.

	Parent / Guardian	Parent / Guardian
Full name		
Date of birth		
CRN (for CCB)		
Home address		
Home phone		
Occupation		
Work phone		
Mobile phone		
Email address		
Country of birth		
Aboriginal/TSI origin		
Languages spoken		
Work/Study hours	FULL-TIME PART-TIME CASUAL NONE	FULL-TIME PART-TIME CASUAL NONE

EMERGENCY CONTACTS (Please list someone **other than parents** who LOOSH may contact to collect your child in the event of an emergency)

Name			
Relationship to child			
Home phone			
Mobile phone			
Work phone			

AUTHORISED COLLECTION (Please list all **additional** people you authorise to collect your child(ren). _____

CHILD INFORMATION

	Child 1	Child 2	Child 3
Child's full name			
Gender			
Date of birth			
Centrelink CRN			
School attending			
Year/Class			

ENROLMENT INFORMATION

PROGRAMS (Please tick all required) Before School Care **BSC** After School Care **ASC** Vacation Care **VAC** I will only require casual care

PERMANENT BOOKING REQUESTED (Please tick) **MON BSC** **TUES BSC** **WED BSC** **THURS BSC** **FRI BSC**

Start Date: _____ **MON ASC** **TUES ASC** **WED ASC** **THURS ASC** **FRI ASC**

HEALTH & FAMILY INFORMATION

Medicare Number: _____ Health Care Fund: _____ Membership Number: _____

Are your child's immunisations up to date? _____ Family doctor's name: _____ Telephone number: _____

Does your child have any medical conditions/ allergies, etc. _____

Is your child on any prescribed medications? If so please list possible side effects we may need to be aware of. _____

Does your child have a permanent & ongoing disability? _____ If so, please complete **LOOSH Enrolment form 'B'**

Please list all children still living at home and their dates of birth _____

Are there any **family situations** we need to be made aware of such as parent separation, restraining orders etc? _____

Please tell us if there are any **religious/cultural requirements** that need to be observed while your child is at our centre? _____

AUTHORISATIONS

I give permission for my child to receive the minimum dose of Panadol to treat a high fever, if deemed necessary by the LOOSH Coordinator.

X _____ Date _____

I give permission for my child to be photographed while participating in the program. I understand that photographs may be used to promote LOOSH in the future.

X _____ Date _____

I confirm that the information provided in this application is true and correct and will be relied upon by the service. I acknowledge that I have read and will comply with the Leichhardt Out of School Hours Policy and Procedures, as stated in the family handbook. In the event of sudden illness, accident or emergency I authorise the person in charge of the Service at the time to follow the guidelines set down in the service policy document and seek medical treatment (including transport by ambulance) for my child.

I undertake to:

- Inform staff of any absence of my child;
- Keep my child from attending the Service should they be suffering any infections or contagious disease;
- Ensure that my child is collected by an authorised person or according to alternative arrangements made by myself with staff and to ensure that staff are notified of any changes;
- Notify the Service immediately should there be any change in circumstances from the details as outlined in this enrolment form including living arrangements of the child and/or Parent/Guardian within 7 days of such change;
- Pay outstanding fees, where applicable, together with all debt recovery expenses including mercantile agents' fees, court costs and legal fees reasonably incurred by the service in the collection of such outstanding fees. In the case of default, I acknowledge and give permission for any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default to be forwarded to a debt collection agency for legal recovery action, if required.

Parent/Guardian Name _____ Signature _____ Date _____

Have you attached a current photograph of your child for safety reasons (a digital copy is acceptable)

a health plan/ asthma plan (where you have indicated a medical condition)

your child's "About You" profile

OFFICE USE ONLY

Date Received _____ Staff Initials _____ Kindcare Outlook Ezidebit Waitlist/SS Membership Confirmation