



2 CHILD/REN DETAILS	
2.1	First name: _____ Date of Birth: ___/___/____ Sex: M / F Last name: _____ Child's CRN: _____ School _____ Indigenous: <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Ethnic Group..... <input type="checkbox"/> N/A
2.2	First name: _____ Date of Birth: ___/___/____ Sex: M / F Last name: _____ Child's CRN: _____ School _____ Indigenous: <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Ethnic Group..... <input type="checkbox"/> N/A
2.3	First name: _____ Date of Birth: ___/___/____ Sex: M / F Last name: _____ Child's CRN: _____ School _____ Indigenous: <input type="checkbox"/> Aboriginal <input type="checkbox"/> TS Islander <input type="checkbox"/> Ethnic Group..... <input type="checkbox"/> N/A
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3 FAMILIES AFFECTED BY LAW/COURT ORDERS	
Is your child/ren affected by Court Orders? YES / NO	
If YES PLEASE COMPLETE SECTION C OF THE ENROLMENT FORM and attach a copy of the Orders Please Note: No natural parent can be refused the right to collect a child unless a Court order has been sighted	
4 EMERGENCY CONTACT PERSONS AND COLLECTION AUTHORISATION	
<i>Note: Please insert names other than Primary Contact Parent/Guardian and/or names included in the Parent/Guardian information section</i>	
I hereby authorise the staff of the service to contact the persons listed below in an emergency and authorise the persons listed below to collect my child/ren.	
Signed: ..... Date: ___/___/____	
Name:	Name:
Relationship to child/ren:	Relationship to child/ren:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
5 PERMISSIONS	
5.1 PERMISSION FOR STAFF TO TAKE CHILDREN ON LOCAL EXCURSIONS	
I give permission for my child/ren, as listed above (Section A part 2) to participate in excursions from the Centre by foot within the local community (Parents will receive a separate form for excursions not in the local area)	
Signed: ..... Date: ___/___/____	
5.2 PERMISSION FOR PHOTOGRAPHY - PROMOTIONS	
I give permission for my child/ren's photograph to be taken at OOSH or Vacation Care to be used to publicise the service and its activities.	YES / NO
Signed: ..... Date: ___/___/____	
5.3 PERMISSION FOR PHOTOGRAPHY – PORTFOLIOS & QUALITY ASSURANCE	
I give permission for my child/ren's photograph to be taken at OOSH or Vacation Care to be used to develop individual portfolios and provide Quality Assurance evidence.	YES/NO
Signed: ..... Date: ___/___/____	

6	<b>PARENT AGREEMENT – TERMS AND CONDITIONS OF ENROLMENT</b>
6.1	I agree to notify the service/s promptly if there is any change to information provided.
6.2	<p>I agree to follow the terms and conditions for payment as set out in the Parent Booklet, including:</p> <ul style="list-style-type: none"> <li>▪ Payment in full on the first day of care for the week</li> <li>▪ An Account Keeping Fee of \$5 per week will be imposed on overdue accounts</li> <li>▪ Accounts referred to a collection agency or solicitor will have all legal costs and commission added to the overdue amount.</li> </ul>
6.3	I authorise service staff/carer to call ambulance/ hospital/ medical or dental services in the case of an emergency and I agree to pay any cost this may entail.
6.4	In the event of an emergency, I authorise the service staff to arrange a suitable alternative placement, and if necessary to transport my child/ren to that location.
6.5	I agree to complete the daily attendance records by recording and initialling the actual arrival and departure times daily on delivery and collection of my child/ren as required by FAO policy.
6.6	If I require prescribed medication to be administered to my child, I will complete the appropriate form and comply with service policy for the administration of prescribed medication.
6.7	I agree to provide the service staff with a photocopy of court orders/custody papers relating to the access to my child/ren which will be forwarded to my nominated carer.
6.8	I understand the priority of access policy as determined by the government for allocation places, which identifies three levels of priority. If I do not satisfy priorities 1 and/or 2, I may be asked to relinquish some or all of my booked sessions, with 14 days notice.
6.9	<p><b>I have read and agree to abide by the above agreement and authorisations.</b></p> <p>Signed: ..... Date: ___/___/_____</p>

<b>SECTION B - Medical Information</b>																	
<b>1</b>	<b>CHILD/REN'S MEDICAL INFORMATION</b>																
<b>1.1</b>	<b>GENERAL MEDICAL INFORMATION</b>																
	Does your child, or do any of your children suffer from any of the following illnesses/conditions/allergies that we should be aware of? (If YES, please place a ✓ tick in the appropriate box and provide full details)																
	<table border="1"> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Epilepsy/Seizures</td> <td><input type="checkbox"/> Attention Deficit Disorder</td> <td><input type="checkbox"/> Communication</td> </tr> <tr> <td><input type="checkbox"/> Social Emotional</td> <td><input type="checkbox"/> Hearing Impairment</td> <td><input type="checkbox"/> Visual Impairment</td> <td><input type="checkbox"/> Intellectual Impairment</td> </tr> <tr> <td><input type="checkbox"/> Physical Impairment</td> <td><input type="checkbox"/> Autism</td> <td><input type="checkbox"/> Down Syndrome</td> <td><input type="checkbox"/> Allergies</td> </tr> <tr> <td><input type="checkbox"/> Diet</td> <td colspan="3"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Communication	<input type="checkbox"/> Social Emotional	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Intellectual Impairment	<input type="checkbox"/> Physical Impairment	<input type="checkbox"/> Autism	<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Allergies	<input type="checkbox"/> Diet	<input type="checkbox"/> Other		
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	YES / NO																
	If YES: please provide details: (Child's name & details of condition)																
<b>1.2</b>	<b>TREATMENT PLAN</b>																
	What strategies or treatment procedures do you have in place for their condition? (please attach additional information if required, such as Asthma Action Plan, Epipen use, etc.)																
<b>1.3</b>	<b>MEDICATION</b>																
	Does your child/ren require any medication while attending the program?																
	YES / NO																
	<p>If YES, please</p> <ol style="list-style-type: none"> <li>1) List details of the medication below,</li> <li>2) Complete an ADMINISTRATION OF MEDICATION FORM, and</li> <li>3) When medication is brought into the centre, please ensure that it is in its ORIGINAL CONTAINER</li> </ol> <p>Details of Medication:</p>																
<b>1.4</b>	<b>CHILD/REN'S DOCTOR</b>																
	Name: _____ Phone: _____																
	Local Address: _____																
<b>2</b>	<b>ADDITIONAL NEEDS</b>																
<b>2.1</b>	Does your child/ren have any difficulties or disabilities which require additional assistance or support in order for them to participate in the program?																
	YES / NO																
	If YES, Please provide details:																
<b>2.2</b>	Do you believe that your child/ren will be able to participate happily in this program with a staff:child ratio of 1:15 in centre and 1:10 on excursions?																
	YES / NO																
	If NO, please provide details:																

**SECTION C - FAMILIES AFFECTED BY LAW/COURT ORDERS**  
 (only complete if you have answered YES to Section A Part 3)

Give details as required for the following orders:

**NAME/S OF CHILD/REN**

Child 1: .....  
 Child 2: .....  
 Child 3: .....  
 Child 4: .....

**ORDERS**

Residence Orders: .....  
 .....  
 .....

Contact Orders: .....  
 .....  
 .....

Specific Issue Orders: .....  
 .....  
 .....

Restraining Orders: .....  
 .....  
 .....

Order Sighted by:

Copy retained: YES / NO

Expiry Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature of Parent: .....

Signature of Coordinator: .....

**PLEASE NOTE: No natural parent can be refused the right to collect a child unless a Court Custody Order has been sighted.**

**SECTION D - Programming Information**

Child's Name: .....

**1 CHILD'S COMMUNICATION**

Does your child fully understand verbal communication?	YES / NO
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If NO, please provide the following information to assist staff interactions with your child:

1.1 Describe your child's level of understanding

1.2 Please describe your child's method of communicating:

1.3 Please describe the main gestures or sounds used for everyday issues e.g. toilet, drink, upset, etc.

**2 CHILD'S INTERACTIONS AT THE CENTRE**

2.1 What activities does your child enjoy?

2.2 How does your child usually spend their free time?

2.3 List any specific activities you would like your child to try

2.4 Please describe how your child interacts with other children

2.5 Please describe how your child interacts with adults

2.6 Please describe any supervision and/or assistance you think your child may need in the following areas:

2.6.1 General Play

2.6.2 Organised Activities:

2.6.3 Excursions

2.6.4 Other Areas of care

<b>3 BEHAVIOUR</b>	
<i>Families are encouraged to read the Behaviour Management Policy as outlined in the Parent Booklet</i>	
3.1	Is your child ever aggressive to others? YES / NO
	If YES, under what circumstances and how do you deal with it?
3.2	Do you have a behaviour management plan for your child? YES / NO
	If YES, please give details to assist staff
3.3	Please describe anything that upsets your child
3.4	What methods do you use to calm your child if they are overexcited or have a problem with their behaviour?
3.5	Does your child wander or abscond? YES / NO
	If YES, please give details to assist staff in their interaction with your child
3.6	Does your child recognise and know how to deal with the following?
3.6.1	Common childhood dangers, e.g. road sense, stranger danger, etc. YES / NO
3.6.2	Household dangers, e.g. hot or sharp objects YES / NO
3.6.3	Is fully independent in regards to toileting YES / NO
3.6.4	Is fully independent with eating YES / NO
3.6.5	Is fully independent with drinking YES / NO
3.6.6	Is fully independent with personal hygiene YES / NO
	If NO to any of the above, or if your child requires assistance with any other personal care issues, please provide details to assist staff to appropriately support your child:
<p>Completed by: ..... Date: ___/___/_____</p> <p style="text-align: center;">(parent/guardian)</p>	