



Rainbow Region Kids

OSHC Enrolment Form



76 Carrington Street, P.O. Box 525 Lismore NSW 2480 Phone: 0447211835 Fax: (02) 6622 0235
Email: kids@linc.org.au ABN 76 023 582 425

Please indicate which Centre your child/ren will be attending by circling:
Lismore Vac Care **Lismore After School** **Wollongbar After School** **Wollongbar Vac Care**

SECTION A - Personal Information- Child and Family

Please note: The parent or carer with the CRN must supply their date of birth

Child's Name: _____ D.O.B _____ Sex: F ___ M ___
Child Reference Number: _____ School attended: _____

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Child Reference Number: _____ School attended: _____

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Child Reference Number: _____ School attended: _____

Parent/Carer 1: _____ D.O.B.: _____ CRN: _____
Address: _____
Home Phone: _____ Work: _____ Mobile: _____
Email address: _____

Parent / Carer 2: _____ D.O.B.: _____ CRN: _____
Address: _____
Home Phone: _____ Work: _____ Mobile: _____

Emergency Contacts: Must be someone other than parent/carers

1st Contact Name: _____ Relationship to child: _____
Address: _____
Home Phone: _____ Work: _____ Mobile: _____

2nd Contact Name: _____ Relationship to child: _____
Address: _____
Home Phone: _____ Work: _____ Mobile: _____

DO YOU HAVE ANY OTHER CHILDREN IN CARE? If yes how many? _____

Please list all people authorised to collect children

1. _____ Relationship: _____ Contact No: _____
2. _____ Relationship: _____ Contact No: _____
3. _____ Relationship: _____ Contact No: _____

Are there any current legal orders or other matters involving this child or your family that we need to be informed about? (e.g. apprehended violence orders, custody orders?)

No _____ Yes _____ (If YES, a copy of current orders in place MUST be provided to be kept at the service.)

Are there any person not authorised to collect the child/ren? No _____ Yes _____

Name of person _____

The following information is required to determine priority of access to the service. The information provided will be retained by Rainbow Region OSHC and will remain confidential. *Please note: Working includes studying or training for work.*

One parent family and parent working: Yes _____ No _____

Two parent family and both parents working: Yes _____ No _____

Is your family from an Aboriginal or Torres Strait Island background? Yes _____ No _____

Does your family have a person with a disability? Yes _____ No _____

Is your family on a low income? Yes _____ No _____

Is your family from a non-English speaking background? Yes _____ No _____

MEDICAL CONSENT:

In the event of an accident or illness requiring medical or dental treatment, every effort will be made to contact the parent/guardian before such treatment is sought. However, should this prove impossible, it will be necessary for authority to be given for treatment to be administered. Parents/Guardian are asked to complete and the sign the following.

Signed: _____ Date: _____

I give permission for the Centre to seek medical advice and treatment for my child in case of emergency. If transport by ambulance is necessary I agree to meet the costs.

PHOTO CONSENT:

In the event of publicising Rainbow Region OSHC permission for photos of your child must be obtained. I give permission for my child to be photographed at the Centre. I give my consent for the photos to be used for newspaper articles and training staff assignments and assessments.

Signed: _____ Date: _____

The OSHC Supervisor is required to ensure completion of the following tasks before approving enrolment:

Priority of Service Access noted.

Copy of custody / legal orders placed on service file.

Copy of enrolment form placed on file at the service and entered into database.

Medical, dietary, allergy and disability information provided by parent/guardian.

Family Assistance Office contacted and child/ren linked to the service.

SECTION B - Child's Profile

What language does your child speak at home other than English? _____

Are there any religious / cultural requirements that need to be observed whilst your child is at the centre? No _____ Yes _____ (if YES, please give details and attach additional information if required)

Medicare No: _____

Doctor's Name: _____ Telephone No: _____

Does your child have any allergies? No _____ Yes _____ (If YES, please give details and if required, provide relevant information from the child's Doctor)

Does your child have any medical conditions? No _____ Yes _____ (if YES, please give details and if required, provide relevant information from the child's Doctor)

Is your child on any prescribed medication? No _____ Yes _____ (if YES, please give details and LOSHC will provide you a copy of our Medication Forms to be completed by you)

Does your child have any physical / sensory impairment or a disability? No _____ Yes _____ (if YES, please give details and attach additional information if required)

SECTION C - Special Needs

Does your child have any individual communication needs? No _____ Yes _____ (if YES, please complete the Special Needs Fact Sheet)

Does your child have any individual behaviour management needs? No _____ Yes _____ (if YES, please provide basic details and attach additional information)

Section D- Child's Individual Profile

(Please complete all categories of this Section)

The following questions are intended to assist with the successful inclusion of your child at Rainbow Region OSHC. Please describe any activities that your child should not do or will be restricted by because of health or medical reasons: _____

What activities does your child enjoy? _____

How does your child usually spend their free time? _____

Please describe how your child interacts with other children: _____

Please describe how your child interacts with adults: _____

Please describe any supervision/assistance that your child may need in the following areas:

a. general play _____

b. organised activities _____

c. other areas of care _____

Further Information: _____

PARENT AGREEMENT

General

I agree to notify the Supervisor of Rainbow Region OSHC immediately of any changes to emergency contacts, address and/or phone numbers.

I will ensure that I am able to be contacted (or my nominated emergency contact) by telephone at all times while my child is attending the service. I understand that the Department of Community Services will be notified in the event the Supervisor cannot contact me or my nominated contacts.

I understand that I will ensure that my child is collected before closing time at 6pm and that he/she is signed out correctly and by an authorised collector.

I agree to notify the Rainbow Region Supervisor at the earliest possible time if my child is not attending on their booked days. I understand I can text or telephone the Centre.

Whilst the child is at the Centre (please circle authorisation)

I authorise / do not authorise Rainbow Region OSHC staff to seek emergency hospital, ambulance, medical or dental treatment for my child. Should this be necessary, I accept responsibility for the payment of any medical fees incurred.

I authorise / do not authorise Rainbow Region OSHC staff to apply the following medical treatment to my child in the case of an injury/severe allergic reaction: ice pack, normal saline solution, gauze/swab padding or Band-Aid.

I authorise / do not authorise Rainbow Region OSHC staff to apply Sunscreen 30+ to the following exposed parts of my child's body: arms, legs, face, shoulders and neck.

On enrolment a \$30:00 Annual Registration Fee will be applied then reapplied annually thereafter.

Child enrolled: _____

Parent/Carer Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Days of Enrolment	Monday	Tuesday	Wednesday	Thursday	Friday
DATES					