2027 Enrolment Form

Child details (one enrolment form must be completed per child)

Surname: _____ First name: _____

Other family names: _____ Child's CRN: _____

Date of birth: ____/____/_____ Place of birth: _____ Gender: _____

Child's home address: _____ Postcode: _____

Date of enrolment: _____ Date of commencement: _____

Age at commencement: _____ Year at school: _____

Enrolment details

Care type: Permanent [ ] Casual [ ]

Days of attendance: Please mark with a tick

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Please indicate any special care details e.g. alternate weeks of care: _____

Parent/Guardian details (1st point of contact)

Surname: _____ First name: _____ DOB: ____/____/____

Other name/s parent is known by: _____ Gender: M / F Parent CRN: _____

Cultural background: _____ Language/s spoken at home: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email address: _____ Occupation: _____

Work name and address: _____

Parent/Guardian details (2nd point of contact)

Surname: _____ First name: _____ DOB: ____/____/____

Other name/s parent is known by: _____ Gender: M / F Parent CRN: _____

Cultural background: _____ Language/s spoken at home: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email address: _____ Occupation: _____

Work name and address: _____

Family details

Other children living at home, names and ages: _____

Marital status of parents: _____

Child lives with: _____

Are there custody/court orders in place? YES [ ] NO [ ]

Please supply a copy of the custody/court order ***Educator Verification*** **[ ]**

Please provide details of any custody access arrangements: _____

_____

_____

Is your child of Aboriginal/Torres Strait Islander background? YES [ ] NO [ ]

Primary language: _____ Cultural background: _____ Religion: _____

Please provide details of any cultural/religious needs e.g. diet, celebrations: _____

_____

Which of the following applies to your family?

Sole parent/guardian employed, studying, unemployed and actively seeking employment	YES	NO
Sole parent/guardian receiving pension	YES	NO
Both parents/guardians employed, studying, unemployed and actively seeking employment	YES	NO
Both parents/guardians receiving pension	YES	NO
One parent/guardian disabled and not working; the other parent/ guardian employed	YES	NO
One of two parents/guardians working	YES	NO

Authority to collect/emergency contacts (alternative contacts)

Please list at least one person (other than custodial parents) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency:

Contact 1 (please note: employees/educators will request to see photo ID upon collection)

Surname: _____ First name: _____

Relationship: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Authority to collect	YES / NO
Authority to authorise an employee/educator to administer medication	YES / NO
Authority to sign permissions for excursions	YES / NO
I authorise any person who is authorised to authorise an educator to take my child outside the education and care services premises	YES / NO
I authorise any person who is authorised to authorise the education and care service to transport my child or arrange transportation of the child	YES / NO
I authorise any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, my child	YES / NO

Contact 2 (please note: employees/educators will request to see photo ID upon collection)

Surname: _____ First name: _____

Relationship: _____

Address: _____ Postcode: _____

Home phone: _____ Work phone: _____ Mobile: _____

Authority to collect	YES / NO
Authority to authorise an employee/educator to administer medication	YES / NO
Authority to sign permissions for excursions	YES / NO
I authorise any person who is authorised to authorise an educator to take my child outside the education and care services premises	YES / NO
I authorise any person who is authorised to authorise the education and care service to transport my child or arrange transportation of the child	YES / NO
I authorise any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, my child	YES / NO

Behaviour

Does your child have any behaviour management needs? YES [ ] NO [ ]
If yes, please provide details: _____

Does your child require additional support to participate in the program? YES [ ] NO [ ]
If yes, please provide details: _____

How would you describe your child's temperament? Shy [ ] Slow to warm up [ ] Outgoing[ ]
Does your child have any fears or phobias? YES [ ] NO [ ]
If yes, please provide details: _____

Medical details

Does your child have any medical conditions such Asthma, Diabetes, Epilepsy, ADHD etc? YES [ ] NO [ ]
Is your child on any regular medication? YES [ ] NO [ ]
Are employees/educators required to administer any medication? YES [ ] NO [ ]
Are there any medical reasons or injuries that will prevent your child from participating in activitites at our centre? YES [ ] NO [ ]
If yes to any of the above, please provide details: _____

If yes to any of the above, please attached your child's medical information provided by your child's Doctor, if suitable.
Educator Verification **[ ]**

Medicare number: _____ Private Health number: _____
Doctor's name: _____ Doctor's phone number: _____
Doctor's address: _____
Dentist's name: _____ Dentist's phone number: _____
Dentist's address: _____
Medical Practitioner Name: _____ Medical Practitioner phone number: _____

Immunisation details

Has your child been immunised? YES [ ] NO [ ]
Is your child up to date with their immunisations? YES [ ] NO [ ]
If your child has not been immunised, please state the reason: _____
Educator has sighted the health record? YES [ ] NO [ ]

Allergies/Dietary requirements

Cultural dietary requirements/restrictions? YES [ ] NO [ ]
Does your child have any allergies? e.g. foods, medicine, grass, sunscreen YES [ ] NO [ ]
Has your child been diagnosed with or at risk of Anaphylaxis? YES [ ] NO [ ]
Does your child have an adrenaline auto injection device ? eg. EpiPen YES [ ] NO [ ]
If yes, please provide details: _____

If yes to any of the above, please attach your child's Allergy Action Plan provided by your child's Doctor. ***Educator Verification*** **[ ]**

Additional needs

Does your child have a diagnosed disability or any additional needs? YES [ ] NO [ ]
Does your child require extra support/assistance to participate in the centre's program? YES [ ] NO [ ]
If yes to any of the above, please provide details: _____

Does your child visit any specialist? e.g. Speech Therapist, Paediatrician, Occupational Therapist? YES [ ] NO [ ]
If yes, please provide details and attach any relevant reports: : _____

Child permissions

Child's name: _____ DOB: ____/____/_____

Please read the following permissions for your child carefully and **circle yes or no** for each question, to authorise before signing.

General

I give permission for my child to:

Have SPF30+ sunscreen applied prior to sun exposure (if no please provide an alternate sunscreen for educators/employees to apply with a permission slip)	YES	NO
Have insect repellent applied	YES	NO
Be given one dosage of Children's Panadol in the event of my child's body temperature rising above 38°C, after all attempts at contacting authorised persons have been exhausted	YES	NO
Have educators/employees apply First Aid strips (e.g. Band-Aids) on my child, if required	YES	NO
Have educators/employees apply antiseptic cream (e.g. Dettol) on my child, if required	YES	NO

Photos and video footage

I give permission:

To take and use photographs of my child in any displays within the service	YES	NO
For photos and video footage of my child to be used in learning stories and to be shared with other families that attend the centre via the centre's Blog	YES	NO
For photos and video footage of my child to be used on the The Scots College OOSH website and social media pages	YES	NO
For photos and video footage of my child to be used for advertising purposes	YES	NO
For photos and video footage of my child to be used by educators as part of their studies through TAFE, University or other recognised RTOS	YES	NO
For other parents to take photographs at the centre including my child, for example at birthdays, excursions and special occasions, with management's permission	YES	NO
I understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided	YES	NO

Leaving the premises

I give permission for The Scots College OOSH employees/educators to:

Remove my child from the premises in the case of an emergency arising and relocate them to designated safe locations	YES	NO
Remove my child from the premises as part of participation in organised evacuation drills	YES	NO
Walk my child to and from school, to the centre	YES	NO

Medical/Emergencies

In the event that my child requires medical attention, I authorise the employees/educators of The Scots College OOSH to obtain/provide medical assistance to my child	YES	NO
I authorise the employees/educators of The Scots College OOSH to provide medical treatment for my child, should this be considered necessary	YES	NO
I authorise the employees/educators of The Scots College OOSH to provide first aid treatment for my child, should this be considered necessary	YES	NO
I authorise the employees/educators of The Scots College OOSH to call an ambulance at the advice from 000	YES	NO
If The Scots College OOSH is not able to make contact with any authorised persons, I agree for the service to call an ambulance to seek the required medical/first aid treatment	YES	NO
I agree to pay any medical or transport costs incurred, including ambulance costs	YES	NO

Acknowledgments

I acknowledge that:

My child will be excluded from the centre (as recommended by NSW Department of Health) if suffering from an infectious disease	YES	NO
If my child has not been immunised, in the event of an infectious disease outbreak at the service, my child will be excluded from the centre (as recommended by NSW Department of Health)	YES	NO

Parent/Guardian signature: _____ **Date:** ____/____/202_

Child's name: _____ DOB: _____/_____/_____

Child participation

I understand that all due care will be taken by The Scots College OOSH and that the centre or employees/educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care and After School Care program unless caused by the proven negligence of The Scots College OOSH employees/educators	YES	NO
I approve of my child's involvement in The Scots College OOSH program	YES	NO
I give permission for my child to participate in centre-based activities organised for the days my child will be attending OOSH	YES	NO
I understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the centre	YES	NO
I agree that the information I have provided on this form is correct	YES	NO
I have read the family handbook and agree with and understand that our family will follow all centre policies and procedures	YES	NO

Fee payment

- I acknowledge that a session fee is payable for each session in which my child is enrolled
- I acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child
- I acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence for illness, personal holiday, public holidays, curriculum days or for any other reason
- I acknowledge that if fees are not paid then my child's enrolment at The Scots College OOSH will be terminated
- I understand that fee amounts may be changed during the time my child is enrolled in care
- I acknowledge that if I choose to withdraw my child from the centre then I will provide four weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child
- I acknowledge that fee payments are paid via Debit Success
- I understand that failure to regularly pay my child's fees on time will result in my account being referred to a debt collector where further fees will be incurred

Notes

Parent/Guardian signature: _____ **Date:** ____/____/202_