

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 Centre (for prep enrolment only)

I have included copies of the following:

- 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.

Account Holder Name: _____

Signature: _____ Date: ____/____/____

OFFICE USE ONLY	
Families must schedule and attend an orientation/ tour of the service before the child can commence care.	
Date: _____	Time: _____
MOSHC representative conducting orientation: _____	
Orientation and Induction Checklist <ul style="list-style-type: none"> <input type="checkbox"/> Taken a photo of the child. <input type="checkbox"/> Service tour, including play spaces (Art Hub, Lab, Loose Parts, Playground, Games Hall, Kitchen, Oval, Courts, Out of Bounds Area). <i>**Child is to be reminded that the areas are only available when there is an educator supervising**.</i> <input type="checkbox"/> Parent library (including location of the Service Policy and Procedures and other important service information e.g. approved provider, responsible person) <input type="checkbox"/> Location of staff/ adult and children's toilets <input type="checkbox"/> Sign in and out procedures Please note: The individual sign in and out details are confidential. Each authorized person for the account must obtain their own log in and PIN for use. <input type="checkbox"/> Where to put children's bag and other belongings. <input type="checkbox"/> Location and procedure for lost property. <input type="checkbox"/> Location of menu. <input type="checkbox"/> Where and how food is served for each meal period. <input type="checkbox"/> 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: __D__ / __M__ / __Y__	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, a person who can update bookings)
Full Name:	Full Name:
Date of Birth:	Date of Birth:
Relationship to the child:	Relationship to the child:
Identified Gender:	Identified Gender:
Address:	Address:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:

Email:			Email:		
Emergency contact	YES	NO	Emergency contact	YES	NO
Authority to collect the child	YES	NO	Authority to collect the child	YES	NO
Consent to medical	YES	NO	Consent to medical	YES	NO
Consent to transportation	YES	NO	Consent to transportation	YES	NO
Place of Employment:			Place of Employment:		
Contact Details:			Contact Details:		

Court Orders, Parenting Plans or Restraining Orders

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: These are *additional contacts* other than the account holder/ authorised nominee above.

1. Full Name:			2. Full Name:		
Relationship to the child:			Relationship to the child:		
Address:			Address:		
Home Phone:			Home Phone:		
Mobile:			Mobile:		
Work Phone:			Work Phone:		
Authorised Nominee for the account (Aside from main account holder, a person who can update bookings)	YES	NO	Authorised Nominee for the account (Aside from main account holder, a person who can update bookings)	YES	NO
Emergency contact	YES	NO	Emergency contact	YES	NO
Authority to collect the child	YES	NO	Authority to collect the child	YES	NO
Consent to medical	YES	NO	Consent to medical	YES	NO
Consent to transportation	YES	NO	Consent to transportation	YES	NO

3. Full Name:			4. Full Name:		
Relationship to the child:			Relationship to the child:		
Address:			Address:		
Home Phone:			Home Phone:		
Mobile:			Mobile:		
Work Phone:			Work Phone:		
Authorised Nominee for the account (Aside from main account holder who can update bookings)	YES	NO	Authorised Nominee for the account (Aside from main account holder who can update bookings)	YES	NO
Emergency contact	YES	NO	Emergency contact	YES	NO
Authority to collect the child	YES	NO	Authority to collect the child	YES	NO
Consent to medical	YES	NO	Consent to medical	YES	NO
Consent to transportation	YES	NO	Consent to transportation	YES	NO

Child Medical History

Family Doctor/ Practice:	Phone Number:
Address:	
Immunisation Status (please circle): UP TO DATE or NOT IMMUNISED ***Please attach a copy of your child's immunisation record***	
Child's Medicare Number:	Expiry Date:

Relevant Medical Information and/or any other additional information for the child

Does your child have any medical conditions (e.g. anaphylaxis, allergies, asthma, diabetes, further additional needs (physical, emotional) and/or any other health care needs? Any other information in regard to the child/ren's needs that may impact their ability to participate in the program and be appropriately cared for within the service.	NO YES
	If yes, please provide details: <input type="checkbox"/> Mild <input type="checkbox"/> Severe
	Symptoms:
Please note: If medication is required for the child, a medical action plan and medication <u>must</u> be supplied by account holder/authorised nominee prior to the child's first attendance for the service to provide care for the child.	
<input type="checkbox"/> Medical action plan from medical practitioner with current photo and medication required <input type="checkbox"/> MOSHC Risk Minimisation Plan and Family Communication Plan including Parental Authorisation to Administer Medication.	

Additional Information

Is your child of Aboriginal or Torres Strait Islander 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 restrictions (e.g. vegetarian, no beef, etc.)	NO	YES	Details:	
	<input type="checkbox"/> Medical <input type="checkbox"/> 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:	
PREP ENROLMENTS ONLY: What child care centre did your child previously attend?	<i>Please provide child's transition statement from childcare.</i>			

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 service 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 emergencies and/or drills.

- 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.

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 Management Team.
- I agree that it is my responsibility to inform MacGregor Outside School Hour Care of any extracurricular activities run by outside providers/off-site. I understand that I will need to complete an extracurricular form for the service to release my child to their activity. I understand that my child will be signed out of the service during the times 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 service, 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.
- I understand that the service utilises CCTV in high traffic areas for security of the service. This data is stored in accordance with our Information Handling procedure and is only accessed by Management and/or authorities in the event of an emergency.

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 account holder or additional authorised nominees, and that children are not to sign in and out themselves from the service.
- I will notify the service if anyone other than the authorised 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 Procedures

- I agree to abide by the service'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 will ensure my child wears a broad brimmed hat and appropriate clothing for sun safety.
- I hereby give permission for my child, once in 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.
- 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.

Fees

- **Enrolment Fee:** I understand that a **\$50.00** fee will be debited from my account upon acceptance of my child's enrolment at the service for new enrolment.
- **Re Enrolment Fee:** I understand that a **\$25.00** fee will be debited from my account upon annual re-enrolment.
- **Non-Notification of Absence Fee:** I understand that it is my responsibility to inform MacGregor Outside School Hours Care should my child be absent from booked sessions. If the service must call the account holder or any authorised contacts to verify an absence, a call-out admin fee of **\$20.00** may be charged to my account.
- **Late Fee:** 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.**
- I understand that I must provide MacGregor Outside School Hours Care with **14 days' notice** of any Before and/ or After School Care bookings made, and **14 days' notice** to cancel any Vacation Care bookings made, and that if I fail to supply this notice, I agree to pay two weeks' fees in lieu of notice.
- All bookings are non-transferable (e.g. you are unable to swap days if your plan/needs change).
- 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, that charges will still apply.
- Failure to pay fees incurred within prescribed timeframes may result in the withdrawal of my child from care 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: ____/____/____

******* PLEASE COMPLETE DIRECT DEBIT FORM FOR PAYMENT DETAILS *******

OFFICE USE ONLY		
Received:	Date: _____ Time: _____	By Whom: _____
Entered:	Date: _____	By Whom: _____
Medical action plan required: NO YES		
Date action plan supplied to the service ____/____/____ Expiry date: ____/____/____		
Date medication supplied to the service: ____/____/____ Expiry date: ____/____/____		
Date immunisation record supplied to the service: ____/____/____		
Comments:		

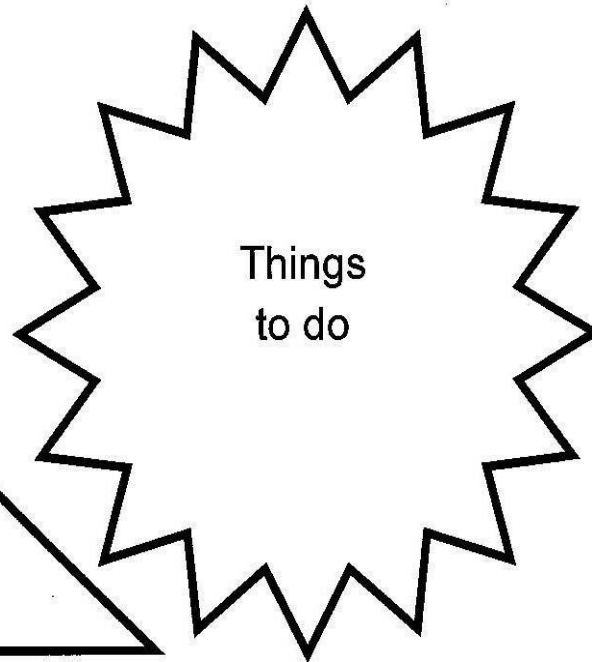
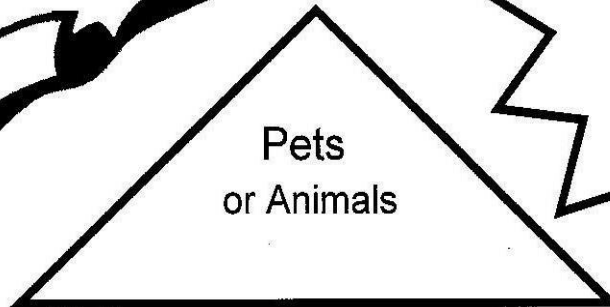
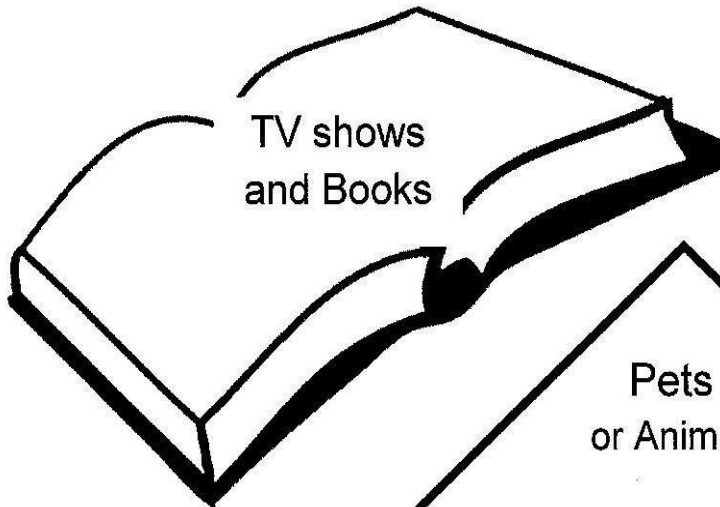
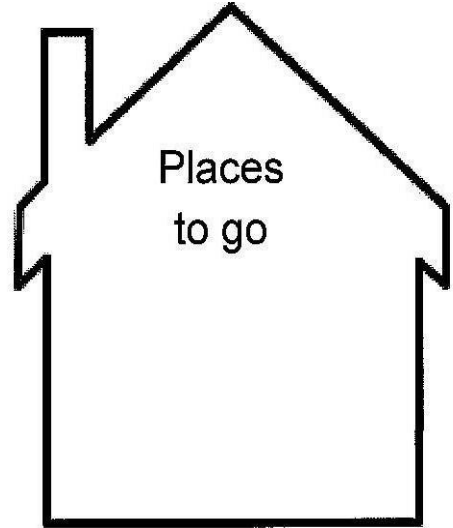
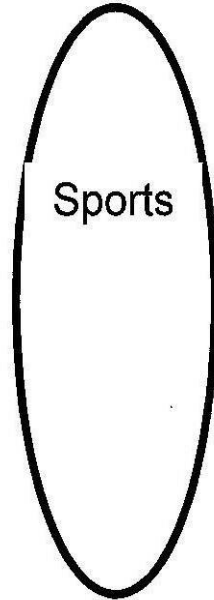
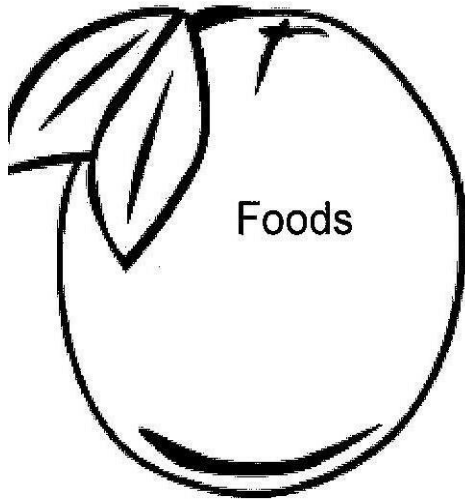
MacGregor Outside School Hours Care

All About Me

(Child to fill in or parent to help)

My Name Is: _____

Favourite:



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.)? If so, please supply dates.
