



# ENROLMENT – PARENT CHECKLIST

Child Information ONE FORM PER CHILD - PLEASE PRINT IN CLEAR BLOCK LETTERS

Child's Surname:

Child's First Name:

## HAVE YOU?

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Read the WOSHC Family Handbook?  |
| <input type="checkbox"/> | Xplor Enrolment <ul style="list-style-type: none"> <li>Enrolled online via <a href="http://www.woshc.com.au">www.woshc.com.au</a></li> <li>Included my child's CRN and date of birth</li> <li>Included my CRN and date of birth</li> <li>Approved the Complying Written Agreement (CWA)</li> <li>Approved Wondall OSHC through MyGov/Centrelink</li> <li>Entered bank details for Direct Debit with Debit Success</li> </ul> |
| <input type="checkbox"/> | Included (if required) any Medical Action Plans (Asthma, anaphylaxis etc) along with any written documentation of any medical conditions which may affect your child's care?   |
| <input type="checkbox"/> | Included (if required) a Behavioural Support Plan, along with any written documentation of any behavioural issues which may affect your child's care?  |
| <input type="checkbox"/> | Included (if required) any allergies or dietary requirements?  |
| <input type="checkbox"/> | Include any copies of current Restraining and/or court orders?   |
| <input type="checkbox"/> | Included a copy of your child's Birth Certificate?   |
| <input type="checkbox"/> | Included a copy of your child's Immunisation Records?  |
| <input type="checkbox"/> | Ticked all permanent bookings required?  |
| <input type="checkbox"/> | Ask your emergency contact people for permission to add them on your form and explain what is involved?  |
| <input type="checkbox"/> | This is to acknowledge that I/We have received: <ul style="list-style-type: none"> <li>Wondall OSHC Behaviour Matrix</li> <li>Policies <ul style="list-style-type: none"> <li>2.6 Behaviour Support and Management</li> <li>2.7 Exclusion for Behavioural Reasons</li> <li>9.8 Parent Code of Conduct</li> </ul> </li> <li>C.A.R.E. Conversations</li> </ul>   |

We have read, understood, and agree to acknowledge our cooperation with the above documents

Signed Parent/Guardian (Primary Carer)

Signed Parent/Guardian

Date:

Date:

**Please ensure all items are completed and ticked, your child's enrolment will not commence until the enrolment process has been finalised.**





# ENROLMENT FORM

Child Information ONE FORM PER CHILD - PLEASE PRINT IN CLEAR BLOCK LETTERS

Child's Surname:	Child's First Name:	
Gender:	Date of Birth:	
Address:		
Any siblings/s attending WOSHC?	Child CRN Number:	
Sibling Name:		
Sibling Name:	School Class:	
Any court appointed orders relating to the child? YES or NO	Special Circumstances:	
Indigenous Status:	Cultural Background:	Language:

## MEDICAL INFORMATION

Family Doctor:	Phone Number:
Address:	
Medicare Number:	Expiry Date:
Has your child been immunised: YES or NO	Does your child receive regular prescribed medication? YES or NO
Does your child have allergies or sensitivity? YES or NO	Condition and Symptoms:
Does your child have any allergies or dietary requirements by choice?	Details:
Has your child been diagnosed or at risk of anaphylaxis? YES or NO	Does your child have asthma? YES or NO
Does your child have any other health conditions?	Details:

Additional Information (if required)

## BEHAVIOURAL MANAGMENT

Does your child have a Behavioural Support Plan? YES or NO	Are there any behaviours and/or triggers to the behaviour that staff should be aware of? YES or NO
Please provide details:	

## BOOKINGS REQUIRED (Please tick the service type and day)

Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care 6am to 8.40am					
After School Care 3pm to 6pm					
Vacation Care 6am to 6pm	Please Note: Vacation Care bookings open Three (3) weeks prior to school holidays. Bookings can then be made on an enrolment form made specifically for those holidays. Bookings are made on a first-in basis.				

## CARER INFORMATION

### PRIMARY CARER

Surname:	First Name:	Gender:
Date of Birth:	Relationship to child:	CRN Number:
Address:	Phone:	
	Email:	
	Occupation:	
Work Address:	Work Phone:	
	Work Email:	
I consent to be an authorised nominee for:	<input type="checkbox"/> An emergency contact <input type="checkbox"/> To collect this child <input type="checkbox"/> To make medical decisions on behalf of this child <input type="checkbox"/> For this child's incursions and excursions <input type="checkbox"/> To authorise the child being transported by the service or on transportation arranged by the service	

### ADDITIONAL CARER

Surname:	First Name:	Gender:
Date of Birth:	Relationship to child:	CRN Number:
Address:	Phone:	
	Email:	
	Occupation:	
Work Address:	Work Phone:	
	Work Email:	
I consent to be an authorised nominee for:	<input type="checkbox"/> An emergency contact <input type="checkbox"/> To collect this child <input type="checkbox"/> To make medical decisions on behalf of this child <input type="checkbox"/> For this child's incursions and excursions <input type="checkbox"/> To authorise the child being transported by the service or on transportation arranged by the service	

## EMERGENCY CONTACTS

### EMERGENCY – 1<sup>st</sup> CONTACT

Surname:	First Name:	Relationship to child:
Address:	Phone:	
	Work phone:	
	Email:	
I give authorisation for this emergency contact to:		<input type="checkbox"/> To collect this child <input type="checkbox"/> To make medical decisions on behalf of this child <input type="checkbox"/> For this child's incursions and excursions <input type="checkbox"/> To authorise the child being transported by the service or on transportation arranged by the service

### EMERGENCY – 2<sup>nd</sup> CONTACT

Surname:	First Name:	Relationship to child:
Address:	Phone:	
	Work phone:	
	Email:	
I give authorisation for this emergency contact to:		<input type="checkbox"/> To collect this child <input type="checkbox"/> To make medical decisions on behalf of this child <input type="checkbox"/> For this child's incursions and excursions <input type="checkbox"/> To authorise the child being transported by the service or on transportation arranged by the service

### EMERGENCY – 3<sup>rd</sup> CONTACT

Surname:	First Name:	Relationship to child:
Address:	Phone:	
	Work phone:	
	Email:	
I give authorisation for this emergency contact to:		<input type="checkbox"/> To collect this child <input type="checkbox"/> To make medical decisions on behalf of this child <input type="checkbox"/> For this child's incursions and excursions <input type="checkbox"/> To authorise the child being transported by the service or on transportation arranged by the service

## PERMISSIONS/CONSENTS

<input type="checkbox"/>	Do you authorise the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance?
<input type="checkbox"/>	Do you consent for your child to be transported by an ambulance service?
<input type="checkbox"/>	Do you consent for the service to take photographs and videos of your child during normal activities and excursions?

<input type="checkbox"/>	Do you consent to provide your child with a sun safe hat for outdoor activities?
<input type="checkbox"/>	I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being un-contactable in consultation with the director or nominated supervisor.
<input type="checkbox"/>	Do you consent for the service to apply sunscreen for your child before outdoor activities and excursions?
<input type="checkbox"/>	Do you consent for the service to administer Ventolin or Epi-pen to your child in case of emergency?
<input type="checkbox"/>	I agree to accurately record the time of arrival and departure of my child from the service in accordance with the service requirements.
<input type="checkbox"/>	I give permission for educators and school teachers/principals to share information about my child in relation to their care and wellbeing.
<input type="checkbox"/>	I give permission for my child to use/view technology (i.e. Tablet, TV, iPod)I give permission for my child to participate in regular local excursions from the service by foot.
<input type="checkbox"/>	I give permission for my child's photo to be displayed in public places.
<input type="checkbox"/>	I give permission for my child to be observed/written in reports for any students who are completing their childcare qualifications
<input type="checkbox"/>	I give permission for my child access any area on the school premise. Including, Tennis Court and Netball Court on Wondall Road
<input type="checkbox"/>	I agree to notify the service when my child is to be collected by any person other than those listed on this enrolment form in accordance with the services policies and procedures.

### DECLARATIONS

<input type="checkbox"/>	I have read and understood the centre policies and procedures and agree to follow these as a condition of enrolment.
<input type="checkbox"/>	Do you agree to collect or make arrangement for the collection of your child if they become unwell at the service?
<input type="checkbox"/>	Do you agree to keep your child away from the service if they display any symptom which would be considered contagious?
<input type="checkbox"/>	I am aware that I will be charged a fee for "Late Collection" if your child is picked up after 6pm, and a fee for "Not notifying of absence" of my child.
<input type="checkbox"/>	I give permission for my child to participate in regular evacuation drills or an actual evacuation when necessary. I understand that my child will be relocated from the service under the supervision of their educator and service team member to a safety zone for evacuation purposes.
<input type="checkbox"/>	I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.
<input type="checkbox"/>	I am aware that fees are charged weekly and non-payment could result in cancellation of my child's enrolment and recovery action may be undertake at my expense
<input type="checkbox"/>	I declare that I am the applicant named in the form and that all information and documents provided as part of my application are true and correct.
<input type="checkbox"/>	I understand that Xplor has provided a general enrolment form. Any difference or ambiguity between Xplor's enrolment form and the service's terms and conditions will be governed by the service's terms and conditions.

Account Holder Name:	Signature:	Date:
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# ALL ABOUT ME!

Name:

My favourite

