

# ST RAPHAEL'S OOSH

## 2017 ENROLMENT FORM

82 George Street SOUTH HURSTVILLE  
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 SOUCI NSW 2219  
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### Child Details

1<sup>st</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Nickname/ Other Family Names: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

**Please provide a copy of your child's Birth Certificate**

*Educator Verification [  ]*

Child' CRN: \_\_\_\_\_ (provided by Centrelink)  
 Child's Home Address: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_ Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Date of enrolment: \_\_\_\_\_ Date of commencement: \_\_\_\_\_ Age at commencement: \_\_\_\_\_  
 Name of School child attends: \_\_\_\_\_ Year/ class at school: \_\_\_\_\_

2<sup>nd</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Nickname/ Other Family Names: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

**Please provide a copy of your child's Birth Certificate**

*Educator Verification [  ]*

Child' CRN: \_\_\_\_\_ (provided by Centrelink)  
 Child's Home Address: \_\_\_\_\_  
 Primary Language : \_\_\_\_\_ Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Date of enrolment: \_\_\_\_\_ Date of commencement: \_\_\_\_\_ Age at commencement: \_\_\_\_\_  
 Name of School child attends: \_\_\_\_\_ Year/ class at school: \_\_\_\_\_

3<sup>rd</sup> Child's Surname: \_\_\_\_\_ Child's First Name: \_\_\_\_\_  
 Nickname/ Other Family Names: \_\_\_\_\_  
 Gender: Male [  ] / Female [  ] Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: \_\_\_\_\_

**Please provide a copy of your child's Birth Certificate**

*Educator Verification [  ]*

Child' CRN: \_\_\_\_\_ (provided by Centrelink)  
 Child's Home Address: \_\_\_\_\_  
 Primary Language : \_\_\_\_\_ Cultural Background: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Date of enrolment: \_\_\_\_\_ Date of commencement: \_\_\_\_\_ Age at commencement: \_\_\_\_\_  
 Name of School child attends: \_\_\_\_\_ Year/ class at school: \_\_\_\_\_

### Enrolment Details

Please circle Care type: Permanent / Casual

Days of attendance: Please tick or cross

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

Please specify any special care details e.g. alternate weeks of care/ casual care:

## Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Other name/s parent is known by: \_\_\_\_\_  
Parent Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent CRN: \_\_\_\_\_ (provided by Centrelink)  
Cultural Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Name and Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Other name/s parent is known by: \_\_\_\_\_  
Parent Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent CRN: \_\_\_\_\_ (provided by Centrelink)  
Cultural Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Name and Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Details

Other children living at home, names and ages: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

Child lives with: \_\_\_\_\_

Are there Custody/Court Orders: 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: \_\_\_\_\_

Are there any special cultural/religious needs (eg diet/festivals?) \_\_\_\_\_

## Immunisation Details

Has your child been immunised: YES [ ]/NO [ ]

Is your child up to date with immunisations? YES [ ]/NO [ ]

If your child has not been immunised, please state the reason: \_\_\_\_\_

**Please supply details of immunisations- either a copy of your Blue Book/ downloaded printout from Medicare or a letter from your Doctor**

Educator Verification [ ]

## Medical Details

Does your child have any medical conditions: YES [ ]/NO [ ]

If yes, please provide full details and action plan for dealing with medical conditions: \_\_\_\_\_

Is your child on any regular medications? e.g. Ventoline etc.: YES [ ]/NO [ ]

Are Educators required to administer the medication? YES [ ]/NO [ ]

If yes to either, please provide full details: \_\_\_\_\_

Are there any medical reasons or injuries that will prevent your child from participating in normal activities at our Centre- e.g. playing outdoors or on equipment? If yes, please provide details: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Private Health Fund: YES [ ]/NO [ ]

Doctor's name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

## Allergies/ Dietary Restrictions

Does your child have any allergic reactions- For example foods/medicine/ grass/sunscreen? YES [ ]/NO [ ]

If yes, please provide indicators and full details and action plan for dealing with allergic reactions: \_\_\_\_\_

**Please Attach any medical management or risk minimisation plans sign by a Doctor.** Educator Verification [ ]

## Special Needs

Does your child have any special needs? YES [ ]/NO [ ]

If yes, please provide full details: \_\_\_\_\_

Does your child visit any specialist? e.g. speech therapist, paediatrician? YES [ ]/NO [ ]

If yes, please provide full details: \_\_\_\_\_

**Please supply any relevant reports** Educator Verification [ ]

## Behavioural Concerns

Does your child have any behaviour management needs? YES [ ]/NO [ ]

If yes, please provide details: \_\_\_\_\_

Does your child need extra support/assistance to participate in the program? YES [ ]/NO [ ]

If yes, please provide details: \_\_\_\_\_

How would you describe your child's temperament? e.g. outgoing? shy? \_\_\_\_\_

Does your child have any fears or phobias? YES [ ]/NO [ ]

If yes, please provide details: \_\_\_\_\_

## Other Comments/ Your Expectations

Why did you choose St Raphael's OOSH for your child? \_\_\_\_\_

Have you used childcare before? YES [ ]/NO [ ]

For this child? YES [ ]/NO [ ]

Were there any specific concerns you had with your previous childcare provider? \_\_\_\_\_

Are there any concerns you have regarding your child and childcare? YES [ ]/NO [ ]

If yes, please provide details: \_\_\_\_\_

## Family General Information

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 [ ]

## Emergency Contacts

Child's Name: \_\_\_\_\_

### Primary Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other name/s parent is known by: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Second Contact Phone: \_\_\_\_\_

### Parent/ Guardian Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Other name/s parent is known by: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_ Second Contact Phone: \_\_\_\_\_

### Authority to Collect/ Emergency 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

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect: YES [ ]/NO [ ]

Authority to authorise an educator to administer medication YES [ ]/NO [ ]

#### Contact 2

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect: YES [ ]/NO [ ]

Authority to authorise an educator to administer medication YES [ ]/NO [ ]

#### Contact 3

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Authority to collect: YES [ ]/NO [ ]

Authority to authorise an educator to administer medication YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission Forms

Child's Name: \_\_\_\_\_

**Consent to administer sunscreen** YES [ ]/NO [ ]

My child is allergic to a certain sunscreen/insect repellent YES [ ]/NO [ ]

If yes, please state the brand name \_\_\_\_\_

### Consent to administer/apply first aid/ medical

I/We provide permission for St Raphael's OOSH educators to apply:

- First Aid strips- such as bandaids YES [ ]/NO [ ]
- Antiseptic cream- such as dettol YES [ ]/NO [ ]
- One dosage only of Panadol in the event of a child's body temperature rising above 37.5'C YES [ ]/NO [ ]

Any concerns, please specify \_\_\_\_\_

- Acknowledge that my child will not attend the centre if suffering from an infectious or contagious disease YES [ ]/NO [ ]

### Leave the premises

I/We provide permission for St Raphael's OOSH educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills. YES [ ]/NO [ ]

I /We give permission for my child to be walked or use other forms of transport on excursion outings and to and from school to the Centre. YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Permission

I/We provide permission for St Raphael's OOSH:

To take and use photographs of my child to use in any displays within the service YES [ ]/NO [ ]

To take photographs of my child to be used to observe/report on my child YES [ ]/NO [ ]

To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions. YES [ ]/NO [ ]

I/We 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 in the above list. YES [ ]/NO [ ]

### Medical Emergency

In the case of an accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention including dental emergencies, I/we authorise the employees at St Raphael's OOSH to obtain/provide medical assistance, and agree to pay any medical/transport cost incurred, including ambulance. YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Child participation

I/We understand that all due care will be taken by St Raphael's OOSH and that the Centre or 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, After School Care and Vacation Care program unless caused by the proven negligence of St Raphael's OOSH educators YES [ ]/NO [ ]

I/We the undersigned, approve of my child/ren's involvement in St Raphael's OOSH program YES [ ]/NO [ ]

I/We give permission for my child/ren to participate in centre-based activities organised for the days my child will be attending YES [ ]/NO [ ]

I/We 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/We agree that the information I/we have provided on this form is correct YES [ ]/NO [ ]

I/We have read the handbook and agree with and understand that I/We must abide by all policies/ procedures and centre daily functioning rules YES [ ]/NO [ ]

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Agreement

Child's Name: \_\_\_\_\_

### Fee Payment

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We 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/holidays or for any other reasons.
- I/We acknowledge that if fees are not paid then my child's enrolment at St Raphael's OOSH will be terminated.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/We will provide two weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that fee payments are paid via Ezi Debit.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_