



OUTSIDE SCHOOL HOURS CARE

ENROLMENT FORM 2017

EZI DEBIT FORM MUST BE COMPLETED FOR ENROLLMENT TO BE ENTERED.

PRINCE ALFRED COLLEGE

Account Holder Surname:	Parent/Guardian CRN (linked to child):
Children's Address:	
Phone (H):	School Attending (if not PAC):

Child's First & Last Name		Class	DOB	Gender	Child's CRN
Preferred Name					
1				<input type="checkbox"/> M	
				<input type="checkbox"/> F	
2				<input type="checkbox"/> M	
				<input type="checkbox"/> F	
3				<input type="checkbox"/> M	
				<input type="checkbox"/> F	
4				<input type="checkbox"/> M	
				<input type="checkbox"/> F	

Number of children attending child care other than PAC Outside School Hours Care:

Parent / Guardian 1	Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
	Address:		
	Phone (H):	Mobile:	
	Employer:	Occupation:	
	Phone (W):	Email:	
Parent / Guardian 2	Name:	DOB:	<input type="checkbox"/> M <input type="checkbox"/> F
	Address:		
	Phone (H):	Mobile:	
	Employer:	Occupation:	
	Phone (W):	Email:	
Details of Parental Custody/Court Orders:			Documentation attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

Family Doctor:

Address:

Phone:

Medicare No:

Disabilities or medical conditions and details:

Management Plan supplied Yes No

Do you provide authorisation for the approved provider, nominated supervisor or an educator of OSHC to seek medical treatment for your child/ren from a medical practitioner, hospital or ambulance service including the use of ambulance services for transportation?

No Yes

(if no alternate arrangement must be put in place)

Please note the appropriate child's name below and give further details in the additional space provided at the end of the form.

Has your child/ren had a history of ill health or been hospitalised?

No Yes

Does your child/ren have any allergies?

No Yes

(if yes medical plan must be completed)

Does your child/ren require staff to administer medication? *If yes please see a member of staff to complete the medication administration form.*

No Yes

Does your child/ren have any fears?

No Yes

Has your child/ren received the relevant immunisations for their age ?

(child health record must be sighted by director)

No Yes

Does your child/ren have any special needs? #

No Yes

Does your child/ren have a disability? #

No Yes

Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin? #

No Yes (A)
 Yes (T)

Language spoken at home:

Family Religion:

Are there any cultural needs that you would like the service staff to be aware of?

No Yes

Are there any particular food or drink preferences for your child/ren?

No Yes

Please note that it is a requirement of the Department of Education, Employment and Workplace Relations (DEEWR) that OSHC services gather this information. DEEWR use this data for statistical purposes.

EMERGENCY CONTACTS

Emergency contacts and people authorised to collect children, other than parents/guardians:

1. Name:	Relationship to child:
Address:	
Phone:	Mobile:
2. Name:	Relationship to child:
Address:	
Phone:	Mobile:
3. Name:	Relationship to child:
Address:	
Phone:	Mobile:
4. Name:	Relationship to child:
Address:	
Phone:	Mobile:

GENERAL CONSENTS

- I/We agree to notify the Director of any change to information provided on the enrolment form.
- I/We have read and understand the PAC OSHC Parent Hand Book (including the Medical Conditions Policy) and PAC OSHC Fee Schedule & Policy and agree to pay all childcare fees incurred.
- I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.
- I/We understand that it is necessary to personally sign children in & out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/children, I/We agree to notify the Director in advance and in writing to this effect.
- I/We agree to inform the Director of any absence of my child/children as soon as possible and understand that there may be fees associated with changing bookings.
- I/We agree to keep my/our child/children from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/We accept that the Director will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases".
- I/We give permission for staff and students to observe my/our child/children to assist in developing activity programs.
- I/We give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
- I/We give permission for my/our child/children name and/or photograph to be used for promotional purposes, service displays and by external activity providers.
- I/We give permission for PAC OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.
- I/We give permission for OSHC staff to liaise with my/our child's/children's school administration staff to obtain contact details in an emergency.
- I/We give permission for OSHC staff to liaise with my/our child's/children's teacher when relevant to the well-being of my child/children.
- I/We agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees.
- I/We give permission for my/our child/children to watch PG rated movies.

ADDITIONAL INFORMATION

Does your child have any additional needs you would like to make the service aware of?

Is there any further information you would like to make the service aware of? For example, likes, dislikes, favourite meals, favourite activity, enjoys indoor or outdoor play etc.?

PAYMENT

Ezi Debit form completed, signed and submitted?

Yes No *(Please note this enrolment will not be entered without an Ezi Debit form completed unless alternate arrangement has been made with the Director or OSHC)*

CONSENT

I am aware that it is my responsibility to inform the OSHC Director of any changes relating to my child/children's enrolment.

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

BOOKINGS REQUESTED

Initial Booking: Please note that any changes to these initial bookings need to be submitted in writing.

After School Care Permanent Booking	OR <i>(please tick one or both)</i>
<input type="checkbox"/> Monday	<input type="checkbox"/> Casual After School Care: bookings made as needed <input type="checkbox"/> Vacation Care Enrolment Only
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

Please return completed form to the Director at PAC OSHC or email to kvirgin@pac.edu.au