St Mary's Outside School Hours Care
[Choose address]
**T:** [Phone no.]
**E:** [Email]
**W:** catholiccaredbb.org.au

CatholicCare
Diocese of Broken Bay

# Enrolment form

All correspondence will be made via email unless otherwise specified. Please select primary email address for the family?

☐ **Parent/Guardian 1** ☐ **Parent/Guardian 2**

Select days requested

| | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **Before school care** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **After school care** | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Vacation care** | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ Occasional care for special circumstances/emergency | | | | | |

**Start Date:** DD / MM / YYYY

| | |
|---|---|
| Copy of Birth Certificate supplied: ☐ Yes ☐ No | Immunisation Records supplied: ☐ Yes ☐ No |
| Health Action Plans supplied: ☐ Yes ☐ No ☐ N/A | Consent given: ☐ Photo ☐ Personal information |

| **Child** | | |
|---|---|---|
| Family name: | Given name(s): | Preferred name: |
| DOB: DD / MM / YYYY | Place of Birth: | Gender: ☐ Male ☐ Female |
| Address: | | Religion: |
| Cultural background: | ☐ Aboriginal ☐ Torres Strait Islander ☐ N/A | |
| CRN: | Language(s) spoken at home: | |
| Name of school attending: | Year at school and class: | |

| **Parent/Guardian 1** | | | **Parent/Guardian 2** | | |
|---|---|---|---|---|---|
| Full name: | | | Full name: | | |
| Relationship to child: | | | Relationship to child: | | |
| DOB: DD / MM / YYYY | | | DOB: DD / MM / YYYY | | |
| Address: | | | Address: | | |
| AH: | M: | W: | AH: | M: | W: |
| Email: | | | Email: | | |
| Preferred method of contact: ☐ **AH** ☐ **M** ☐ **E** | | | Preferred method of contact: ☐ **AH** ☐ **M** ☐ **E** | | |

| Parent/Guardian 1 | Parent/Guardian 2 |
|---|---|
| Occupation: | Occupation: |
| Employer: | Employer: |
| Work days/hours: | Work days/hours: |
| Ethnic/cultural background: | Ethnic/cultural background: |
| ☐ Aboriginal ☐ Torres Strait Islander ☐ N/A | ☐ Aboriginal ☐ Torres Strait Islander ☐ N/A |
| Parent/Guardian responsible for paying fees: ☐ Parent/Guardian 1 ☐ Parent/Guardian 2<br>**CRN:** | |
| Does your family hold a low income Health Care card: ☐ Yes *(please attach copy)* ☐ No | |

## Authorisations

I, ------------------------------------------------------------ hereby authorise the persons listed below to undertake the following responsibilities.

Signature ------------------------------------------------------------

Date DD / MM / YYYY

| Authorised person 1 | | | Authorised person 2 | | |
|---|---|---|---|---|---|
| Name: | | | Name: | | |
| Address: | | | Address: | | |
| AH: | M: | W: | AH: | M: | W: |
| Relationship to child: | | | Relationship to child: | | |

**Authorised person 1**

I agree for this person to:

- ☐ Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.
- ☐ Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable
- ☐ Give consent for the administration of medication
- ☐ Give consent for staff to take my child to excursions outside of the centre premises.

**Authorised person 2**

I agree for this person to:

- ☐ Collect my child from the service. Whenever possible, I will give prior notice on the days this person will be collecting my child.
- ☐ Be contacted in the case of an emergency, injury, illness and to authorise medical treatment if parent/guardian is uncontactable.
- ☐ Give consent for the administration of medication
- ☐ Give consent for staff to take my child to excursions outside of the centre premises.

## Court orders

Are there any Court Orders pertaining to custody or residence of your child?

☐ No ☐ Yes *(please provide copies of any Court Orders)*

Are there any Parenting Orders/Plans in place for your child?

☐ No ☐ Yes *(Please provide copies of any Parenting Orders/Plans)*

## Medical information

| Medicare number: | Health fund provider and no: |
|---|---|
| Doctor's name: | Dentist's name: |
| Address: | Address: |
| Phone: | Phone: |

## Immunisation

Has your child been immunised? ☐ No ☐ Yes Is it up to date? ☐ Yes ☐ No

Please attach a copy of the approved documentation to the enrolment form. Refer to the Enrolment Policy.

**Note:** An Australian Childhood Immunisation Register (ACIR) Immunisation History Statement must be supplied.

## Health background

Does your child have any medical condition that is being treated or monitored? ☐ No ☐ Yes

*(Please list, including brief treatment summary. A Medical Action Plan and Risk Minimisation Plan will be required for asthma, diabetes, epilepsy, etc.)*

Does your child have any allergies or is at risk of anaphylaxis? ☐ No ☐ Yes

*(Please list, including brief treatment summary. A Medical Action Plan which has been developed by a medical professional, and Risk Minimisation Plan will be required.)*

Does your child have any special dietary requirements? ☐ No ☐ Yes *(Please provide details.)*

## Health background

Does your child have a disability or delay, including intellectual, sensory or physical impairment?

☐ No ☐ Yes (*How does the disability affect your child? Please give details including mobility, toileting and communication.)*

Do you, or have you had concerns about your child's speech development, eye sight or hearing?

☐ No ☐ Yes *(Please provide details.)*

Are there any other concerns or anything else you may wish to tell us about your child?

☐ No ☐ Yes *(Please provide details, e.g., behaviour, disposition, family history, etc.)*

Have any records/reports related to the child's medical conditions or additional needs been supplied or shown to service staff?

☐ No ☐ Yes *Please provide type of record details.)*

## Child profile

**Homework**

Do you wish your child to complete any homework whilst at the centre?

☐ No ☐ Yes *(please give details of how you would like this approached)*

## Personality

Does your child have any particular fears staff should be aware of? ☐ No ☐ Yes *(please provide details)*

Please describe your child's special interests or favourite activities?

## Family profile

**Siblings**

| Name: | DOB DD / MM / YYYY | Name: | DOB DD / MM / YYYY |
|---|---|---|---|
| Name: | DOB DD / MM / YYYY | Name: | DOB DD / MM / YYYY |

**Other significant household members**

| Name: | Name: |
|---|---|
| Relationship to child: | Relationship to child: |

**Professional skills or interests which you may be able to share with the Centre**

| Skills: | Special training: |
|---|---|
| Creative activities: | Other: |

Special days/events celebrated *(please list)*

What are you hoping your child will gain from their experiences while at Outside School Hours Care?

## Additional information

Please list any special considerations, cultural, religious or dietary preferences, or additional needs of which our staff should be aware:

[Choose service name]
[Choose address]
**T:** [Phone no.]
**E:** [Email]
**W:** catholiccaredbb.org.au

CatholicCare
Diocese of Broken Bay

# Direct debit request

**Please return this form to the Centre upon completion.**

I request and authorise CatholicCare Broken Bay to debit my Nominated Account with the amounts due for Outside School Hours Care commencing on DD / MM / YYYY and fortnight thereafter.

I understand that the amount charged may vary as determined by my level of use of the service.

I understand this request is in place until I discontinue my use of the service and provide CatholicCare that I wish to cancel this request giving two weeks written notice from effective date.

## Bank account

**Financial institution name:** ______________________ **Branch:** ______________

**Account name in full:** ______________________________

**BSB:** ☐☐☐ - ☐☐☐ **Account no:** ☐☐☐☐☐☐☐☐☐☐☐

## Credit card

**Cardholder name:** ______________________ **Name on card:** ______________

**Credit card number:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**Expiry:** ☐☐ / ☐☐ **CCV:** ☐☐☐

# Authorisation

DD / MM / YYYY

**Name** **Signature** **Date**

| **Office use only** | | |
| --- | --- | --- |
| Date received: DD / MM / YYYY | Date processed: DD / MM / YYYY | Employee name: |

## Authorisation *(please sign below)*

☐ I authorise the staff at the Centre – CatholicCare Diocese of Broken Bay, to:

- Seek urgent medical treatment from a registered medical practitioner, dental service, hospital or ambulance service
- Carry out urgent medical treatment.
- Release my child to the care of medical or emergency services if deemed necessary
- Transport the child by ambulance if deemed necessary

☐ • I understand any cost will be borne by the parent/guardian.

☐ I authorise the staff to apply sunscreen as required and as per the Sun Protection Policy.

☐ I do / ☐ do not give permission for staff to administer Paracetamol once according to the manufacturer's instruction and the Medication Policy in the case of a fever greater than 38.5°C.

I recognise all attempts will be made to control the fever, including removing excess clothing and encouraging fluid intake, and making contact with parents/guardians to inform them of the child's health and wellbeing.

☐ I give permission for staff to administer an EpiPen once and in accordance with the Managing Asthma Allergies Anaphylaxis Diabetes and Other Medical Conditions Policy, the Medication Policy and the Education and Care Services National Regulations in the event that my child has an anaphylaxis emergency while at the centre.

I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called.

☐ I give permission for staff to administer asthma reliever medication in accordance with the Managing Asthma Allergies Anaphylaxis Diabetes and Other Medical Conditions Policy, the Medications Policy and the Education and Care services National Regulations in the event that my child has an asthma or anaphylaxis emergency while at the centre.

I understand that all attempts will be made to contact parents as soon as practicable and that an ambulance will be called. (**Note:** if consent is not provided, staff will follow emergency medical administration as required by legislation.)

☐ I give permission for **staff to take photographs** of my child for use in the following ***(please select agreed points)***:

☐ My Child's Observations/Portfolio

☐ Other Children's Observations/Portfolios (i.e. group shots)

☐ Display within the Service

☐ Display in the Service publication

☐ Use in program documentation sent to families via email

☐ Slideshow presentations with Catholic Schools Office Staff

☐ Slideshow presentations for Children's Services Staff and/or CatholicCare Staff Professional Development training

☐ I give consent to the collection and use of my image/my child's image by photography or video recording by CatholicCare. I acknowledge that these may be used on the CatholicCare website, selected social media channels, in newsletters and publications for the purpose of promotion and marketing. I also acknowledge that I am not entitled to any remuneration, royalties or any other payment from CatholicCare in respect of the use by CatholicCare of the photographs and/or videos.

☐ I understand that no personal information, such as names, will be used in any publications unless express consent is given.

☐ I understand that I am only allowed to photograph my own child while on the centre premises. I also understand that group photographs/media taken of groups of children, by service staff, at special events (e.g. Christmas parties etc.) and photos included in the children's documentation are not to be distributed to other people.

☐ I have read and understood the Notification of the Collection of Personal Information.

☐ I give consent to CatholicCare Diocese of Broken Bay to collect and use my personal and sensitive information as described on the Notification of the Collection of Personal Information.

☐ I certify that the information contained in this enrolment form is correct. I will immediately inform the Coordinator of any changes to this information.

☐ I have read and understood the Enrolment, Waiting list and Orientation Policy

☐ I have read, understood and agree to abide by the centre's information, policies and procedures.

| Parent/Guardian name | Signature | DD / MM / YYYY<br>Date |
|---|---|---|

| **Office use only:** Application complete and entered into the centre's system | |
|---|---|
| Date entered: DD / MM / YYYY | By whom: |