

# EMERALD OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

Please note: All information given is strictly confidential  
and will be viewed only by the Service Coordinator or appropriate staff.

<b>Type of service Required</b> <i>(please circle)</i>	<i>Before School</i>	<i>After School</i>	<i>Vacation Care</i>	
	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
<b>Surname:</b>				
<b>Given Names:</b>				
<b>Sex of Child:</b>				
<b>Birth Date:</b>				
<b>Child's CRN:</b>				
<b>Childs address if different to enrollee</b>				
<b>Parent Contact Details</b> <i>Contact 1 is the parent/guardian who will be claiming CCB/ rebate.</i>	<b>Contact 1</b>		<b>Contact 2</b>	
<b>Contact Name:</b>				
<b>Postal Address:</b>				
<b>Residential Address:</b>				
<b>Parents Date of birth:</b>				
<b>Parents CRN:</b>				
<b>Will you have the CCR/CCB payment made to the service?</b>			<b>Yes</b>	<b>No</b>
<b>Home phone</b>				
<b>Mobile phone</b>				
<b>Work phone</b>				
<b>Email Address:</b>				
<b>Emergency Contact Name:</b>				
<b>Emergency Contact Address and phone contact:</b>				
<b>Medicare Number:</b>				
<b>Family Doctor Name and Address:</b>				
<b>Family Doctor Phone:</b>				

Names of adults responsible for child pick up and their relationship to the child?

<b>Name:</b>	<b>Relationship:</b>	<b>Address:</b>	<b>Contact Phone No:</b>

**Child's Brief History:** (Please only note information you see as helpful to us)

**Medical History:**

Does your Child have any medical conditions? If yes, please specify:

Does your Child suffer from any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma (attach plan if available)      | <input type="checkbox"/> Other respiratory conditions |
| <input type="checkbox"/> Drug allergies                         | <input type="checkbox"/> Heart conditions             |
| <input type="checkbox"/> Other allergies (including food)       | <input type="checkbox"/> Blood pressure               |
| <input type="checkbox"/> Anesthetic (local & general allergies) | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Epilepsy                               | <input type="checkbox"/> Recent operation / injury    |
| <input type="checkbox"/> Special Dietary requirements           | <input type="checkbox"/> Other - please list          |

As the parent or a person authorised to consent to the medical treatment of the child, for the approved provider, nominated supervisor or an educator to seek –

(i) Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and

(ii) Transportation of the child by an ambulance service. Yes / No

\* Do you give permission for Panadol to be administered to your child/children in the case of an emergency? Yes / No

Do you give permission for your child / children to be photographed? Yes / No

*Please note: Photos may be used to illustrate our satisfactory achievement of Quality Assurance indicators. This means that there will be a range of people with access to this information e.g QA Validator. We do not place photos on any internet sites. Photos are used to make booklets about our activities and for posters displayed at the Service.*

Is there any parental orders / residential orders for the child/ren (Eg. Custody issues) Yes / No  
*If yes, please provide copies of documents. Please note all care will be taken, but staff are legally unable to enforce this issue, if it arises.*

Are there any cultural or religious requirements? Yes / No

Is your child's first language English? Yes / No

If not, please list first language: \_\_\_\_\_

**Schools and Other Arrangements**

Which school does your child attend: \_\_\_\_\_

Do you wish your child/children to complete homework whilst at the centre? Yes / No

Does your child have any disabilities or special needs? Yes / No

If yes, please give details: \_\_\_\_\_

Please tick below the days you wish your child/children to attend the centre.

Start date of care: \_\_\_\_\_ please circle: weekly / fortnightly

Type of care	Monday	Tuesday	Wed	Thursday	Friday
BSC					
ASC					

Please provide copy of Immunization records with enrolment form

If copy is not provided Director has sighted records.

Director Sign \_\_\_\_\_

# ENROLMENT AGREEMENT

In consideration of my/our child/ren's enrolment in the Emerald Outside School Hours Care program,

I/we \_\_\_\_\_ the undersigned, do hereby agree that:

1. I/we have discussed the enrolment of my/our child with the Coordinator.
2. **I/we agree to abide by the regulations and policies of the Emerald Outside School Hours Care Program as outlined in the handbook.**
3. I/we recognise the importance of parent support and I/we will endeavour to help with the program where possible
4. **I/we understand that booked days must be paid for regardless of whether they are used or not. I/we have read the Fees Policy outlined in the Parent Handbook. Any absence must be notified to staff as soon as possible, giving the reason for the absence. Vacation Care requires a deposit in advance**
5. I/we agree to keep my/our child/ren at home when they are suffering from a contagious or infectious illness. I/we agree to remove my/our child/ren from the program if she/he becomes suddenly ill.
6. I/we understand that there is a \$1.50 per trip surcharge if my child/ren catch the bus
7. I/we understand that if, in the case of a sudden illness or an accident, the parent/guardian/emergency contact cannot be contacted, the Coordinator or any other responsible staff member, as agent for the parent, shall have discretionary power to seek immediate medical attention at my/our expense.
8. I/we agree to notify a staff member of the program, if my/our child/ren are to be collected by another adult. Children will not be allowed to leave the program with adults unknown to staff without prior parent permission.
9. I/we understand and agree to OSHC staff collecting my/our child/ren from the Gladstone Street entrance of Denison School and walking with them back to the Service.
10. I/we give permission for my/our child/ren to attend outings outside of the program grounds, providing parents have been notified prior to the outing taking place.
11. I/we recognise the importance staff of the program if my/our child/ren will not be attending the program or will be arriving later than normal, prior to the commencement of the session.
12. I/we recognise the importance of notifying staff of the program if I/we will be late in collecting my/our child/ren.
13. I/we understand that if my child requires medication, then written permission from a parent accompanied by written instructions from a medical practitioner/pharmacist is required.
14. I/we understand the Behaviour Policy of the Program which states:-  
My child will walk with OSHC staff from Denison School. I understand that he/she will meet the staff member at the Gladstone Street crossing by no later than 3.15pm. Ratio for this activity is 1:8 as per Regulations.
15. My child will walk with OSHC staff from Denison School. I understand that he/she will meet the staff member at the tuckshop

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Transport Arrangements Available

Emerald Coaches provides a service of delivering your children to respective schools Emerald North, Emerald State, St Patrick's in the mornings and afternoons. Emerald Christian College students only get collected in the afternoons. This service is separate to Emerald Outside School Hours Care, so it is your responsibility to ensure the school is aware if your children need to catch the bus. If you wish to utilize this service, please complete the form below and return it to the centre so a bus pass can be arranged.

Emerald Coaches will collect children from each school at 3pm and deliver them to the centre drop off point around 3:15 to 3:20 pm.

**PLEASE NOTIFY THE SCHOOL WHERE YOUR CHILD ATTENDS THAT THEY NEED TO CATCH THE BUS.**

Family Name:				
Children's Names:				
School in attendance: (Please circle)	Emerald North Emerald State St Patrick's Primary School Emerald Christian College St Brigid's Primary School Emerald State High School			
Parent Signature:				

Please be aware that it is your responsibility that the school is notified about your children catching the bus. If for some reason they miss the bus, or do not arrive at the centre, we will contact you, and it will be your responsibility to collect the children from the school. We require written permission from you if we are to collect the children.

The cost of the bus trip is \$1.50

**This is added to your account as a surcharge and then the money is paid to Emerald Coaches.**

If you have any questions, please do not hesitate to talk to the staff.

Regards Trudy Roberts

(Director Emerald Outside School Hours Care)

# ***Escort Arrangements to Denison State School***

As part of our service, we escort the children from the centre in the mornings to Denison state School and then in the afternoons, we collect them from the school gates and bring them back to the centre. If you wish to utilize this service, please complete the form below and return it to the centre so it can be put on file to ensure all children are collected.

We will walk the children to the School at 8:20 am. We leave the centre and it takes approximately 5 minutes to walk to the front gate.

We will collect children from Denison at 3pm and escort them to the centre around 3:15 to 3:20 pm.

Family Name:				
Children's Names:				
Parent Name:				
Parent Signature:				

There will be 2 staff members collecting the children, and a clipboard with the children's names will be taken to ensure all the children are collected.

If you have any questions, please do not hesitate to talk to the staff.

Regards Trudy Roberts

(Director Emerald Outside School Hours Care)