

Enrolment Form 2023

This form is to be completed by a legal guardian of the child and returned with all required documentation prior to the child's first day of attendance. All information contained in this enrolment is regarded as confidential and shall only be viewed by primary contact staff. Please complete a separate form for each child you are enrolling.

Child's Details

Given Name				Family Name			
Date of Birth			Country of Birth			Gender	
Address							
Centrelink Reference Number (CRN)				Year group in 2023			

Parent/ Guardian Details

Parent/ Guardian #1 Name: (family assistance registered parent)	Parent/ Guardian #2 Name:
Relation to child:	Relation to child:
Gender:	Gender:
Country of Birth	Country of Birth
Home address:	Home address:
Phone Number/s (M)	Phone Number/s (M)
(H)	(H)
(W)	(W)
Email Address:	Email Address:
Work Details	Work Details
Occupation	Occupation
Company Name	Company Name
Address	Address
Are you currently: working / studying / unemployed (circle)	Are you currently: working / studying / unemployed (circle)
Parent/ Guardian #1 (family assistance registered parent)	Parent/ Guardian #2
CRN:	D.O.B:
D.O.B:	

Custody Matters

Are there any court orders/ parenting orders/ parenting plans relating to the child?

Yes / No

If you have circled yes, please attach a copy of the order/plan to be kept in your child's file at the Service. Please also provide a photo and description of any prohibited person/s.

NOTE: The service cannot enforce custody requirements without a copy of the relevant court orders being provided. Please discuss any custody matters with the Coordinator before enrolment.

Additional authorised contacts

Please list people other than the Parents/ Guardians who are authorised to carry out the actions listed below:

- Be contacted in the event of an emergency
- Collect your child from the Service
- Give consent for medical treatment
- Give consent for your child to use transport arranged by the Service
- Give consent for your child to attend an offsite excursion

Contact 1

Full name	Relationship to child			
Address				
Phone (M)	Phone (H)			
Authorised for: (circle below)				
Emergency Y / N	Collect Y / N	Medical Y / N	Transportation Y / N	Excursion Y / N

Contact 2

Full name	Relationship to child			
Address				
Phone (M)	Phone (H)			
Authorised for: (circle below)				
Emergency Y / N	Collect Y / N	Medical Y / N	Transportation Y / N	Excursion Y / N

Contact 3

Full name	Relationship to child			
Address				
Phone (M)	Phone (H)			
Authorised for: (circle below)				
Emergency Y / N	Collect Y / N	Medical Y / N	Transportation Y / N	Excursion Y / N

QA7

Medical Information

<p>Does your child have asthma, anaphylaxis or any other allergies? If yes, please:</p> <ul style="list-style-type: none"> • Provide a current action plan completed by the child's Doctor and any prescribed medication. We require a dedicated epipen/ asthma reliever/medication to remain onsite at HHOOSH. • Return a completed medical information pack to be obtained from the Service. <p><i>Children are not permitted to attend the Service until all relevant documentation/ medication has been provided. All required medication must be supplied in the correct format as per our Medical Conditions and Administration of Medication Policy.</i></p>	No	Yes
<p>Does your child follow any special dietary requirements for religious, medical, health or other reasons?</p> <p>If yes, please return a completed dietary/food form available from OOSH</p>	No	Yes
<p>Is your child fully immunised for their age? Please provide a copy of your child's Immunisation History Statement available from Medicare.</p>	Yes	No
<p>I have chosen not to have my child immunised (Please provide a Doctor's Letter)</p>	No	Yes
<p>Does your child require any long term/ regular medication? If yes, please indicate the reason for medication. Medication will only be administered in accordance with the Service's Medical Conditions and Administration of Medication Policy. If medication is to be administered at the Service a Medication form will need to be completed.</p>	No	Yes
<p>Does your child have a medical condition? If yes, please provide details of the condition.</p>	No	Yes
<p>Does your child require additional assistance to meet their needs? If yes, please provide details of the assistance required.</p>	No	Yes

Name of Doctor			
Address			
Phone Number		Medicare Number	
Private Health Fund Name		Private Health Membership Number	

Attachments:

A recent photo of your child	Y
A copy of the Immunisation History	Y
Any court or parenting orders, photo and description of prohibited person	Y / NA
A copy of an action plan or medical management plan if required	Y / NA
Completed HHOOSH Medical Information pack (allergy/ asthma only)	Y / NA

Family Information

Language(s) spoken at home	Family's religion (optional)
Cultural background of the family	Is your child of Aboriginal or Torres Strait Islander Origin? (please circle) Aboriginal/ Torres Strait Islander/ Neither
Are there any specific cultural or religious considerations we need to be aware of?	
Does your child have any siblings? Please provide their names and ages.	
Does your child have any other close relations attending the Service? Eg cousins. If so, please provide their names and ages.	

Priority of Access

Enrolments will be allocated in accordance with Government regulations regarding Priority of Access.

Please indicate your current family situation:

Priority 1 <input type="checkbox"/> A child at risk of harm	Priority 2 <input type="checkbox"/> A child of a single parent who satisfies or of parents who both satisfy the Governments "Work, Training, Study Test"	Priority 3 <input type="checkbox"/> Any other child	
Aboriginal or Torres Strait Islander family	Y /N	Single Parent	Y /N
Non English Speaking background	Y /N	Socially Isolated	Y /N
Disabled person in the family	Y /N	Low Income/receiving income support	Y /N

Requested Attendance *(tick required sessions)*

Casual attendance only ☐ OR

Requested start date for permanent booking _____

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Authorisation and Approval (permission) *(please circle your responses)*

Do you give permission for the staff to assist in the application of sunscreen and/ or insect repellent to your child? Sunscreen will be provided by HHOOSH unless requested otherwise.	Yes	No
Do you give permission for your child to be photographed /videoed whilst they are at the Service or on an excursion? The photographs may be used HHOOSH purposes including newsletters, program evaluations, visual documentation for families, Service promotion/ publicity	Yes	No
Do you give permission for students from TAFE, Colleges and Universities to do child studies and observations on your child? I am aware that confidentiality is always respected and that students will not be left with the children unless a HHOOSH Educator is present.	Yes	No

Confirmation of Childcare Agreement

As part of your enrolment at Hornsby Heights OOSH we require you to confirm acceptance of the childcare agreement.

Please circle the correct arrangement type for your circumstances:

CWA	Complying Written Arrangement	To be selected for families wishing to claim CCS now or in the future
RA	Relevant Arrangement	To be selected for families not wishing to claim CCS
ACCS	Additional Childcare Subsidy	ACCS is selected when a child is entitled to Additional Childcare Subsidy

This agreement is between Hornsby Heights Out of School Hours Care Association Incorporated – Hornsby Heights OOSH (Service ID SE-00013584) and the parent/ guardian listed on this Enrolment form (the parties).

The Acceptance of these items as well as any other relevant information exchanged between the parties can be used as a Complying Written Agreement for Child Care Subsidy purposes.

The date of this arrangement is the date of declaration written at the bottom of this enrolment.

The care provided is for the child listed on this enrolment form.

The care provided is for permanent and/ or casual agreement where days and sessions can be changed by the parent or guardian in line with policies and procedures.

Our session details are as follows:

Before School Care (permanent and/ or casual agreement) 7:00am to 9:00am

After School Care (permanent and/ or casual agreement) 3:10pm to 6:30pm

Vacation Care (casual agreement) – 7:30am to 6:30pm

Applicable fees and related procedures/guidelines surrounding fees are outlined in the Fees Policy and within our Family Handbook provided in your Enrolment Package. The fees may vary from time to time and any changes will be communicated with a minimum of 2 weeks' notice.

By signing this enrolment form you are confirming acceptance of this arrangement and the authorisations section above.

Disclaimer/ Informed Consent

I hereby acknowledge that:

- In case of an accident or other emergency resulting in the need for immediate medical attention, a HHOOSH staff member will carry out appropriate first aid treatments
- When caring for my child the service will rely on the information provided by me in this enrolment form. It is my responsibility to notify the service of any changes or other instructions/ information
- My child must be signed in and out on the appropriate documentation on arrival and departure each session they attend the service
- Medication will only be administered to my child in accordance with the Service's Medical Conditions and Administration of Medications Policy, which I have read and understood.
- I am liable for Fees charged in accordance with the Fees Policy, which I have read and understood.
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the Service and have been put in place to protect my child
- I must strictly comply with Policies and Procedures at all times. Copies are available at the Service.
- Subject to any applicable Australian Consumer Law, the Sale of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the service, its employees or any of authorised persons from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/ children, by me or any third party in connection with any act or omission by me and or us and Other Person/s failing to comply with any Policies and Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Persons.

In case of emergency requiring immediate medical treatment, **I hereby authorise** a HHOOSH staff member to seek:

- Medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and
- Transportation of the child by an ambulance

Declaration

I hereby declare, that to the best of my knowledge, the information provided in this enrolment form is true and accurate.

Parent/ Guardians Full Name (please print): _____

Signature: _____ Date: _____

The information requested on this form is in accordance with the Education and Care Services National Regulations and the Education and Care Services National Law (Reg 160)

Updated: August 2022

Office use only:

Date Received	Received by	Entered by
Notes		

All About Me

We aim to facilitate, support and extend learning and enjoyment for each individual child. To achieve this, our program is shaped by the information we gather from the Child's family and from our own interactions with and observations of each child. We value the input of families enormously and appreciate your ongoing sharing of your child's changing interests, strengths and needs with our staff.

Child's Name:	Date of birth:		Year:
Siblings:	Age of Siblings:	Languages:	
Culture:	Religion:		
My Child's likes		My Child's dislikes	
My child's favourite foods are?		My child's least favourite foods are?	
My child's strengths are.....		Have you any specific concerns you would like our HHOOSH educators to be aware of? (eg behaviour management, fears, social interactions, personal etc)	
What kind of activities do your family like to do together?		What are the important celebrations and events for your family?	
I would like my child to have the opportunity to.....		My expectations of the Service/educators for my child are.....	
What clubs or sporting groups does your child belong to?		Please list any additional information about your child/family which would be helpful for us to know:	