



ENROLMENT FORM INSTRUCTIONS

Please print and fill in this form with black or blue pen.

Fee deposit

A \$100 is required on enrolment. This payment will be deducted from your first Invoice.

This can be paid either by;

1. Direct Debit with Ezidebit
2. EFTPOS at the centre reception
3. Cheque made out to **'Avondale Heights Out Of School Hours Service'**
4. Direct Deposit for \$100 into the following bank account:

Avondale Heights Out Of School Hours Service

BSB: 033 305 Account: 328 980 Reference: (Insert your Family Name) + 'Enrol Fee'

Please provide proof of deposit with this form.

CCB (Child Care Benefit)

You may be eligible for the Child Care Benefit. This will reduce the fee price.

Please ensure you provide a copy of a recent statement from the Family Assistance Office (FAO) showing eligible hours, percentage rate and customer reference numbers. If there are any changes in your circumstances it is the Families responsibility to update records with FAO and AH - OOSHS.

Please hand in this form to our staff, OR;

Send to:

Avondale Heights Out Of School Hours Service
C/- St Martin de Porres School
158 Military Road
Avondale Heights VIC 3034

For any questions regarding the enrolment form please contact the Co-ordinator on 9325 4433.

Thankyou & Welcome to Avondale Heights Out Of School Hours Service!

Enrolment Details: _____

Enrolment Date: _____

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. The licensed children’s service (AH - OOSHS) must collect the child’s enrolment information in this form, as required by the Children’s Services Regulation 2009.

Information about the child

Family Name:.....Date of Birth:...../...../..... Sex: M / F
Given Names:.....Usually Called:.....
Child’s Name with Centrelink (if different).....
Address:.....
Language(s) spoken at home:.....
Child’s CRN Number:.....
Is the child of Aboriginal or Torres Strait Islander origin? (please tick)
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander.
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Torres Strait Islander

Parent Information

Mother	Father
Name:.....	Name:.....
Date Of Birth:.....	Date Of Birth:.....
Address : <input type="checkbox"/> As per Child, OR	Address : <input type="checkbox"/> As per Child, OR
Contact Numbers:	Contact Numbers:
Home:.....	Home:.....
Work:.....	Work:.....
Mobile:.....	Mobile:.....
Occupation:.....	Occupation:.....
Place of employment:.....	Place of employment:.....
Email Address:.....	Email Address:.....
Parent CRN:.....	Parent CRN:.....
Centrelink Hours & Percentage:.....	Centrelink Hours & Percentage:.....
Does the child live with the Mother? Yes / No	Does the child live with the Mother? Yes / No
Are you the main contact with Centrelink? Yes / No	Are you the main contact with Centrelink? Yes / No



Guardians (If applicable)

Name:.....	Name:.....
Date Of Birth:.....	Date Of Birth:.....
Address : <input type="checkbox"/> As per Child, OR	Address : <input type="checkbox"/> As per Child, OR
.....
.....
Contact Numbers:	Contact Numbers:
Home:.....	Home:.....
Work:.....	Work:.....
Mobile:.....	Mobile:.....
Occupation:.....	Occupation:.....
Place of employment:.....	Place of employment:.....
Email Address:.....	Email Address:.....
Parent CRN:.....	Parent CRN:.....
Centrelink Hours & Percentage:.....	Centrelink Hours & Percentage:.....
Does the child live with the Mother? Yes / No	Does the child live with the Mother? Yes / No
Are you the main contact with Centrelink? Yes/No	Are you the main contact with Centrelink? Yes/No

Court orders relating to the child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child? (please tick)

No (go to next section) Yes (please complete the following)

1. Bring the original court order/s for the staff to see and take a copy to be attached to the enrollment form.

2. If these orders;

a) Change the powers of a Parent/Guardian to:

- Authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child, AND/OR

b) give these powers to someone else, please describe these changes and provide the contact details of any person given these powers:

.....

.....

.....

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and Parents or Guardians cannot be contacted. To deal with these situations AH - OOSHS will notify one of the following people who are authorised to collect and care for the child after the accident, injury, trauma or illness.

Name:	Name:
Relationship to child:	Relationship to child:
Address: <input type="checkbox"/> As per child, OR;	Address: <input type="checkbox"/> As per child, OR;
Contact Numbers: (H) (W)..... (Mobile)	Contact Numbers: (H) (W)..... (Mobile)

Use of photographs of your child

I give permission for AH - OOSHS staff to take photographs of your child/ren for planning & programming purposes.

Signature: Date:

I give permission for AH - OOSHS staff to take photographs of my child/ren for any media purposes ie: Newsletter, website, fliers.

Signature: Date:

Health information

Does the child have any allergy or sensitivity? Yes / No Is it Anaphylaxis? Yes / No If yes, please attach a copy of the management plan to be followed.
Does the child have any medical conditions or needs (eg: Epilepsy, Diabetes, etc) which are relevant to AH - OOSHS? Yes / No If yes, please attach a copy of the management plan to be followed.
Does the child have any dietary restrictions? Yes / No If yes, the following restrictions apply:



Child’s medical information/ Consent for emergency treatment

Name of medical service:.....

Name of Doctor:.....Ph:.....

Address:.....

Maternal & child health centre:..... Ph:.....

Medicare No:..... Health care card No:.....

Do you have Ambulance cover: Yes/No Fund: Member #.....

Do you have private health insurance? Yes/No Fund: Member #.....

I.....(print full name)

A person with lawful authority of the child referred to in this enrollment form,

- 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
- Agree to collect or make arrangements for the collection of the child referred to in this enrollment form if s/he becomes unwell at the service.
- Consent to the staff of AH - OOSHS seeking, or where appropriate, administering, such emergency medical treatment as reasonably necessary and that I will reimburse any necessary expenses incurred by AH - OOSHS.
- Consent to the staff of AH - OOSHS to take my child outside the premises in a case of emergency

Signature:..... Date:.....

Child’s immunisation record

Has the child been immunised? **Yes / No**

If yes, provide detail by:

- Attaching a copy of the immunisation record from the Child’s Health book, **OR;**
- Attaching a copy of the immunisation record printout from the local government, **OR;**
- Attaching the child History statement from the Australian childhood immunisation register, **OR;**
- Completing the table below using the child’s immunisation record to provide the dates of immunisation received.

Immunisation	2 Months	4 Months	6 Months	12 Months	18 Months	4 to 5 Years
DTP (Diphtheria/Tetanus/ Pertussis)						
OPV (Oral Polio Vaccine – Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib – TITER, OR; Hib – Pedvax HIB Meningococcal C						

Your child may have also been immunised against some other illnesses, if so please provide dates in the following table

Hepatitis B (three injections)	1	2	3
Childhood Pneumococcal Prevenar Vaccine			
Chicken Pox			

Regulations require AH - OOSHS to view the original health record. Please bring the original Health Record (Blue Book) for Director to sight.

(Office use only) The child's health record has been sighted: **Yes / No** By

Attendance:

Permanent Full Time: Yes No

Permanent Part Time: Yes No

Casual: Yes No

Booked days

Days	From (Time)	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Does the child have any siblings?

Name	Age

Religion (optional):.....

Does the child have any excessive fears?.....

Has the child been in after school care previously? Yes No If yes, which centre?

.....

Does the child have a sleep during the day? Yes No

If so, how long

for?.....



Other information

If there is any other information the children’s service should know about the child (eg: favorite activities) these are as follows:

.....
.....
.....

Please tell us how you discovered The Avondale Heights Out Of School Hours Service.

.....
.....
.....

Authorisation:

I have read and understand the fee policy, and I agree to pay my fees one week in advance. I understand that if my fees are two weeks in arrears my child/ren’s position might be cancelled.
Signature: Date:

I have read and understand that if I need to change days or cancel care that I need to give AH - OOSHS two weeks notice, and complete the change of booking form.
Signature: Date:

I have read and understand the priority of access guidelines, which are in the Parent Handbook.
Signature: Date:

I have read and understand AH - OOSHS’s illness policy and agree to pick up or make arrangements for my child to be picked up in the case of illness.
Signature: Date:

I have read and understand the late fee policy, and agree to make arrangements for my child/ren to be picked up if I am not available to pick them up by 5.55pm, or pay the late fee as stated in the parent handbook.

Signature: **Date:**

I give permission to the staff of AH - OOSHS to apply SPF 30+ Sunscreen on my child/ren.

Signature: **Date:**

I give permission to the staff of AH - OOSHS to check my child/ren's hair in the case of suspected head lice.

Signature: **Date:**

I give permission to the staff AH - OOSHS to apply a Band Aid on my child/ren when needed.

Signature: **Date:**

I give permission to the staff of AH - OOSHS to use Dettol on my child/ren if needed.

Signature: **Date:**

I give permission to the staff of AH - OOSHS to apply face paint on my child/ren when during care &/or on special occasions.

Signature: **Date:**



Confidentiality of your information (as stated in the Children’s services regulation 2009, Reg-35)

The proprietor of the children’s service (AH - OOSHS) will ensure that the information given in this enrolment form is not divulged or communicated, directly or indirectly, to another person other than

- To the extent necessary for the care or education or medical treatment of the child; OR
- To a parent or guardian of the child or another person who has lawful authority to require the information; OR
- To the secretary or an authorised officer; OR
- If expressly authorised, permitted or required to be given by or under any act or law; or
- With the written consent of the person who provided the information

Lawful Authority

Parents;

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to those powers and responsibilities as “Lawful authority”. 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 act, may take away the authority of a parent to carry out an action, or may give it to another person

Guardian;

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the children’s services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day - to - day care and control of the child.

Check list

Parent	Co-ordinator
<input type="checkbox"/>	<input type="checkbox"/> Enrolment Fee – See page 1
<input type="checkbox"/>	<input type="checkbox"/> Health Management Plan copies attached – See page 4
<input type="checkbox"/>	<input type="checkbox"/> Signed consent for Emergencies – See page 5
<input type="checkbox"/>	<input type="checkbox"/> Provide a copy of Immunisation record to be sighted – see page 6
<input type="checkbox"/>	<input type="checkbox"/> Read and sign authorisations – see pages 7 & 8
<input type="checkbox"/>	<input type="checkbox"/> Provide your CRN #
<input type="checkbox"/>	<input type="checkbox"/> Ezidebit form completed, including your bank account details and your email address.

Orientation process evaluation:

How did you find the orientation process?

.....
.....

Were all your questions answered? Yes No Please comment

.....
.....

Do you feel that the orientation process could be improved? Yes No If so, how?

.....
.....
.....

Were you shown around the centre? Yes No Please comment

.....
.....

Were you introduced to all the staff? Yes No Please comment

.....
.....

Were you given a copy of the Parent handbook? Yes No

Would you like to make any suggestions or further comments?

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