

Child's Name:

DOCUMENTS CHECKLIST

OSHC ENROLMENT FORM

PLEASE TICK TO INDICATE
WHAT DOCUMENTS HAVE BEEN
PROVIDED.

1. Primary parent/Guardian
CRN & D.O.B
2. Immunisation Record
(if applicable)
3. Child CRN & D.O.B
4. Court Order
(if applicable)
5. Medical plans
(if applicable)
6. All areas are signed off



St Leonards
1341 Murradoc Road, St Leonards
0432 146 966
stleonardskellycluboshc.com.au

Office use only

ENTERED BY:
DATE:

After School Care 3.10 pm - 6pm

Kelly Club OSHC requires this form to be completed and all necessary documentation sighted (originals), and copies attached prior to your child's first day of care with us. This information must be completed by one of the child's parents/guardians, who have lawful authority in relation to the child. A brief explanation of lawful authority is found at the end of this form.

Please notify us of any change of details, as soon as they arise.

Please TICK the days that your child will require care or tick casual if not permanent:							
Before School Care							
Monday		Tuesday		Wednesday		Thursday	
Start Date:				Casual			

Please TICK the days that your child will require care:							
After School Care							
Monday		Tuesday		Wednesday		Thursday	
Start Date:				Casual			

Child details

Child CRN:	Please note Parent and child have their own individual CRN number		
First Name(s):	Middle Name:		
Surname:			
Preferred Name:			
Date of Birth:	Gender:	Female	Male
Home Address:			Post Code:
Country of Birth:			
Cultural Background: Language(s) Spoken at Home:			
Is your child:	Aboriginal	Torres Strait Islander	Other

PARENT/GUARDIAN DETAILS

PRIMARY PARENT/GUARDIAN

CRN:		<i>Parent 1 is claiming CCS from Centrelink & child will come under Parent 1 CRN Please note Parent and child have their own individual CRN number</i>	
Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:		Country of Birth:	
Does the child live with you?		YES	NO
		Shared Care	
Comments/Details:			
Home Address:			
			Postcode:
Home Phone:		Mobile Phone:	
Email:			
Occupation:		Organisation Name:	
Work address			
Work Phone:		Email:	

SECONDARY PARENT

Title:	First Name(s):		
Surname:			
Relationship to Child:			
Date of Birth:		Country of Birth:	
Does the child live with you?		YES	NO
		Shared Care	
Comments/Details			
Home Address:			
			Postcode:
Home Phone:		Mobile Phone:	
Occupation:			
Organisation Name:			
Work Address:			
			Postcode:
Work Phone:		Email:	

EMERGENCY/AUTHORISED NOMINEE CONTACT DETAILS

In case of an emergency, Kelly Club OSHC will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

Authorised nominee means a person who has been given permission by a parent or guardian to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

CONTACT ONE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
<i>Please tick:</i> Collection of child Notification of an emergency Consent to medical treatment & administration of medication Authorise an educator to take the child outside the education and care service premises	

CONTACT TWO

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
<i>Please tick:</i> Collection of child Notification of an emergency Consent to medical treatment & administration of medication Authorise an educator to take the child outside the education and care service premises	

CONTACT THREE

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
<i>Please tick:</i> Collection of child Notification of an emergency Consent to medical treatment & administration of medication Authorise an educator to take the child outside the education and care service premises	

Please note, all emergency contacts/authorised nominees must provide a form of I.D upon collection of a child

COURT/CUSTODIAL ORDERS

Are there any 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?

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders either:

a) change the powers of a parent/guardian to:

- Authorise the taking of the child outside the OSHC by a staff member of the OSHC
- Consent to the medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child

and/or

b) Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers

The Approved Provider, Nominated Supervisor and Educators will not allow a parent to enter the service premises if they reasonably believe this would contravene a court order.

Name and position of staff member who sighted original document

Name: _____ Position: _____ Date: _____

MEDICAL INFORMATION

Family Doctor Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode:
Contact Phone:		

Family Dentist Title:	First Name(s):	Surname:
Service Name:		
Address:		Postcode
Contact Phone:		

Medicare Number:	Ambulance Cover: YES NO
	Ambulance Number:
Health Insurance Fund: YES NO	Insurance Number:
Health Insurance Name:	

CHILD HEALTH INFORMATION**Immunisation Record**

Is your child fully immunised? YES NO

A copy of your child's immunisation record/certificate must be sighted by a member of the Kelly Club team and a copy attached to this form.

Please ensure you notify the Coordinator upon the completion of each immunisation update.

Name and position of staff member who sighted the original document

Name: _____ Position: _____ Date: _____

Diagnosed Medical Conditions

Kelly Club OSHC requires an individual medical management plan and MUST be signed by the medical practitioner who is treating your child. A risk management plan will also be required. Both will be attached to this enrolment form.

Has your child been diagnosed at risk of Anaphylaxis? YES NO

If YES to above, please complete below:

Does your child have an auto injection device (Epi-pen)	YES		NO	
Has the anaphylaxis medical management plan been provided to the service?	YES		NO	
Has a risk management plan been completed by the service in consultation with you?	YES		NO	

Has your child been diagnosed at risk of Asthma? YES NO

Does your child have ventolin	YES		NO	
Has the asthma medical management plan been provided to the service?	YES		NO	
Has a risk management plan been completed by the service in consultation with you?	YES		NO	

Has your child been diagnosed with any other medical conditions (epilepsy, diabetes etc.)? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

YES NO

If yes, please provide relevant details below:

Does your child have any allergies: eg. Food, medication, animals, insects? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

MORE ABOUT YOUR CHILD

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant details below:

Any other special considerations: YES NO

If yes, please provide relevant details below:



Kelly Club ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

I, (print full name) a person with lawful authority of the child referred to in this enrolment form,

Consent to administer medication as required (medication form to be completed)	YES		NO	
Consent to the management/educators to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service	YES		NO	
Consent to the transportation of the child by an ambulance service	YES		NO	
Agree to collect or make arrangements for the collection of my/our child if he/she becomes unwell at OSHC	YES		NO	

Parent/Guardian signature _____ Date _____

I/We give permission for this child referred to in this enrolment form to:

Have photos taken	YES		NO	
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If given permission for photos to be taken, please indicate what you want photos to be used for:

Individual/group port -folios	YES		NO	
Newsletters (hard copy and online)	YES		NO	
Private Facebook page	YES		NO	
Part of a gift (Mother's Day/Christmas)	YES		NO	
Visual displays	YES		NO	

Parent/Guardian signature _____ Date _____

I/We give permission for this child to:

Participate in excursions (permission slip will have to be signed before allowing your child to leave the centre)	YES		NO	
Have SPF30+ sunscreen applied prior to sun exposure (<i>If not, please provide a letter releasing the centre of any Liability</i>)	YES		NO	

Parent/Guardian signature _____ Date _____

Fee Payment Agreement

I/We

Agree to pay the weekly fee on the due day by providing the program or its appointed representative with permission to direct debit fees from my/our bank account	YES		NO	
Are aware and agree that to cancel a permanent booking we are required to give notice in writing 24 hours prior to the date of withdrawal; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees	YES		NO	
Are aware and agree that fees are payable for all booked days, including absent days, i.e. sick days, and family holidays if 24 hours notice in writing is not provided	YES		NO	
Are aware and agree that fees are payable for all casual days if 24 hours notice in writing for cancellation is not provided	YES		NO	
Understand that a system of payment for late collection operates at the service, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Centre. Any late collection will result in a fee being charged	YES		NO	
Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred	YES		NO	

Parent/Guardian signature _____ Date _____

Your commitment to us

It is your responsibility to ensure that:

I/We:

1. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
2. Received and read the Kelly Club parent handbook and understand any changes to such will be notified to you
3. Agree to comply with all Government requirements in relation to the Centre and its service
4. Understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. The priorities are as follows:

First priority: Child at risk of serious abuse or neglect

Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act

Third priority: Any other child

5. Are aware that the child will be excluded from care at the program if he/she has contracted a contagious disease or condition
6. Understand that the child will be accepted back into the program upon provision of a 'clearance certificate' for the child from a medical practitioner
7. Are aware that the Centre may require presentation of a medical certificate in the event of the child developing a medical disability or diagnosed medical condition
8. Agree to provide Kelly Club with all information regarding the health of my/our child
9. Understand that the Centre may be used as a training and observation centre by students aiming to/or already working with young children
10. Are aware that the program may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the programs appropriate supervision
11. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Subsidy (CCS) purposes
12. Are aware that to have access to CCS we need to meet all current Child Care Benefit requirements

I _____ (Print Full Name) a person with lawful authority of the child referred to in this enrolment form,

Declare that the information in the enrolment form is true and correct and undertake to immediately inform Kelly Club OSHC in the event of any change to this information

I/we Have read and understood the above mentioned and agree to the terms.

Primary Parent / Guardian

Kelly Club Program Coordinator

Print Name _____

Print Name _____

Signature _____

Signature _____

Date _____

Date _____

Privacy and Collection Statement

Kelly Club OSHC are committed to ensure that your privacy is respected and maintained at all times. Kelly Club OSHC complies with the Privacy Act 2000 (VIC) and Health Records Act 2001.

Please refer to policy and procedure manual for privacy and collection statement (policy and procedures).

Lawful Authority

Parents: All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians: A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child

How did you find out about Kelly Club

Word of mouth		Internet search	
Website		Facebook	
Advertising		Other (please expand)	

