

Extra Children Page Who's Attending

Please read notes on next page for explanations

Child C

Family Name			
Given Name(s)			
Preferred Name		Male/Female	
Date of Birth (dd/mm/yyyy)	/	/	Country of Birth
Centrelink CRN			

Cultural

Indigenous Australian	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Languages Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other _____		

Detailed Information

Please mark the following items YES or NO. If YES is marked, complete details on back page

Family Matters <input type="checkbox"/> NO <input type="checkbox"/> YES	Court Orders <input type="checkbox"/> NO <input type="checkbox"/> YES	Interests <input type="checkbox"/> NO <input type="checkbox"/> YES	Fears/Phobias <input type="checkbox"/> NO <input type="checkbox"/> YES
Dietary Requirements <input type="checkbox"/> NO <input type="checkbox"/> YES	Disabilities <input type="checkbox"/> NO <input type="checkbox"/> YES	Sensory Impairment <input type="checkbox"/> NO <input type="checkbox"/> YES	Medical Condition <input type="checkbox"/> NO <input type="checkbox"/> YES
Behavioural Conditions <input type="checkbox"/> NO <input type="checkbox"/> YES	Immunisation <input type="checkbox"/> NO <input type="checkbox"/> YES	Medicare No./Ref No	/

Child D

Family Name			
Given Name(s)			
Preferred Name		Male/Female	
Date of Birth (dd/mm/yyyy)	/	/	Country of Birth
Centrelink CRN			

Cultural

Indigenous Australian	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Languages Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other _____		

Detailed Information

Please mark the following items YES or NO. If YES is marked, complete details on back page

Family Matters <input type="checkbox"/> NO <input type="checkbox"/> YES	Court Orders <input type="checkbox"/> NO <input type="checkbox"/> YES	Interests <input type="checkbox"/> NO <input type="checkbox"/> YES	Fears/Phobias <input type="checkbox"/> NO <input type="checkbox"/> YES
Dietary Requirements <input type="checkbox"/> NO <input type="checkbox"/> YES	Disabilities <input type="checkbox"/> NO <input type="checkbox"/> YES	Sensory Impairment <input type="checkbox"/> NO <input type="checkbox"/> YES	Medical Condition <input type="checkbox"/> NO <input type="checkbox"/> YES
Behavioural Conditions <input type="checkbox"/> NO <input type="checkbox"/> YES	Immunisation <input type="checkbox"/> NO <input type="checkbox"/> YES	Medicare No./Ref No	/

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ____/____/____

Explanatory Notes

It is critical that the Service receives as much information as possible to make your child's time with us enjoyable, and to meet our regulatory and financial (Centrelink) requirements. If any section requires more detailed explanation, please use the extra page at the end of the Enrolment Form.

Family Name and Given Name(s): These must match the names registered with the Family Assistance Office

Preferred Name: Name child prefers to known by, if different to first given name

Centrelink CRN: A CRN (Customer Reference Number) is required to access Child Care Subsidy. You must apply to Centrelink and the Family Assistance Office for this.

Interests/Hobbies/Sports: Letting us know what your child is interested in helps us to create a stimulating program

Fears/Phobias: Knowing how your child may react in certain situations helps to avoid them or react appropriately

Dietary Requirements: Knowing religious, cultural or health requirements helps us plan our menu

Family Matters/Court Order: If you have parenting plans or other family related requirements, please let us know. **You must include copies of any court orders/guardianship orders.**

Immunisation: Children attending the Service must have received the complete schedule of childhood vaccinations for their age. **You must supply a copy of a current immunisation register showing up-to-date immunisation**

Disabilities/Sensory Impairment/Medical Condition/Behavioural Conditions:

Knowing details of your child's health and behavioural conditions allows the service to better program activities and educators, or to obtain extra support, to meet your child's needs. This includes allergies to foods or medications, physical or intellectual disabilities, mental health issues, behavioural or sensory disorders or medical conditions.

Where you child has a medical condition, a current healthcare plan must be provided.

Medicare Number: We require your child's Medicare number to speed up any medical treatment if necessary

General Consents and Authorisations

I consent to the following for my child (sign each relevant space)

	Child C name:	Child D name:
Watch PG rated videos at OSHC when part of the program		
Have photograph/video and name published internally (eg OSHC newsletter, OSHC service displays etc)		
Have educators apply sunblock as required		

I understand that consents for other specific activities will be sought on a case by case basis.

I accept that photos of my child/ren participating in activities will be taken as part of the education program and stored in their private file until they leave they service. These are available for me to access at any time, but will not be published without my consent (above).

I accept that at any time the Service considers that my child/ren requires medical assistance, the Service will seek reasonable medical/hospital/ambulance care in line with DECD guidelines. I understand I am liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ____/____/____