

Outside School Hours Care Enrolment Form

The details on this form are a requirement of the Department of Education, Employment and Workplace Relations (DEEWR) and the Education and Care Regulatory Unit (ECRU).

A new enrolment form is to be filled out each year.

All information given is treated in the strictest of confidence.

Enrolment forms will not be accepted unless accompanied by:

Your child's birth certificate

Your child's current immunisation record

Child Care Assessment Notice (CRN Numbers)

Child Details (Must complete a separate form for each child)

Given Name	
Surname	
Customer Reference Number (CRN) from Centrelink	
Gender	
Date of Birth	
Date to Start	
Language Spoken	
Child's Medicare Number	
School	
Grade	
Year started school	

Parent/Guardian Details (1) - The person who is claiming Child Care Benefit or Rebate

Given Name	
Surname	
Relation to Child	
Email Address	
Customer Reference Number (CRN) from Centrelink	
Gender	
Date of birth	
Language spoken	
Address	
Contact Number (Home)	
(Mobile)	
(Work)	

Parent/Guardian Details (2)

Given Name	
Surname	
Relation to Child	
Gender	
Date of birth	
Language spoken	
Address	
Contact Number (Home)	
(Mobile)	
(Work)	

Are there any Family Court Orders effecting custody of, or access to your child? YES / NO
If yes, please supply and attach a copy of any relevant information.

Authority to Collect and Emergency Contacts

Given Name	
Surname	
Relation to Child	
Address	
Contact Number (Home)	
(Mobile)	
(Work)	

Given Name	
Surname	
Relation to Child	
Address	
Contact Number (Home)	
(Mobile)	
(Work)	

Given Name	
Surname	
Relation to Child	
Address	
Contact Number (Home)	
(Mobile)	
(Work)	

Staff will not allow your child/ren to go with adults unless their names are written on this form.

I authorise staff at this centre to give the above names access to my children (must be over 16 years).

Please ensure these emergency contact persons are willing to collect your child in the event of an emergency.

Permission

Photographs I give consent for my child to have photographs taken whilst at the Harvey Recreation and Cultural Centre OSHC program.	Yes / No
Publicity I give consent for my child's name and/or photo to be used for Centre displays and/or promotional use, including media and Facebook	Yes / No
Private Car I give consent for my child to be picked up from school in the HRCC or Supervisors vehicle and taken to OSHC centre	Yes / No
I give consent for my child to be transported by HRCC or Supervisor vehicles on local outings	Yes / No
Movie Ratings I give consent for my child to watch PG rated movies deemed suitable by the qualified supervisor	Yes / No
Celebrations I give consent for my child to participate in festivals/celebrations which may include some cultural activities (Christmas, Easter, Mothers/Fathers Day)	Yes / No
Excursions I give consent for my child to travel by public transport, private charter bus or in a vehicle with a supervisor to and from excursions	Yes / No
Observations I give consent for supervisors to observe/make observations about my child to assist in program development	Yes / No

Child's Health and Medical Information

Is your child fully immunised? If no, please provide details:_____	Yes / No
Does your child have any existing ongoing medical conditions? If yes, please provide details:_____	Yes / No
This includes asthma, anaphylaxis, epilepsy, diabetes etc	
Does your child have a diagnosed disability? If yes, please provide details:_____	Yes / No
Does your child require an aid at school? If yes, please provide details:_____	Yes / No
Does your child have any behavioural or physical difficulties? If yes, please provide details:_____	Yes / No
Does your child have any allergies? If yes, please provide details:_____	Yes / No
This includes sunscreen, food, nuts, grass, bees, first aid ointments and band aids etc	
Does your child have any special dietary requirements? If yes, please provide details:_____	Yes / No
Does your child require any medication whilst in our care? If yes, please provide details:_____	Yes / No

Family Doctor's Name	
Family Doctor's Telephone	
Family Dentist's Name	
Family Dentist's Telephone	

Extra Information

Does your child have any likes?	
Does your child have any dislikes?	
Does your child have any interests?	
Does your child have any fears?	

Please read carefully and sign medical agreement

I understand the Harvey Recreation and Cultural Centre Outside School Hours Care are unable to care for sick children, or children with contagious illness.

In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I consent to medical treatment from a registered medical practitioner, hospital or ambulance service being sought for the child and transportation of the child by ambulance. I agree to pay any expenses incurred for medical treatment and transport.

In case of an emergency when those people authorised to collect a child cannot be contacted, I consent to the approved provider/nominated supervisor having due regard to the wellbeing of the child, authorizing an adult educator who is responsible for the child to take the child from the education and care service.

I have read and agree to follow the service policy on administration of medication. I understand that for all medications I must complete and sign 'Authority to administer medication' form on the day in which it is to be administered.

My medical practitioner is advised that he/she may be consulted, and has my permission to treat the child.

I give permission for HRCC OSHC to use sunscreens, ointments, creams and applications for First Aid when necessary. Any allergies to the above have been noted on the enrolment form.

Name of Parent/Guardian:_____ Signature:_____

Date:_____

Conditions of Enrolment - Please read carefully and sign agreement

1. I have read and understood the Harvey Recreation and Cultural Centre Outside School Hours Care parent handbook including policies on Fees and Charges and Cancellations of Bookings.
2. A staff member must be notified of the arrival and departure of your child at the Centre. All children are to be signed in and out by an authorised person. I understand that my child will only be allowed to leave the Centre with an authorised person over the age of 16 listed on the enrolment form.
3. I acknowledge that if my child needs to leave the service for sporting events/training I will fill in an Extracurricular Permission Slip prior to this taking place.
4. All children must be collected from the Centre by the Centre's closing times (After School Care 6.00pm and Holiday Program 5.30pm). Due to staffing requirements, late fees apply to the collection of children after these times. A late fee of \$5.00 per 5 minutes will be charged every 5 minutes after closing time.
5. I understand that the HRCC OSHC program, its staff and management will take all reasonable care for my child and I will not hold them responsible for any damage and or loss of property and/or accident.
6. I am willing for my child to participate in all activities offered in the program and agree it is my responsibility to familiarise myself with the program and to advise the staff in writing if I do not wish my child to participate in a particular activity.
7. I am aware it is my responsibility to maintain a current Family Assistance Office Assessment Notice of Child Care Benefit for Approved Care.
8. I am aware that the program may occasionally have visitors/volunteers/work experience students that may assist the Centre and I consent to my child being in the presence of these people.
9. I am aware that my child is to use appropriate behaviour in the Centre. If my child does not act appropriately I am aware I will be notified by staff during operating hours of the Centre.
10. Harvey Recreation and Cultural Centre Outside School Hours Care reserves the right to terminate this agreement what, at its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent/guardian reasonable notice of its intention to exercise this right and will refund any payment in credit.

Name of Parent/Guardian:_____ Signature:_____

Date:_____



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