



## Payne Rd State School Outside School Hours Care Child Enrolment Form

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

1. CHILD DETAILS	
CHILD'S FULL NAME:	D.O.B:
COUNTRY OF BIRTH:	GENDER:
CRN:	
2. MEDICAL DETAILS	
Is your child's immunisation up to date	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If your child's immunization status is not up to date, your eligibility to receive Child Care Subsidy may be affected.</i>	
Does your child have any medical conditions?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	
Does your child require regular medication?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If staff will be required to administer medication, a separate medication authority is to be completed by the parent/guardian. (All medication is to be provided in the original packaging with the child's name and dosage)</i>	
Does your child have any allergies OR intolerances?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what is the level of threat?	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> ANAPHYLAXIS
<i>If yes, please provide details of any allergy/intolerance management plans relating to your child. (If anaphylaxis, the action plan relating to your child MUST be provided)</i>	
Does your child experience asthma?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, what is the severity?	<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE
<i>Please provide details of any asthma management plans and action plans relating to your child.</i>	
Does your child have any specific dietary requirements?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	
3. BEHAVIOUR INFORMATION	
Does your child have a Positive Behaviour Support Plan?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Are there any particular behaviours that staff should be aware of?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details (including any identifiable triggers to the behaviour):	
<i>Please provide a copy of any Positive Behaviour Support Plans relating to your child</i>	
4. CULTURAL BACKGROUND & ADDITIONAL INFORMATION	
Is your child of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait	
Cultural background:	
Language/s spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Other (please specify) _____
Do you require a translator?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Does your child have any religious/cultural needs?	<input type="checkbox"/> NO <input type="checkbox"/> YES

If yes, please provide details:	
Does your child have any dislikes, fears or phobias?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	
Does your child have any special interests or talents?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes, please provide details:	

### 5. CUSTODY ARRANGEMENTS

Are there any written agreements/court orders affecting your child?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If yes, please provide a certified copy of court documents</i>	
Is there anyone legally denied access to the child?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<i>If yes, please provide a certified copy of court documents</i>	

### 6. HEALTH AND SAFETY

<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for staff to apply plaster strips to my child if necessary.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for my child to take their shoes off whilst at the service.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for OSHC educators to administer a single dose of paracetamol if my child is suffering from pain or fever.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for an OSHC educator to be authorised to sign my child in or out of Payne Road OSHC service. I understand that I MUST verify the attendance record signed by OSHC educators on a weekly basis.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I agree to keep my/our child from attending the program should they be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.

### 7. AUTHORISATION TO OBTAIN MEDICAL ATTENTION

<input type="checkbox"/> NO <input type="checkbox"/> YES	I authorise the Educator on duty to provide first aid and/or seek medical attention for my child/ren if necessary.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I understand in case of a medical emergency, every effort will be made to contact parents/carers or authorised persons prior to taking action to seek medical treatment.
<input type="checkbox"/> NO <input type="checkbox"/> YES	I agree that in the event of my child requiring urgent medical attention, I authorise the service's staff to obtain medical assistance at a suitable medical facility, and I accept responsibility for payment of all expenses associated with such treatment.

### 8. ACTIVITIES

<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for my child to participate in all activities offered by the service. I understand that the nature of the activities will include, but is not limited to, centre based activities/ walking community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions. I understand risk assessments are completed for these activities and is available for such outings.
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### 9. MEDIA

<input type="checkbox"/> NO <input type="checkbox"/> YES	From time to time, staff will take photos of children to record important events and special activities as part of the program. These photos may be displayed for the children and families to see and may also be used for the purposes of programming and evaluation. I give permission for my child to be photographed or videoed for Curriculum purposes (documentation and programming).
<input type="checkbox"/> NO <input type="checkbox"/> YES	I give permission for my child/ren's images to appear in (but not limited to) apps used by the service (e.g. Homeroom), Payne Rd P & C website and Payne Rd P & C social media pages.