



SURRY HILLS NEIGHBOURHOOD CENTRE

OOSH ENROLMENT FORM

After School Care/ Bourke Street

After School Care/ Vacation Care/ Crown Street

(Please circle the service that your child will attend)

(Please circle the service that your child will attend)

Section A

Days required

Mon

Tue

Wed

Thu

Fri

Enrolment date: ___/___/___

Parent DOB: _____

CHILD(REN)'S DETAILS

Parent CRN: _____

FULL NAME:

Child CRN: _____

(1) _____ Date of Birth: _____ M ___ F ___

(2) _____ Date of Birth: _____ M ___ F ___

(3) _____ Date of Birth: _____ M ___ F ___

ADDRESS: _____ PHONE: _____

POSTCODE: _____

PARENTS' OR GUARDIANS' DETAILS

Email _____

Full Name: _____

Full Name: _____

Relationship to child: _____

Relationship to child: _____

Home Address: _____

Home Address: _____

Occupation: _____

Occupation: _____

Workplace: _____

Workplace: _____

Phone: h: _____

Phone: h: _____

w: _____

w: _____

Mobile: _____

Mobile: _____

A description of the family circumstances of the child, in particular any court orders of which the staff of the Centre should be aware that affect the residence of the child or contact with the child by the parents

(Please attach copy of family court order or injunctive order detailing access arrangements before your child attends)

EMERGENCY CONTACT PERSONS

(If we cannot contact you in an emergency or if your child is not collected after closing time the staff will contact these people)

(1) Full Name: _____ Relationship to child: _____

Address: _____ Phone: _____

(2) Full Name: _____ Relationship to child : _____

Address: _____ Phone: _____

AUTHORISED PERSONS

If you wish your child to be collected by adults other than yourself please give details below:

(1) Full Name: _____ Relationship to child: _____

Address: _____ Phone: _____

(2) Full Name: _____ Relationship to child: _____

Address: _____ Phone: _____

ADDITIONAL INFORMATION

Country of birth: child _____ mother _____ father _____

Languages spoken at home: _____ Religion: _____

Are there any religious/cultural observances we should be aware of (e.g. food consumption)

Are there any family's matters that may affect your child's behavior, which you would like to, make us aware of? _____

Does your child have a physical or sensory impairment that staff need to be aware of?

If yes to above, please complete relevant questions of **Section B (following)**.

MEDICAL DETAILS

Child's Medicare Number: _____ **Name of the Health Fund:** _____

Doctor's name: _____ **Phone:** _____

Address: _____ **Postcode:** _____

Dentist's name: _____ **Phone:** _____

Address: _____ **Postcode:** _____

Immunization Details

Relevant Medical History

Does your child have or suffer from any of the following:

	Yes	No	Please specify names
Allergy	_____	_____	_____
Asthma	_____	_____	_____
Epilepsy	_____	_____	_____
Other specified medical condition	_____	_____	_____

Has your child had?

Measles	_____	_____	_____
Mumps	_____	_____	_____
German Measles	_____	_____	_____
Chicken Pox	_____	_____	_____
Ear Infection	_____	_____	_____
Throat Infection	_____	_____	_____
Hepatitis	_____	_____	_____

CONSENT FORM

EXCURSION (for Vacation Care only)

I _____ give permission for my child _____ to participate in excursions on foot, by bus, & by ferry with adequate adult supervision.

Do you agree that if we apply our sunscreen to your child before he/she goes on excursions?

I agree _____ I don't agree _____

Signed: _____ Date: _____

PUBLICITY

I _____ give permission for my child's photograph and age to be used for publicity for the Centre should this be required.

Signed: _____ Date: _____

MEDICAL

In a medical emergency a Centre staff member will, if reasonably practicable, try to contact you and your child's doctor (as appropriate). If this is not reasonable, the Centre staff will seek help from a different practitioner or call an ambulance to transport your child to the nearest appropriate hospital. Centre staff will continue to try to contact you and, if unable to do so, will contact the person/s you have nominated as emergency contact/s.

Do you agree that if your child has an accident while your child is at the Centre and the Centre staff cannot contact you within a reasonable time, a staff member may administer Savlon, antiseptic cream, Dettol antiseptic and band-aid to your child?

I agree _____ I do not agree _____ (please tick)

Signed: _____ Date: _____

I _____ authorize staff of the Centre to seek emergency medical, dental, hospital and ambulance service for my child _____ should this be considered necessary.

Signed: _____ Date: _____

Which school does your child/ren attend? _____

Which Out Of School Hours services (other than ours) does your child/ren attend?

How did you find out about our service? _____

Section B

SPECIAL NEEDS DATA

To ensure successful inclusion of children with special needs the following applicable questions need to be completed for each enrolled child. An interview between parent and director is advisable. This time could be used to give details suggested on the form.

Child's name: _____ Date of completion: _____

Do you think your child will be able to participate at this Centre with one staff member to 15 children?
Yes _____ No _____

If no, please ensure adequate details have been given in this form to enable staff to be aware of all the considerations needed to provide care for your child. Attach further details if required.

Describe any activities your child should not do or will be restricted by, because of health or medical reasons. _____

Please give details of physical or sensory impairment to assist staff successfully interact with your child.

Has your child previously attended an integrated child care centre?

Yes _____ No _____

Seizures

Does your child have seizures? Yes _____ No _____

If yes please answer the following questions.

- Type of fit or seizure _____
- Any warning signs _____
- How often do they occur _____
- Please describe any distinguishing features _____
- How long do they last _____
- What action do you take when they occur _____
- What advice would you like to give staff should one occur _____

Child's interactions at the Centre

- What activities does your child enjoy? _____
- How does your child usually spend their free time? _____
- List any specific activities you would like your child to try _____
- Please describe how your child interacts with other children _____
- Please describe how your child interacts with adults _____

Please describe any supervision and/or assistance you think your child may need in the following areas

- General play _____
- Organized activities _____
- Excursions _____
- Other area of care _____

Child's communication

Does your child fully understand verbal communication? Yes _____ No _____

If no, please give the following information to assist staff interact with your child.

- Level of understanding _____
- Please describe child's method of communication _____
- Please describe main gestures of sound used for every day issues e.g. toilet, drink, sleep, upset, etc.

Does your child have any mobility problems? Yes _____ No _____

If yes, please outline any implications this will have for care of your child.

Child's general behavior

Do you have a behavior management plan for your child? Yes _____ No _____

If yes, please give details to assist the staff _____

Please describe anything specific that upsets your child _____

What methods do you use to calm your child if they are over excited or having a problem with the behavior?

Is your child aggressive to others? Yes _____ No _____

If yes, under what circumstances and how to you deal with it? _____

Does your child recognize and know how to deal with common childhood dangers e.g. road sense, stranger danger, etc.? Yes _____ No _____

- | | | |
|--|-----------|----------|
| • Household dangers e.g. hot or sharp objects | Yes _____ | No _____ |
| • Is fully independent in regards to toileting | Yes _____ | No _____ |
| • Is fully independent with eating | Yes _____ | No _____ |
| • Is fully independent with drinking | Yes _____ | No _____ |
| • Have any personal hygiene issues | Yes _____ | No _____ |