

MacGregor State School P&C Association



Enrolment Form

Welcome to MacGregor Outside School Hours Care (MOSHC).

To assist us in placing your child, please complete the Enrolment Form and submit it to us together with the other relevant documents required on the checklist.

I have completed and signed the following:

- Enrolment Form (including CRN)
- Child All About Me and photo
- Direct Debit Form

I have included copies of the following:

- Immunisation status
- Transition Statement from Kindy/childcare (for prep enrolment only)

I have included copies of the following documents (if required)

- Medical management plan and/or action plans provided by a medical practitioner.
- Risk minimisation plan and family communication action plan.
- Parental authorisation to administer medication including an adrenaline auto injection.
- Documents regarding additional needs or diagnosed disability.
- Legal documents, including but not limited to, custody arrangement.

By signing this document, I agree to provide and received all necessary documents.

Please note MOSHC is unable to process this application until all the required documentation is completed / and/or submitted and orientation conducted.

Parent/guardianName: _____ Signature: _____ Date: _____

From the section office use only	
Schedule of orientation/ tour with the centre before my child commence care	
Date:	Time:
MOSHC representative conducting orientation :	
Orientation and Induction Checklist <ul style="list-style-type: none">○ Taken a photo of your child.○ Service tour, including play space (inside, craft, loose part, playground, games hall, oval, court ,out of bounds area).***Child to be reminded that area is only available when there is an educator supervising***.○ Parent library (including location of the Service Policy and Procedures, and other important service information e.g., approved provider responsible person)○ Location of staff/ adult and children’s toilets.○ Sign in and out procedure. (Individual sing in and out details is confidential, and each authorized person for pick up must obtain their own log in and PIN).○ Where to put children’s bag and other belongings .○ Location and procedure of lost property .○ Location of Menu○ Where and how food is served for each meal period.○ Staff member wall	
By signing in this section, I have understood and completed orientation/ induction.	
Parent/ guardian Name: _____ Signature: _____ Date: _____	



Child Information ONE FORM PER CHILD - PLEASE PRINT IN CLEAR BLOCK LETTERS

Child's Surname Name:	
Child's First Name:	Sex at Birth :
Child Preferred Name:	Date of Birth: D/ __M/ __Y/ __
Address:	
Child CRN:	Any Sibling/s attending the service:
School Class:	Sibling Name:

Booking Required (please tick the service type and day)

Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care 6:30am- 9:00am					
After School Care 3:00pm-6:00pm					
Vacation Care 6:30am-6:00pm	Please Note: Vacation Care bookings open 2 or 3 weeks prior to school holidays. Bookings can then be made on an enrolment form made specifically for those holidays. Bookings are made on a first-in basis.				

Account holder Information

Account Holder		Authorised Nominee for the account (Aside from main account holder able to update booking)	
Full Name:		Full Name:	
Authority to Collect the Child: YES or NO Emergency contact: YES or NO		Authority to Collect the Child: YES or NO Emergency contact: YES or NO	
Date of Birth: Identified Gender:		Date of Birth: Identified Gender:	
Address:		Address:	
Contact Numbers Home:		Contact Numbers Home:	
Mobile:		Mobile:	
Email Address:		Email Address:	
Place and Employment contact :		Place and Employment contact :	

Are there any **Court or Restraining Orders** in place which apply to your child? YES or NO

If Yes, please provide the details and all paperwork, alongside this enrolment form.

CRN Holder Information

Please Note: The information you provide regarding the CRN holder's details MUST be identical to the information you have supplied to Centrelink. Any differences in this information may affect your CCS.

CRN Holder's Name (Parent):
CRN Holder's Date of Birth:
CRN Holder's CRN:

Additional Contacts

Please Note: additional contacts, other than the account holder

1. Full Name:	2. Full Name:
Relationship to the Child:	Relationship to the Child:
Address:	Address:
Mobile:	Mobile:
Work:	Work:
Emergency contact: YES or NO Authority to Collect the Child: YES or NO Authorised Nominee for the account: YES or NO (Aside from main account holder able to update booking, sign incident form)	Emergency contact: YES or NO Authority to Collect the Child: YES or NO Authorised Nominee for the account: YES or NO (Aside from main account holder able to update booking, sign incident form)
3. Full Name:	4. Full Name:
Relationship to the Child:	Relationship to the Child:
Address:	Address:
Mobile:	Mobile:
Work:	Work:
Emergency contact: YES or NO Authority to Collect the Child: YES or NO Authorised Nominee for the account: YES or NO (Aside from main account holder able to update booking, sign incident form)	Emergency contact: YES or NO Authority to Collect the Child: YES or NO Authorised Nominee for the account: YES or NO (Aside from main account holder able to update booking, sign incident form)

Medical History

Family Doctor/ Practice:	Phone Number: Address:
Immunisation Status: please circle UP TO DATE or UNIMMUNISED *****Please attach a copy of your child's immunisation record*****	
Child's Medicare Number:	Expiry Date:

Relevant Medical information and or any relevant information of the child needs

Does your child have any medical condition (e.g. anaphylaxis, allergies, asthma, diabetes, special, medical conditions, physical, emotional and/or any health care needs?/ or any information in regard to the child/ren's needs that may impact on their ability to participate in the program and be appropriately cared for within the service	NO YES If yes provide details: <input type="radio"/> Mild <input type="radio"/> Severe Symptoms:
Please attach: If medication is required for the child , medical action plan and medication must be supplied by account holder/authorised nominee for the service to provide care for the child. <input type="radio"/> Medical action plan from medical practitioner with current photo and medication require base from the plan <input type="radio"/> MOSHC Risk Minimisation Plan and Family Communication Plan including Parental Authorisation to administer medication.	

Additional Information

Is your child of Aboriginal or Torres Strait Island descent?	NO YES BOTH Do not wish to identify Details:
Is your child from a non-English speaking background?	NO YES Details: Nationality:
Does your child have any religious/ cultural need?	NO YES Details:
Does your child have any dietary restriction (e.g. vegetarian, no beef diet etc.)	NO YES Details: <input type="radio"/> Medical <input type="radio"/> Personal Choice
Does your child have any strong likes, dislikes, phobias or any other relevant need?	NO YES Details:
Are there any particular behaviours that staff should be aware of?	NO YES Details:
What child care your child previous attended? (For PREP Enrolment ONLY)	Please provide transition report from previous childcare

General Consent:

Medication/ First Aid Consent / Emergency /Behaviour Plan

- I hereby give permission for the staff at MacGregor Outside School Hours Care to provide and seek appropriate medical attention for my child when required and/or in the case of an emergency and agree to meet any medical or hospital expenses as a result of such treatment.
- I will adhere to the provision of emergency medical treatment including the staff of MacGregor Outside School Hours Care to obtain any medical, hospital and/or ambulance service in the case of an accident or emergency involving my child.
- I hereby give permission for the staff at MacGregor Outside School Hours Care to report any injury, illness or trauma as required by law.
- I hereby give permission for my child to travel by private vehicle or ambulance in the case of an emergency and agree to meet expenses as a result of such an emergency.
- I hereby give permission for the staff to administer medication to my child, as directed on the Medication Form signed by myself, detailing; the name of the medication, dosage, time of dosage, date and method of administration. Medication without a signed Medication Form filled, will not be approved for administration, and should not be brought on MacGregor Outside School Hours Care premises.
- I hereby give permission for an educator/staff member to administer the following lifesaving medication in the event of an undiagnosed asthma attack or an anaphylactic allergic reaction: Adrenaline (Epipen) for the treatment of anaphylaxis; and Salbutamol inhaler (Ventolin) for the treatment of acute asthma.
- I hereby give permission for my child's Individual Medical Action Plan/Behaviour Plan to be displayed where the staff at MacGregor Outside School Hours Care can easily familiarise themselves with the health issue.
- I hereby give permission to MacGregor Outside School Hours Care to share information amongst educators and/or support workers who are working within the OSHC program, relevant to the care of my child in regard to health, wellbeing and/or cultural requirements.
- I hereby give permission for MacGregor Outside School Hours Care educators to liaise with other education/health/medical professionals in relation to the care of my child for medical/behaviour support.
- Should my child be suffering from any contagious or infectious illness, ensure to notify the service and I will keep them absent from the centre until cleared by a Doctor's Certificate.
- I give permission for the staff to take my child outside the approved premises for the purpose of emergence's and /or drills.

Activities Permission

- I hereby give permission for my child to participate in activities offered by MacGregor Outside School Hours Care. In the event that I do not wish my child to participate in a specific activity, I will request so in writing to the Operations Manager and or Coordinator.
- I agree that it is my responsibility to inform MacGregor Outside School Hour Care of any extracurricular activities run by outside providers/ off-site, my child will be signed out of the services during the hours of the extracurricular and that at no time will OSHC staff be present at the extracurricular activity.

Media (online agreement)

- I hereby give permission for the staff at MacGregor Outside School Hours Care to photograph and or video my child for a visual record of activities, excursions held by the centre for display within the School/MOSHC community, newsletters, school yearbook and /or the P&C/MOSHC Facebook page/ Webpage, Instagram, (social media) and recognised peak bodies for action research/presentation.
- I hereby give permission for my child whilst in care at MacGregor Outside School Hours Care to view media material, and program games with the following Australian Film and Literature Classifications: (G) and (PG)or school issue/approval.
- I agree that it is my responsibility to check my child's personal device that is brought in and used when at the service, including access to the internet and other social media access.

Communication

- I understand that it is my responsibility to inform/update MacGregor Outside School Hours Care with any new information relating to my child's specific healthcare needs or medical condition.
- I agree to notify MacGregor Outside School Hours Care, in writing of any changes in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.

Sign in and sign out

- I understand my child may only be collected by the parents or authorized persons, and that children are not to sign in and out themselves from the service.
- I will notify the service if anyone other than the authorized persons from the enrolment form will be collecting my child and should be confirm in writing.
- I agree that is my responsibility to keep the individual sign-in and out details confidential, and each authorized person must obtain their own login and PIN.

Policies and Procedure

- I agree to abide by the centre's policies and procedures at all times and, by signing this form, I also understand that I will be solely responsible for this account, whether or not a shared custody arrangement is in place with another authorised nominee for this account.
- I hereby give permission for MacGregor Outside School Hours Care educators to assist my child to apply SPF sunscreen prior to outdoor activities. And ensure my child wears broad-brimmed hats and appropriate clothing for sun safety.
- I hereby give permission for my child, once of Grade 1 and above, to walk unescorted from MacGregor State School to MacGregor Outside School Hours Care and be signed in by a staff member on my behalf.
- I understand that MacGregor Outside School Hour Care will not accept responsibility for loss or damage to any property/item brought into the services by my child.
- I understand that the service cannot provide its services to my child or may refuse to do so if I refuse/fail to supply the service with any relevant medical information including the required medication or any other relevant needs or considerations relating to my child's health.

Fee

- I understand that a **\$50** fee will be debited from my account upon acceptance of my child's enrolment at the service for new enrolment.
- I understand that a **\$25** fee will be debited from my account upon annual re-enrolment.
- I understand that I must provide MacGregor Outside School Hours Care with **14 days** any Before and/ or After School Care bookings made, and **14 days** to cancel any Vacation Care bookings made, and that if I fail to supply this notice, agree to pay two weeks' fees in lieu of notice. All booking is non-transferable e.g. You are unable to swap days if your plan/needs change. When notice is given of the impending absence. I understand that my fees must be paid two (2) weeks in advance at all times. I understand that if my child will not be attending booked sessions, charges will still apply.
- If the service is unable to supply dietary needs to my child, I understand that I may be required to supply food provisions for my child from home.
- I understand that it is my responsibility to inform MacGregor Outside School Hours Care should my child be absent from booked sessions. Should the centre have to call me, the account holder or any authorise contact person to verify an absence, a **call-out admin fee of \$20.00** may be charged to my account.
- I understand that if my child is not collected from the services by closing time (6:00 pm) a **Late Fee** penalty will be incurred **\$20.00 flat rate past 6:00pm and additional \$2.00 per minute after 6:15 pm** Failure to pay fees incurred within prescribed timeframes may result in the withdrawal of my childcare until the account is paid or the payment plan is negotiated. Failure to adhere to the negotiated agreement may result in account referral to a debt collection agency, the cost of which will be added to the account.

By signing this form, I agree to all the information stated above:
Full Name:
Signature
Date:

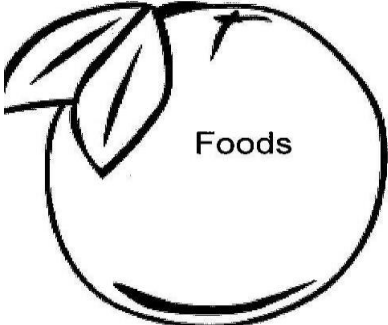
MacGregor Outside School Hours Care

All About Me

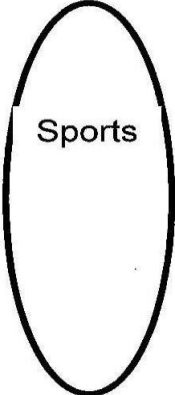
(Child to fill in or parent to help)

Name:


Favourite:



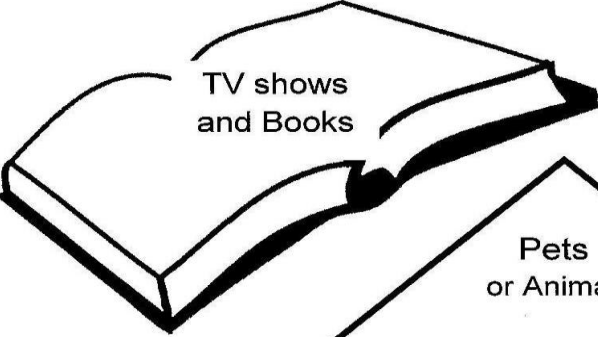
Foods



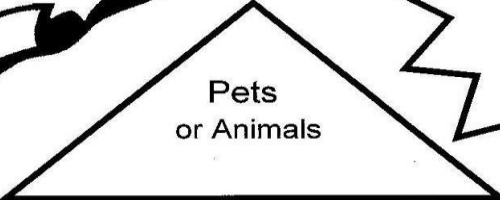
Sports




Places to go



TV shows and Books



Pets or Animals



Things to do

I feel happy when:

I feel sad when:

Is there any other information that we need to know in order to provide the best possible care for your child, including any cultural or religious requirements/considerations? If so, please specify below. Alternatively, do you have any suggestions of traditional cultural celebrations or community events that we can add to our new MOSHC Cultural Calendar (e.g. Ramadan, Diwali etc.)? – Please supply dates if so.

*****Please complete DIRECT DEBIT FORM for payment details*****

OFFICE USE ONLY	
Date Time Received:	By Whom:
Date Entered:	By Whom:
Medical action plan required: No Yes Date plan supplied to the services ____/____/____ Expiry date: ____/____/____ Date medication supplied ____/____/____ Expiry date: ____/____/____ Immunization record receive: Date: ____/____/____	
Comments:	