



Aldgate Primary School

*Out of School Hours Care
& Vacation Care*

3 Fairview Road, Aldgate, 5154
0411 127 481 or 8339 2377
aldgate.oshc368@schools.sa.edu.au

Enrolment Form

Part 1: Family Details and Emergency Contacts

CHILD INFORMATION			
	Child 1	Child 2	Child 3
Last Name:			
First Names:			
Date of Birth:			
CRN:			
Address:			
Indigenous Status:	Aboriginal: YES / NO TS Islander: YES / NO	Aboriginal: YES / NO TS Islander: YES / NO	Aboriginal: YES / NO TS Islander: YES / NO
Primary Language:			

PARENT/GUARDIAN INFORMATION		
	Parent/Guardian 1	Parent/Guardian 2
Last Name:		
First Name:		
Date of Birth:		
CRN:		
Relationship to Children:		
Contact Priority:		
Address:		
Home Number:		
Work Number:		
Mobile Number:		
Email:		
Primary Language:		
I am claiming the Childcare Benefit (CCB) and the Childcare Rebate (CCR) at another Approved Childcare Service/s (which includes LDC, OSHC, FDC, ISHC, OCC) for the following number of children:		

EMERGENCY CONTACTS (other than Parent/Guardian)		
	Emergency Contact 1	Emergency Contact 2
Name:		
Relationship to Children:		
Contact Priority:		
Home Number:		
Work Number:		
Mobile Number:		
Please note: The persons nominated in this section are persons you have authorised to act on the child's behalf if neither parent/guardian are contactable during an emergency. These persons are able to collect your child and provide care until such time that the child can be returned to the parent/guardian safely.		

COLLECTION AUTHORITIES ONLY

	Person 1	Person 2	Person 3	Person 4
Name:				
Relationship to Children:				
Mobile Number:				
Please note: The persons nominated in this section are persons you have authorised to drop off, or collect your child from OSHC or Vacation Care. However, they will not be contacted in an emergency.				

PARENTING PLANS AND COURT ORDERS

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Enrolment Form**Part 2: Medical and Health Information****MEDICAL INFORMATION**

	Child 1	Child 2	Child 3
Have your children received all immunisations appropriate for their age?	YES / NO	YES / NO	YES / NO
	If no, why?	If no, why?	If no, why?
I accept full responsibility for my children if they are not immunised.			
Name:	Date:		Signature:
Do any of your children suffer from any reoccurring illnesses?			
Do any of your children have any allergies?	YES / NO	YES / NO	YES / NO
	Reaction:	Reaction:	Reaction:
	Medication or Prevention Strategies:	Medication or Prevention Strategies:	Medication or Prevention Strategies:
Do any of your children have any Anaphylaxis?	YES / NO	YES / NO	YES / NO
	Reaction:	Reaction:	Reaction:
	Medication or Prevention Strategies:	Medication or Prevention Strategies:	Medication or Prevention Strategies:

	Child 1	Child 2	Child 3
Do any of your children require medication, which would be administered at OSHC or Vacation Care?			
Please Note: Any medications administered at OSHC or Vacation Care must be supplied to staff in original containers with the child's name clearly marked. A Permission to Administer Medication Form will need to be attached and any medical records, where necessary. Over the counter medications will require a Doctor's letter of authorisation with dosage amounts clearly displayed.			

HEALTH INFORMATION			
	Child 1	Child 2	Child 3
Do any of your children have a disability?	YES / NO	YES / NO	YES / NO
	Disability:	Disability:	Disability:
	Strategies for managing play:	Strategies for managing play:	Strategies for managing play:
Do any of your children have any special needs?	YES / NO	YES / NO	YES / NO
	Needs:	Needs:	Needs:
	Strategies for managing play:	Strategies for managing play:	Strategies for managing play:
Do any of your children require special aids?			
Do any of your children have special dietary requirements that are not allergy related?			
Is there any other information we might need to know to be able to support your children?			

MEDICAL ATTENDANT INFORMATION			
Please Note: In emergency situations where your children require immediate care from emergency services, this service will provide these details to support emergency service workers.			
	Doctor		Dentist
Name:			
Clinic:			
Phone Number:			
Address:			
	Child 1	Child 2	Child 3
Medicare Number:			
Health Care Card Number:			
I understand that if OSHC staff assess that my child/ren requires immediate medical attention for either a minor or major injury, sickness or medical situation, OSHC staff will contact an ambulance.			
Name:	Date:	Signature:	

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Part 3: About Your Children

ABOUT ME			
Please Note: This information will inform our programing and help the service ensure your children have a personal and enjoyable experience at OSHC and Vacation Care.			
	Child 1	Child 2	Child 3
<i>Cultural Background:</i>			
<i>Strengths:</i>			
<i>Interests & Passions:</i>			
<i>Know a Lot About:</i>			
<i>Preferred Activities at Home:</i>			
<i>Dislikes:</i>			
<i>Fears or Phobias:</i>			
<i>What things do your children need a little more support with?</i>			
<i>Emotional Triggers:</i>			
<i>Any Other Information:</i>			
<i>Family Values Focused on at Home:</i>			

Enrolment Form

Part 4: Consents & Agreements

RELEVANT PAPERWORK ATTACHED		tick
<i>Parenting Plans or Court Orders</i>		
<i>Allergy or Anaphylaxis Treatment Plan</i>		
<i>Medical Care Plan</i>		
<i>Permission to Administer Medication</i>		
<i>Disability Care Plan</i>		
<i>Special Needs Care Plan</i>		
<i>I have attached all relevant documents to support OSHC in caring for my children.</i>		
Name:	Date:	Signature:

CONSENTS		initial
<i>I consent for my children to take part in supervised walking excursions within the local area as a part of the centre's program.</i>		
<i>I consent for my children to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.</i>		
<i>I consent for a staff member to apply sunblock to my children if required.</i>		
<i>I consent for a staff member to apply insect repellent to my children if required.</i>		
<i>I consent for a staff member to check my children's head for headlice.</i>		
<i>I consent for my children to watch PG rated movies.</i>		
<i>I consent for OSHC staff to exchange information relating to my children with school staff at Aldgate Primary School, Aldgate Kindergarten and appropriate persons (such as emergency services).</i>		
<i>I have read and understood the following consents.</i>		
Name:	Date:	Signature:

AGREEMENTS		initial
<i>I agree to pay the required fees for my children's childcare as set out by the Fees Policy.</i>		
<i>I agree that the staff of the service may administer simple first aid to my children if the need arises.</i>		
<i>I agree to comply with the OSHC and Vacation Care policies of the services.</i>		
<i>I agree that if my children require emergency attention for a minor or major injury, sickness or medical situation, that I am liable for any and all medical/hospital/ambulance expenses incurred in the treatment of my children.</i>		
<i>I agree that the information entered in this Enrolment Form is true to the best of my knowledge.</i>		
<i>I agree that I will inform the service of any changes to the detail provided in this document.</i>		
<i>I have read and understood the following agreements.</i>		
Name:	Date:	Signature: