



Macedon Primary School Combined Outside School Hours Care (OSHC)

Smith Street, Macedon 3440, Telephone: 03 5426 1518 Fax: 03 5426 1502
Email: oshp@macedonps.vic.edu.au

ENROLMENT FORM

Bookings (please tick): (Date to Commence:) Class.....

Before School: Mon Tue Wed Thu Fri **Permanent** Casual

After School: Mon Tue Wed Thu Fri **Permanent** Casual

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Child enrolment records to be kept by approved provider regulations 160, 161 and 162 of the Education and Care Services National Regulation 2011 require the following information to be collected.

Information about the child

Family Name:		Date of Birth:	*Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Child's Centrelink CRN.....			
Given Names:		*Usually called:	
Home Address:			
Language(s) spoken in the home:			
Cultural background of the child and if applicable, the child's parents:			
Child: Australian <input type="checkbox"/>	Mother: Australian <input type="checkbox"/>	Father: Australian <input type="checkbox"/>	
Other:.....	Other:.....	Other:.....	

Information about the child's parents or guardians

Mother	Father	Guardian (if applicable)
Name:	Name:	Name:
Address - as per child or:	Address - as per child or:	Address - as per child or:
Please include your Centrelink CRN number and Date of Birth		
Date of Birth (parent)		CRN (parent/s)
Telephone No's. H: W: Mobile: Email:	Telephone No's. H: W: Mobile: Email:	Telephone No's. H: W: Mobile: Email:

Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/>
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Details of people who you authorise to collect your child, notify if a parent cannot be contacted or to consent to medical treatment or authorise an educator to take the child outside the service.

Your consent is required for other people to collect your child from the children's service on your behalf. This list may be added to or changed throughout the year. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations please indicate who you authorise the service to notify to collect and care for the child, also any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and any person who is authorised to authorise an educator to take the child outside the education and care service premises.

Name:	Name:
Address:	Address:
Telephone No's. H: W: Mobile:	Telephone No's. H: W: Mobile:
Relationship to child:	Relationship to child:
Authorisations: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>	Authorisations: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>
Name:	Name:
Address:	Address:
Telephone No's. H: W: Mobile:	Telephone No's. H: W: Mobile:
Relationship to child:	Relationship to child:
Authorisations: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>	Authorisations: Collect <input type="checkbox"/> Medical <input type="checkbox"/> Authorise Educator <input type="checkbox"/>

Court orders relating to the child:

Are there any **court orders**, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

Any court orders relating to the child's residence or the child's contact with a parent or other persons?

No go to the next section. Yes **please complete the following:**

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form.
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - i. authorise the taking of the child outside the service by a staff member of the service;
 - ii. consent to the medical treatment of the child;
 - iii. request or permit the administration of medication to the child;
 - iv. collect the child from the service or family day care, AND/OR

Does your child have any special considerations cultural, religious or additional needs ? No Yes
If **yes** please provide details of any special consideration and any management procedure to be followed with respect to the special need.

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Other information

If there is anything else that the children’s service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

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Photographs

I give permission for my child to be included in any photographs that are taken during the course of the program, these being required to meet frameworks outcomes and to provide information on the day to day activities of the program.

Yes No

Payment of Fees

Invoices will be forwarded each Monday. It would be much appreciated if accounts could be settled on a weekly basis, as the program is a “not for profit” service.

Declaration and consent to emergency medical treatment

<p>I,..... (Print full name)</p> <p>a person with lawful authority of the child referred to in this enrolment form,</p> <ul style="list-style-type: none">• declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;• I give permission for my child to attend the Macedon Primary School Combined Outside School Hours programs and do not hold Macedon Primary School Council, or any of its employees, responsible for any injury or illness to my child, or for any loss or damage to property that may be incurred during the program.• agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;• consent to the nominee on duty at the OSHC service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and to authorise transport of the child via ambulance if required. <p>Signature..... Date.....</p>

Confidentiality of enrolment records

<p>Under the National Law and National Regulations enrolment records and other documents, must not divulged or communicate, directly or indirectly, to another person other than the parent of the child to whom the information relates. Information can also be released to the Department as Regulatory Authority; or in cas of emergency; or as required by any legislation or law (regulation 181 and 182).</p>
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Lawful Authority

<p>Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. 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. PARENTING ORDER means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 (Commonwealth). PARENTING PLAN means a parenting plan within the meaning of section 63 C(1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C(6) of that Act.</p>

OFFICE USE ONLY: Enrolment Date:

Date Entered in System: