

22 Bergin Grove, SAN REMO

ENROLMENT AND INFORMATION DETAILS

Child's Name.	Date of Birth	Child's Registration Number [CRN]
1. _____	/ /	_____
2. _____	/ /	_____
3. _____	/ /	_____
Child's/Children's Address: _____		School: _____
Country of Birth: _____		

PRIMARY CARER DETAILS

<i>Please Tick section below if you are responsible to authorise.</i>				<i>Please Tick section below if you are responsible to authorise.</i>			
Emergencies	<input type="checkbox"/>	Sign/Collect Child/children	<input type="checkbox"/>	Emergencies	<input type="checkbox"/>	Sign/Collect Child/Children	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Excursions	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Excursions	<input type="checkbox"/>
CALLING ORDER [1-5]	<input type="checkbox"/>			CALLING ORDER [1-5]	<input type="checkbox"/>		
Primary Carer	YES <input type="checkbox"/>	No <input type="checkbox"/>		Primary Carer	YES <input type="checkbox"/>	No <input type="checkbox"/>	
Name:	_____			Name:	_____		
Address:	_____			Address:	_____		
<u>Customer Registration Number [CRN]</u>				<u>Customer Registration Number [CRN]</u>			
_____				_____			
DOB _____				DOB _____			
Relationship to Child/Children:				Relationship to Child/Children:			
<u>Child/children live with Primary Carer?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>				<u>Child/Children Live with Primary Carer?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mobile: _____				Mobile: _____			
[H] _____ [W] _____				[H] _____ [W] _____			
Email: _____				Email: _____			

GUARDIAN CARER DETAILS

Please Tick section below if you are responsible to authorise.

Emergencies Sign/Collect Child/children

Medical Excursions

CALLING ORDER [1-5]

Name: _____

Address: _____

Relationship to Child/.Children _____

Child/Children in your care and living with you? YES NO

Customer Registration Number [CRN]

_____ DOB _____

Mobile: _____

[H] _____ [W] _____

Email: _____

GUARDIAN CARER DETAILS

Please Tick section below if you are responsible to authorise.

Emergencies Sign/Collect Child/Children

Medical Excursions

CALLING ORDER [1-5]

Name _____

Address: _____

Relationship to Child/Children _____

Child./Children in your care and living with you? YES NO

Customer Registration Number [CRN]

_____ DOB _____

Mobile: _____

[H] _____ [W] _____

Email: _____

NOMINATED EMERGENCY CONTACTS

There may be times when parents/guardians cannot be contacted by service staff. Please complete details of authorised persons who are able to collect and care for your child/children after accident, injury, trauma, illness, incident.

Please Tick section below if the nominated person can be responsible to authorise:

Emergencies Sign/Collect Child/children

Medical Excursions

CALLING ORDER [1-5]

Emergencies Sign/Collect Child/Children

Medical Excursions

CALLING ORDER [1-5]

These contacts are to be the minimum age of 18 years old.

Name: _____

Address: _____

Telephone

[H] _____ [W] _____

Mobile _____

Relationship to Child/children: _____

Name _____

Address _____

Telephone

[H] _____ [W] _____

Mobile: _____

Relationship to Child/Children: _____

AUTHORISED NOMINATED PERSON TO COLLECT CHILD/CHILDREN ONLY

Your consent is required for other authorised persons to collect your child/children from the service on your behalf. Please complete details of those persons who will be the authorised nominee to collect your child/children from the service.

These persons must be the minimum age of 18 Years old to be able to sign the child/children out of the service.

CALLING ORDER [1-5] <input type="checkbox"/>	CALLING ORDER [1-5] <input type="checkbox"/>
Name: _____	Name _____
Address: _____	Address _____
_____	_____
Telephone	Telephone
[H] _____ [W] _____	[H] _____ [W] _____
Mobile _____	Mobile _____
Relationship to Child/children: _____	Relationship to Child/Children: _____
CALLING ORDER [1-5] <input type="checkbox"/>	CALLING ORDER [1-5] <input type="checkbox"/>
Name: _____	Name _____
Address: _____	Address _____
_____	_____
Telephone	Telephone
[H] _____ [W] _____	[H] _____ [W] _____
Mobile _____	Mobile _____
Relationship to Child/children: _____	Relationship to Child/Children: _____

INFORMATION ABOUT YOUR CHILD/CHILDREN

Are your child/children of Aboriginal and/or Torres Strait Islander origin?

Aboriginal Yes No

Aboriginal and Torres Strait Islander YES No

Cultural background of the child/children.

YES No

If so, please inform what language they can communicate in. _____

COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS

OTHER COURT ORDERS RELATING TO THE CHILD/CHILDREN'S RESIDENCE / CHILD'S/CHILDREN CONTACT WITH PARENT OR OTHER PERSON.

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

NAME OF PERSONS WHO ARE DETAILED IN THE ABOVE COURT ORDERS/ PARENT ORDERS/PARENTING PLANS OR ANY OTHER COURT ORDERS. [OTHER THAN THE PRIMARY CARER SUBMITTING THIS ENROLMENT FORM.]

1. _____ 2. _____ 3. _____

Please complete the following.

1. Please present the **original** court order/s for staff to see **and a copy to attach to this Enrolment Form.**

2. If these Orders:

- a] change the powers of a parent/guardian to:
 - i authorise the taking of the child outside the service by a staff member of service:
 - ii consent to the medical treatment of the child:
 - iii request or permit the administration of medication to the child:
 - iv collect the child from the service, **AND/OR**
- b] give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service _____ Telephone _____

Address: _____

Has your child/children been Immunised? YES NO

Information below is used in the support of your Child/Children for planning of the Program, resources, activities and Health and Wellbeing.

Name of Child: _____

- Does your child have a development delay or disability, including intellectual, sensory or physical impairment? YES NO
Please Provide Information: _____
- Does your child have any special needs or requirements? Yes No
Please provide Information: _____
- Does your child have any allergies or sensitivity? Yes No
ASTHMA: Please provide and Asthma Management Plan from your Doctor Yes No
OTHER: Please Complete a Medical Management Plan [Attached.] Yes No
- Is your child taking or applying any medication? Yes No
Please complete a Medical Management Plan: [Attached]
- Does your child Self Medicate? Yes No
If YES, Please Complete a Medical Management Plan and a "Authorisation to Medicate" Form. [Attached]

ANAPHYLAXIS.

Has your child been diagnosed at risk of Anaphylaxis? YES No

Does your child have an auto injection device [eg Epipen, Anapen] YES No

Has the anaphylaxis medical management plan been provided to service YES No

Has a risk management plan been completed by the service in consultation with you YES No

In the case of anaphylaxis you will be provided with a copy of the services Anaphylaxis Management Policy. You will be required to provide the service with an individual medical Management Plan for your child, signed by the Medical Practitioner who is treating your child. This will be attached to your child/s enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

BOOKINGS

<u>Permanent Bookings Required</u>	Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notify Centrelink on 136150 of any changes that apply to you that will affect your Child Care Reductions.

Will you be receiving Child Care Reductions YES NO

DECLARATION

I, [Print full Name].....

A person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child/children referred to in this enrolment form if s/he becomes unwell at the service;
- Consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and I will accept financial responsibility for such action of the childcare staff.
- I do not hold the San Remo Primary School Council, or any of its employees, responsible for any illness or injury to my child/children or for loss or damage to the children’s property that may be incurred during the program.
- I understand that staff will take photographs/videos of the children as part of the program which will include displaying them at the school or placing in a book for viewing by other parents and children visiting the OSHC Room.
- I understand that Local Newspapers may take a picture of my child/children while attending care and that only their Christian name and details of the service will be given.

- | | | |
|--|------------------------------|-----------------------------|
| I give permission for my child/ren to view the occasional PG movie | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I give permission for my child/ren to have their face painted. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I give permission for my child/ren to have their hair coloured | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I give permission for my child/ren to have their photo displayed | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

_____ / ____ / _____
Signature of Parent/Guardian **Date**

Confidentiality of Enrolment Records.

The proprietor of the Children’s Service will ensure that information in the Child’s enrolment record will not be divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children Services Regulations 2009 [regulation35[1] [d-e]]

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations and Education National Law Act refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the *Family Law Act*, may take away the authority of a parent to do something, or may give it to another person.

Guardians.

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “Guardian” under the *Children’s Service Act 1996* also cover situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day to day care and control of the child.

REGULAR OUTING CONSENT FORM

San Remo Primary School
22 Bergin Grove, OUTSIDE SCHOOL HOURS CARE
SAN REMO, Vic 2020/2021

A "Regular Outing", in relation to an education and care service, means a walk, drive or trip to and from a destination-----[a] that the service visits regularly as part of its educational program: and

[b] where the circumstances relevant to the risk assessment are the same on each outing.

Child's Name: 1. _____ Child's Name 2 _____
Child's Name: 3. _____

DESINATION/VENUE

San Remo Tennis Courts, Wynne Road, San Remo.
Lions Park Playground, Cnr Davis Point Road & Back Beach Road, San Remo.
Beach, Cnr Ocean Grove and Davis Point Road, San Remo.

HOURS

Note: A notice will be displayed on the door at the service informing you that we are attending a Venue with time of departure and arrival back to the service. A text will be forward to you, informing you that we are going to the Lions Park for Activities.

TRANSPORT- All venues are within walking distance.

STAFF ATTENDING Staff Ratio: 1 Adult to 15 Children

MEDICAL AUTHORISATION

I authorise and consent to the Staff of the San Remo Primary School, Outside School Hours Care, where it is unable to communicate with me to regarding my Child/Children, receiving such medical or surgical treatment as may be deemed necessary and I will cover all cost related to my child's care.

I have read and understood the information regarding the above Routine Outing details and give my consent for my Child/Children to attend.

Signature of Parent/Guardian _____ Date _____/_____/_____