



Out of School Hours Care Enrolment Form – 2022

PREP – GRADE 6

Phone: 0401 991 093

Email: ohsc.macleod.co@education.vic.gov.au

CHILD DETAILS

Family Name:

First Name:

Middle Name:

Sex: Male Female Chose not to disclose Intersex

Date of Birth:

Address:

Language spoken:

Does your child have any special needs: YES NO

Details:

Has Your child been immunised: YES NO If yes, please provide copy of immunisation certificate

Is the student of Aboriginal or Torres Strait Islander Origin?

NO

YES, Aboriginal

YES, Torres Strait Islander

YES, Both Aboriginal & Torres Strait Islander

Grade:

Teacher:

What is the student's living arrangements?

At home with Two Parents/Carers

State Arranged Out of Home Care

At Home with One Parent / Carer

Independent

FAMILY DETAILS

Parent/Carer A

Surname:		Title:	
First Given Name:		Preferred Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Chose not to disclose <input type="checkbox"/> Intersex		Date of Birth:	
Address:			
Home:		Work:	Mobile:
Email Address:			
Employer:			
Occupation:			
Main Language Spoken at home:		Cultural Background:	
Does the child live with this parent/carer: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent/Carer Signature:			

Parent/Carer B (if applicable)

Surname:		Title:	
First Given Name:		Preferred Name:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Chose not to disclose <input type="checkbox"/> Intersex		Date of Birth:	
Address:			
Home:		Work:	Mobile:
Email Address:			
Employer:			
Occupation:			
Main Language Spoken at home:		Cultural Background:	
Does the child live with this parent/carer: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Parent/Carer Signature:			

ACCOUNT DETAILS (Invoice to be sent to)

Parent / Carer A

Parent / Carer B

Both

Have you applied for Child Care Subsidy?
(If yes, please fill in the below section)

YES

NO

CRN = Customer Reference Number for Child Care Subsidy

Parent / Carer A CRN

Parent / Carer B CRN

Child CRN

ATTENDANCE

Permanent Bookings

Before/After School Care

MONDAY (AM or PM)

TUESDAY

WEDNESDAY (AM or PM)

THURSDAY

FRIDAY (AM or PM)

Casual / Emergency Care

Please tick if you will require casual care only

FAMILY DOCTOR

Doctor's Name:

Individual or group practice

Individual
 Group

Name of Practice:

Address:

Suburb:

State:

Postcode:

Telephone number:

Fax Number:

Do you have Private Medical Insurance:

YES

NO

Current Ambulance Subscription:

YES

NO

Membership Number:

Medicare number:

MEDICAL

How would you describe your child's health?

Is your child receiving any medical treatment?

Details of any dietary requirements?

Any history of illness? Please give details:

Allergies: YES NO Describe:

Anaphylaxis: YES NO If yes, Anaphylaxis Plan and EpiPen **MUST** accompany this Enrolment form.

Anaphylaxis Medication/ Treatment:

Medical Plan:

Other:

Asthma: YES NO If yes, Asthma Plan and Ventolin **MUST** accompany this Enrolment form.

Asthma Medication/ Treatment:

Are there any known triggers? :

Symptoms: Wheeze Cough Tight chest Shortness of breath Exhibits symptoms after exertion

OTHER INFORMATION

Is there any other information we should know about your child? Likes, dislikes, favourite activities, cultural information etc.

STUDENT ACCESS OR ACTIVITY RESTRICTIONS DETAILS

Is the student at risk? YES NO

Is there an Access Alert for the student? YES NO

Access type: Court Order Family Law order Restraining Order Other
(tick)

Describe any Access Restriction:

If applicable, please provide current court orders to the O.S.H.C Coordinator.

PERSONS AUTHORISED TO COLLECT CHILD

(These people must be over 18 years old.)

Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone Number:

Name:

Relationship:

Address:

Phone:

EMERGENCY CONTACTS (maximum 30 minutes from the service)

In case of accident or injury, trauma or illness when parents/ guardians are not available, please state two people who could pick up the child and take care of them. In the event that the child is not collected from the O.S.H.C service and the parents or carers cannot be contacted, this list will also be used to arrange someone to collect the child. This person will have lawful authority to:

- Consent to medical treatment of the child
- Request or permit the administration of medication to the child

Full Name:	Relationship to child:
Address:	
Phone Number	Home:
	Work:
	Mobile:

Full Name:	Relationship to child:
Address:	
Phone Number	Home:
	Work:
	Mobile:

Declaration and Consent To Emergency Medical Treatment

I, (print name)

Person/s with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the O.S.H.C service in the event of any change to this information
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he / she becomes unwell at the service
- Consent to the staff or the O.S.H.C service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service
- Consent to transportation of my child by an ambulance
- Undertake to inform the staff or any absence of my child from the service
- Accept full responsibility for my child's belongings whilst attending the service

Signature

Date

CONSENT

Photographic

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I give permission for my child to be photographed and or videotaped in the event of media reportage	<input type="checkbox"/> YES <input type="checkbox"/> NO

Sunscreen

I give permission for my child to have a 30+ sunscreen applied as per the service's sun smart policy.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PG Programs/Movie

I give permission for my child to watch PG rated programs/movies whilst in attendance at the service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Face Painting

I give permission for my child to participate in face painting activities whilst in attendance at the service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Parent/Carer Signature

I certify that the information contained within this form is correct.	
Signature of Parent/Carer: _____	Date: ____/____/____

Privacy Notification

The Macleod college O.S.H.C uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purpose only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the program coordinator.