



Armadale Primary School Out Of School Hours Program

Registration Form 2017

Child's Name _____ Grade _____ DOB _____ Gender _____

Child's CRN _____

Child resides with: Both Parents Mother Father Guardian

Are there any court orders relating to this child? Yes No

If yes, please give details:

Custody details (If a court order exists please provide a copy to the OOSHC Coordinator)

Please circle days required (permanent enrolments only)

If you wish to use the OOSHC program on a casual basis only, please do not circle any of the before/ after care sessions listed below:

Before School Care	Mon	Tues	Wed	Thur	Fri	<input type="checkbox"/> Casual Use Only
After School Care	Mon	Tues	Wed	Thur	Fri	<input type="checkbox"/> Holiday Program

Parent / Guardian details

Mother's name _____ Tel (home) _____
Address _____ Tel (work) _____
Suburb _____ Postcode _____ Tel (mobile) _____
Email _____ *DOB _____

Father's name _____ Tel (home) _____
Address _____ Tel (work) _____
Suburb _____ Postcode _____ Tel (mobile) _____
Email _____ *DOB _____

*Armadale OOSHC must have a Parent/ Guardian's date of birth for you to continue to claim Child Care Benefit and CRN

Cultural information

If you or your child was not born in Australia, please list the country: _____

If you or your child communicates in another language other than English, please list that language: _____

If you require program documentation to be provided to you in another language please let the Coordinator know immediately.

Is your child of Aboriginal or Torres Strait Islander origin? _____

Authorised Nominees: (Must not be a parent)

If parents cannot be contacted, emergency contacts (authorised nominees) would be authorised to:

- Collect your child from our centre.
- Consent to medical treatment or to authorise administration of medication to your child.
- Consent to transportation of a child by an ambulance service.
- Give authorisation for the in-charge Educator to take the child out of the school grounds.

Authorised Nominee 1

Name _____ Relationship to child _____
Contact phone number: H) _____ W) _____ M) _____
Address _____

Authorised Nominee 2

Name _____ Relationship to child _____
Contact phone number: H) _____ W) _____ M) _____
Address _____

Authorised Nominee 3

Name	Relationship to child	
Contact phone number: H)	W)	M)
Address		

Authorised Nominee 4

Name	Relationship to child	
Contact phone number: H)	W)	M)
Address		

Medical details

Child's doctor _____ Phone _____

Address _____

Medicare Number: _____ Ambulance Membership Yes No

Does your child have any special needs? _____

Does your child have any developmental delay or disability including intellectual, sensory or physical impairment? If so, please provide details including disability and management procedure: _____

Does your child have any dietary restrictions? _____

Does your child have any medical condition such as asthma, epilepsy, diabetes etc. that are relevant to the care of your child? If yes, please provide details: _____

Does your child have any allergies or sensitivity? Yes No

If yes please provide details of any allergies and any management procedure to be followed.

Allergies	Management
_____	_____
_____	_____

Asthma Yes No Asthma Plan Yes No

Has an asthma action plan or diabetes plan been completed and provided to the service? Yes No

Has a risk management plan been completed by the service in consultation with you? Yes No

Has a communication plan been provided to the service? Yes No

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? Yes No

Does your child have an auto injection device (e.g. EpiPen)? Yes No

Has an anaphylaxis medical management plan been completed by a doctor and provided to the service? Yes No

Has a communication plan been provided to the service? Yes No

Has any auto injection device and medication been provided to the service? Yes No

All medicine must be placed in the care of the OOSHC Coordinator with clear instructions for its use to be written in the OOSHC medication book. An *Administration of Medication* form must also be completed before any medication can be given to your child. Under no circumstances may children have medicine in their possession whilst attending the OOSHC Program.

Immunisation details

Has your child been immunised? Yes No

Does the school have a copy of your child's immunisation? Yes No

Permission for medical treatment

In the event of an emergency illness or accident where I am unable to be contacted, I hereby authorise the person in charge of the Armadale Primary School OOSHC program to obtain medical transportation and medical or surgical treatment for my child, as may be deemed necessary. I understand I will be liable to pay any costs thus incurred.

Signed _____ Parent/ Guardian _____

Date _____ Phone _____

Swimming Skills

Does your child have basic swimming skills? Yes No

Child Care Benefit (CCB)

Please understand unless you are correctly linked up with the Family Assistance Office you will be unable to claim the CCB rebate. To be linked up correctly the program must be provided with your Customer Reference Number, the child's Customer Reference Number and your DOB.

Parent Name _____

Parent's Customer Reference Number (CRN) _____

General Declaration

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of Armadale Primary School's Outside School Hours Program. I understand the Program has a 'Parent Information' booklet which states all the conditions and policies that the program follow, which is available for parents in the OOSHC office or on the school's website. I understand I will meet any costs incurred from participating in the program follows, including a late fee if I collect my child after 6:00 pm. I agree to the *Ezidebit* Service Agreement and understand if my nominated credit card or bank account has insufficient funds and the payment fails, I will be charged an additional fee of \$9.90. You must notify the OOSHC program as soon as possible if your credit card or bank details have changed.

I allow the OOSHC program to take photographs of my child at play or on excursions to be displayed in the OOSHC room or kept in a folder as evidence for National Quality Framework purposes.

I allow the OOSHC program staff to apply sunscreen to my child.

I authorise the in-charge Educator to take my child outside of the education and care service premises if necessary.

I understand that all enrolment details are private and confidential. This information will be used for the program's purpose only and will be accessible to OOSHC staff, the OOSHC Sub-Committee, the Principal and/or the sponsoring body. I understand that I can access this information and correct any necessary details whenever I wish.

I acknowledge that my child will not be able to attend the program if suffering from an infectious or contagious disease. I also accept that unless I inform an OOSHC staff member that I authorise another parent to pick up my child, the program will not let my child go and I will be required to pick him/her up. I also accept and understand that if my child continuously misbehaves after the OOSHC behaviour plan has been followed, I will be notified and my child will be removed from the program.

Parent/Guardians signature _____

Date _____

(Office Use Only)

Date Enrolment form received _____

Date Enrolment form processed _____