

OSHC ENROLMENT FORM

Boorowa Early Education Centre Inc. require this form to be completed and all documentation attached prior to your child's first day with us. This information must be completed by one of the children's parents/ caregivers who have lawful authority in relation to the child.

BEE Centre is to be informed of any changes to details as soon as they arise.



Please tick what day/s your child will attend the Service					
Date commencing:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care:					
After School Care:					
<input type="checkbox"/>	Before School Care NOT YET AVAILABLE				
<input type="checkbox"/>	After School Care Daily Fee \$20 3.15pm-6pm				
<input type="checkbox"/>	Vacation Care Daily Fee \$45 8am – 6pm NSW School Holidays				
CCB & CCR entitlements available					
Number of children attending other childcare services:			Number of children you are claiming CCB:		

CHILD DETAILS

Child CRN:	
First Name(s):	Middle Name:
Surname:	
Preferred Name:	
Date of Birth:	Gender:
Home Address:	
Post Code:	
Is your child:	Aboriginal Torres Strait Islander Neither
Are there currently any custody or access orders set in place by the Family Court affecting the custody of or access to the child named in this enrolment from? YES NO If yes, please bring the original copy in upon enrolment to be sighted by the Nominated Supervisor or room leader and a copy to be placed on file at the BEE Centre.	

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PARENT/ GUARDIAN DETAILS

PRIMARY CAREGIVER (CCB RECIPIENT)

CRN:		
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:		
Post Code:		
Home Phone:	Mobile:	
Occupation:		
Organisation Name:		
Work Address:		
Post Code:		
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:		
Post Code:		
Home Phone:	Mobile:	
Occupation:		
Organisation Name:		
Work Address:		
Post Code:		
Work Phone:	Email:	

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THIRD 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:			
			Post Code:
Home Phone:		Mobile:	
Occupation:			
Organisation Name:			
Work Address:			
			Post Code:
Work Phone:		Email:	

EMERGENCY/ AUTHORISED PERSON CONTACTS

In case of an emergency, BEE Centre will contact the parents/ guardians initially. If contact with a parent is unsuccessful, we will contact the following people, in the order that they are listed.

The people listed below are authorised to collect the child from the BEE Centre. Please attach a copy of legal PHOTO ID of each emergency contact/ authorised person.

CONTACT ONE

Title:		First Name:	
Surname:			
Relationship to child:			
Home Address:			
Home Phone:		Mobile:	
Work Phone:		Email:	
Tick boxes to authorise:	Pick-Up	Drop Off	Emergency Medical

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CONTACT TWO

Title:	First Name:			
Surname:				
Relationship to child:				
Home Address:				
Home Phone:	Mobile:			
Work Phone:	Email:			
Tick boxes to authorise:	Pick-Up	Drop Off	Emergency	Medical

CONTACT THREE

Title:	First Name:			
Surname:				
Relationship to child:				
Home Address:				
Home Phone:	Mobile:			
Work Phone:	Email:			
Tick boxes to authorise:	Pick-Up	Drop Off	Emergency	Medical

MEDICAL

Doctor:	Phone:
Medicare Number:	
Address:	
Medical Conditions:	
Medications:	

- Please provide a copy of your child's immunisation history upon enrolment.

Foods/Allergies

Special Dietary Needs:	
Allergy Alert: Yes / No	Anaphylaxis: Yes / No
Known Allergies:	
Medications:	
Food Likes:	
Food Dislikes:	
Comments:	
Special Care Requirements: Yes / No	
Details:	
Comment:	

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GENERAL

Country of Birth:	Ethnicity:
Religion:	Language Spoken at home:
First Language:	Second Language:
Hobbies:	
Skills:	

PERMISSIONS AND AGREEMENTS

- I consent to the nominated supervisor and/or her staff accompanying my child on regular outings within the community. I understand that I will be notified of all outings before they are conducted and may need to sign further permission forms should the outings include crossing a major intersection, public transport or transport via any form of motor vehicle.

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

- Declare that the information provided in this enrolment form is true and correct and undertake to immediately inform the Boorowa Early Education Centre in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell, as determined by the staff, whilst attending the centre;
- Have read and understand the policies and procedures outlined in the Boorowa Early Education Centre Inc. Policy Manual located in the front foyer and have read the Parent Information Handbook and agree to abide by the conditions of my child's enrolment.
- Consent to Boorowa Early Education Centre Inc. seeking any medical, dental, hospital and/or ambulance that the child referred to in this enrolment form should require, as determined by the Nominated Supervisor and/or her staff, and agree to pay the full costs connected with this treatment.
- If a Doctor or Dentist considers immediate medication, anaesthetics or surgery necessary to the wellbeing of the child referred to in this enrolment form and I and all other listed emergency contacts are unable to be contacted I give permission for the Nominated Supervisor and/or her staff to grant permission to the Doctor or Dentist to administer the procedure they deem necessary.

SIGNED: _____ Date: _____

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Please tick each box to confirm you agree to each point:

- I give permission for BEE Centre staff to carry out or seek urgent medical, dental or hospital treatment or transportation by an ambulance service for my child.
- I give permission for BEE Centre staff to apply 30 SPF sunscreen to my child's skin at regular intervals during the day.
- I give permission for BEE Centre staff to administer prescribed medications in accordance with the Centres Medication Policy.
- I give permission for BEE Centre staff to administer Stingos, bandaids and Betadine if required.
- I give permission for my child to be observed whilst at the Centre, for educational purposes, and photos shared in our day books and portfolios.
- I give permission for BEE Centre staff to administer one (1) dose of Panadol to my child if required.
- I understand that fees must be paid within the stated due date and that my child's place at the centre may be terminated if fees are not up to date.
- I understand that if I do not pay my fees at time of termination a debt collection agency has the right to add on collection costs for the outstanding fees.
- I understand and accept that two weeks' notice must be given for the termination of care. CCB entitlements will only be applied until the last day of attendance. If your child does not attend during the two-week period full fees will be charged unless an approved absence is used.
- I do / do not give permission for my child's photo to be used on our BEE Centre Facebook Site.
- I do / do not give permission for my child's photo to be used on the website and in the local newspapers for promotional purposes.
- I am interested in being a part of the Management Committee or Sub-Committees.
- I, or someone I know, has a skill they could share with the children and staff of BEE Centre.
- I have included a copy of my child's birth certificate and immunisation history as well as any medical management plans, anaphylaxis management plan, or risk minimisation plan for the child referred to within this enrolment form
- I authorise the Nominated Supervisor and/or her staff to administer prescribed medication in line with the Centre's current Medication Policy.

Signed:

Name: Date:

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OFFICE USE ONLY

Date enrolled:	Date Care Commencing:								
Before School Care: Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>
After School Care: Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>
Vacation Care: Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thurs	<input type="checkbox"/>	Fri	<input type="checkbox"/>
Childs Birth Certificate									
Immunisation Record									
Parent CRN listed									
Custody Orders (originals sighted and copy kept)									
Relevant Health Management Plans									