



WOOSH Care - Enrolment Form 2019

All information contained within this enrolment form is regarded as confidential and will only be viewed by primary contact staff.

CHILD'S DETAILS

Child's DOB: ____ / ____ / ____ Child's CRN: _____ Child Care Subsidy% _____

MAX CCS Hours: 0 to 8hrs 8+ to 16hrs More than 48hrs Not eligible for CCS

Children attending another approved childcare service? **Yes / No** Total no. of children in care (for CCS rate)? _____

Child's surname: _____ Male / Female (please circle)

Child's given names: _____ Date commencing WOOSH: ____ / ____ / ____

School attending: _____ Class/Year (2019): _____

Child's Nationality: _____ Family's Religion: _____

Languages spoken by child/ family: _____

Parent's cultural background: _____

Is child of Aboriginal or Torres Strait Islander decent? (Please specify) _____

SERVICE & DAYS REQUIRED (please circle) *A separate form will be provided prior to each Vacation Care period*

Before school: Mon Tue Wed Thu Fri OR *casual only*

After school: Mon Tue Wed Thu Fri OR *casual only*

1. PARENT / GUARDIAN DETAILS (CCS registered) Parent/ Guardian DOB: ____ / ____ / ____

Primary Carer's CRN: _____ Relationship to child: _____

Surname: _____ Given names: _____

Address: _____

Home phone No.: _____ Mobile No.: _____

Employment Status: (please circle) Full-time Part-time Casual Not currently employed

Employer/ Occupation: _____ Work phone number: _____

Email address: _____

2. PARENT / GUARDIAN DETAILS

Parent/ Guardian DOB: ____ / ____ / ____ Relationship to child: _____

Surname: _____ Given names: _____

Address: _____

Home phone No.: _____ Mobile No.: _____

Employment Status: (please circle) Full-time Part-time Casual Not currently employed

Employer/ Occupation: _____ Work phone number: _____

Email address: _____

Are there any Court Orders or Parenting Orders in relation to your child, or access to your child?

Yes / No **Please note:** A copy of the Court Order must be provided at enrolment for the service to enforce custody issues

IMMUNISATION Has your child received the necessary immunisation for their age?

Yes / No If **NO**, an AIR Medical Exemption Form certified by a GP must be provided prior to commencement of enrolment. Unimmunized children are not permitted to attend WOOSH Care unless this form has been received.

EMERGENCY CONTACTS: Please provide at least two names other than the child's parents/ guardians:

I hereby authorise the staff to contact the following people if I cannot be contacted in the case of an emergency.

These persons are also authorised to collect my child from the service, authorise medication administration and excursion permission

Name	Address	Mobile	Work/ Home	Relationship to child

AUTHORITY TO COLLECT CHILD: I hereby authorise the following persons to collect my child only, **in addition to the above;**

Name	Address	Mobile	Work/ Home	Relationship to child

MEDICAL INFORMATION

Child's Medicare No: _____

Family Doctor: _____ Phone Number: _____

Does your child have any Medical Conditions *e.g. Asthma, Anaphylaxis, Allergies, Diabetes etc.*

Yes / No If **YES**, please provide details below and include a *Medical Management Plan* prepared by your child's doctor (required **PRIOR** to enrolment commencing.) You will also be provided with a copy of the services *Management of Medical Conditions* policy.

Does your child have any Additional Needs? *E.g. Autism, ADHD, Hearing Impairment etc.*

Yes / No If **YES** you **must** complete an "Enrolment Form B" and support forms as required **prior** to commencement of enrolment.

Are there any other special considerations for your child *e.g. cultural or religious beliefs, dietary requirements other than allergies?* *More information can be provided on Family Profile if req.* _____

AUTHORISATIONS AND APPROVALS (PERMISSION)

NOTE: Please read this section carefully and tick each checkbox to give your permission before signing enrolment form.

- I hereby give permission for staff to seek medical assistance including medical, dental, hospital or transport via ambulance service in the case of an accident or other emergency.
- I hereby give permission for staff to carry out appropriate first aid treatments in the case of accident or other emergency.
- I hereby give permission for staff to administer an age/ weight appropriate dose of liquid paracetamol to my child should he/she require.
- I hereby give permission for staff to apply sunscreen and/or insect repellent to my child as required.
- I hereby consent to my child being photographed/videoed while they are at the service or on excursions.
- I hereby give permission for my child's photograph to be uploaded to the **closed** Parent Facebook page.

DISCLAIMER/ INFORMED CONSENT I hereby acknowledge that;

- I have read and understand the services policies and procedures contained within this **Enrolment Form, Information Booklet and Policy Manual** and accept the conditions of enrolment.
- The services Policies and Procedures have been put into place to protect my child, and I must strictly comply with the Policies and Procedures at all times
- The information provided in this enrolment form is to the best of my knowledge correct, and I will inform the service immediately in writing should there be any changes to this information.
- I am totally responsible for the suitability and actions of any person whom I authorise to visit, deliver or collect my child to/from the service (Other Persons)
- Subject to any applicable law which cannot be excluded, I will indemnify the service, its employees or any of its authorised persons from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me, or any third party, in connection with any act, omission or inaccuracy of information by me and/ or Other Persons failing to comply with any Policies and Procedures.

Parent/ Guardians name: _____ Signature: _____ Date: ___ / ___ / ___