

Rose Park Primary School Council INC
Enrolment Form: Part 1

54, Alexandra Avenue, Rose Park SA 5067, AU Fax: 0883329952
 oshc@roseparkps.com.au
 Ph: 0883317521 or 0437132522

CHILD

Family Name: Gender: F / M

First Name(s): Known as:

Date of birth: / / CRN:

Address No. / Street: Town/ Suburb:

Postcode: Primary Language:

Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No

PARENTING PLANS / ORDERS relating to this child

ELIGIBLE PARENT/GUARDIAN & BILLING DETAILS

Name:

Date of birth: / / CRN:

Relationship to child: Contact Priority: Primary Language:

Address: (h)

(w)

Phone: (h) (w) (m)

Email:

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

OTHER PARENT/GUARDIAN (if applicable)

Name:

Relationship to child: Contact Priority: Primary Language:

Address: (h)

(w)

Phone: (h) (w) (m)

Email:

COLLECTION AUTHORITIES ONLY

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATION

Has the child received all immunisations appropriate for their age? Yes / No

If no, please give details:

I accept full responsibility if my child is not immunised.
 Parent / Guardian signature:

Has the child received the following immunisations? (please tick):

	12 - 13
	years
Diphtheria	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities? Yes / No Effective date:

If yes, please record specifics:

Has the child any special needs? Yes / No Effective date:

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods:	Reaction / Medication:
-----	-----
-----	-----
-----	-----
-----	-----

Penicillin:	Reaction / Medication:
-----	-----
-----	-----

Others:	Reaction / Medication:
-----	-----
-----	-----
-----	-----

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name:	Phone No.:
-----	-----
Clinic name:	

Address:	

Usual Dental attendant

Dentist's name:	Phone No.:
-----	-----
Clinic name:	

Address:	

Medical Benefits cover with:

Ambulance cover with:

Medicare number: Health Care Card number:

Enrolment Form: Part 3

Child's Name:

BOOKINGS

BSC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							

From: / / for: weeks / or until: / / or Ongoing (tick)

ASC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							

From: / / for: weeks / or until: / / or Ongoing (tick)

VAC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							

From: / / for: weeks / or until: / / or Ongoing (tick)

IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

CONSENTS

Please initial next to each item to which you consent.

I agree to the terms of the policy and that all cancellations made after 7 business days in advance will be charged at the normal rate.

I consent to my child to have medicines prescribed by a GP or hospital administered by a qualified staff member as described on the medication label, providing a pre authorisation form has been completed and signed by a parent or guardian.

I understand that my child CAN NOT self administer their medication.

I consent to my child's temperature being taken using a non-touch, non-invasive digital thermometer on arrival.

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program.

I consent for my child to be photographed and for their image to be used for programming or publicity purposes only. I understand that parents will be notified in advance of any publicity photographs being used. Photographs will only be taken on the dedicated Oshc camera and never on a mobile phone.

I consent for Centre staff to support my child to apply sunblock if required.

I give consent for my child to be taken to the local hospital in an ambulance only, in the event of a major injury. I understand that my child will be accompanied by a qualified staff member at all times until a parent arrives.

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: Date: / /