

**Lake Boga Educational Hub**

*‘Be the best that we can be’*

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| **Child Bookings** |
| **Casual booking**  **Permanent booking**  **After School Care**  Monday  Tuesday  Wednesday  Thursday  No Care Available Friday |

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| **Child’s Personal Details** | | | | | |
| CRN: |  |  | |  | |
| Surname: |  | First Name: | |  | |
| Date of Birth: |  | Gender: | |  | |
| Preferred Pronouns: |  | | | | |
| Residential Address: |  | | | | |
|  | | | Post Code: | |  |
| Postal Address: |  | | Post Code: | |  |
| Email Address: |  | | | | |
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| **Parent / Guardian Information** | | | | | |
| **Parent/Guardian # 1** | | | | | |
| CRN: |  | Date of Birth | |  | |
| Name: |  | Country of Birth: | |  | |
| Relationship to Child: |  | | | | |
| Residential Address: |  | | | | |
| Home Phone: |  | Mobile Phone: | |  | |
| Work Phone: |  | Email Address: | |  | |
| Preferred Contact Method: | Email Text Phone Call | | | | |
| Cultural background: |  | | | | |



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| **Lake Boga Primary School OSHC Service**  **Enrolment Form**  This form is for children who will be attending the Lake Boga Primary School Outside School Hours Care Program. Please take the time to **complete all questions** on this form. If you have more than one child attending the program, please complete a separate form for each child. If you have any questions about this form or the program, please contact the Educational Leader/Nominated Supervisor. |

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| **Parent/Guardian # 2** | | | |
| CRN: |  |  |  |
| Name: |  | Country of Birth: |  |
| Relationship to Child: |  | | |
| Residential Address: |  | | |
| Home Phone: |  | Mobile Phone: |  |
| Work Phone: |  | Email Address: |  |
| Preferred Contact Method: | Email Text Phone Call | | |
| Cultural background: |  | | |
| **Parent/Guardian # 3** | | | |
| CRN: |  |  |  |
| Name: |  | Country of Birth: |  |
| Relationship to Child: |  | | |
| Residential Address: |  | | |
| Home Phone: |  | Mobile Phone: |  |
| Work Phone: |  | Email Address: |  |
| Preferred Contact Method | Email Text Phone Call | | |
| Cultural background: |  | | |
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| **Emergency Contacts** (These people should be different to the parent/carer as they will be used in case of emergency or if we are unable to contact the parent/carer for advice) | |
| **Emergency Contact # 1** | |
| Name: |  |
| Relationship to Child: | To medical treatment/authorise administration of medication  Authorise and educator to take child outside the education and care services premises  Deliver or collect the child to/from the education and care service  To be notified in an emergency involving the child if ant of the parent cannot be contacted |
| Address: |  |
| Home Phone: |  |
| Mobile Phone: |  |
|  |  |
|  |  |
| **Emergency Contact # 2** | |
| Name: |  |
| Relationship to Child: | To medical treatment/authorise administration of medication  Authorise and educator to take child outside the education and care services premises  Deliver or collect the child to/from the education and care service  To be notified in an emergency involving the child if ant of the parent cannot be contacted |
| Address: |  |
| Home Phone: |  |
| Mobile Phone: |  |

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| **Custody Arrangements:** | | |
| Who is responsible for making the child’s decisions? |  | |
| Is there an Access Alert, Parenting order, Parenting plans, Court Order or other Legal Order for your child, a family member, or yourself? | Yes | No |
| **Medical Information:** | | |
| Does your child have a disability? | Yes | No |
| Disability: |  | |
| Does your child have any other medical conditions that we should know about? | Yes | No |
| If yes, please specify what they are: | | |
| Does your child require any other aids (e.g. vision, hearing, mobility) etc? | Yes | No |
| If yes, please specify what the aids are: | | |
| **Asthma** | | |
| Does your child have asthma? | Yes | No |
| If yes, please confirm that you have provided an asthma management plan. | Yes | No |
| **Epilepsy** | | |
| Does your child suffer from epilepsy or seizures? | Yes | No |
| **Diabetes** | | |
| Does your child suffer from diabetes? | Yes | No |
| **Allergies:** | | |
| Does your child suffer from any allergic reactions? | Yes | No |
| Does your child suffer from Anaphylaxis? | Yes | No |
| If yes to either of the above, Allergy Management Plan or Anaphylaxis Management Plan completed and received | Yes | No |
| Does your child have any dietary restrictions? | Yes | No |
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| **Medications:** | | |

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| Does your child require medication assistance whilst in care? | Yes | No |
| Name of medication/s and what they are for: | | |
| Does your child require the use of Pro Re Nata (PRN) (as needed) medication whilst on program | Yes | No |
| Name of medication/s and what they are for: | | |
| **Please note:** Prescribedmedication must be presented in its original packaging with the child name on it or in a Webster pack provided by a pharmacist. Liquids and PRN medication must be in the original packaging. | | |

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| **Child’s Current Medical Information** | | | | | |
| Practice Name: |  | Phone No: | |  | |
| Doctor’s Name: |  | | | | |
| Address: |  | | | | |
| Child’s Medicare No: |  | Health Care Card No: | |  | |
| Expiry |  | Expiry | |  | |
| Do you give consent for the service to seek medical treatment for your child from a registered medical practitioner, hospital, or ambulance service? | | | Yes | | No |
| Do you give consent for the service to seek transportation of your child by an ambulance service? | | | Yes | | No |
| |  |  |  |  | | --- | --- | --- | --- | | Ambulance Membership Number |  |  |  | | | | | | |
| **Immunisation** | | | | | |
| Is your child up to date with their immunisation schedule? | | | Yes | | No |
| Staff member who sighted health record: | | |  | | |
| **Swimming (Please note:** Full supervision will ALWAYS be provided during swimming activities with The Provider) | | | | | |
| Can your child swim? | | | Yes | | No |
| Will your child require assistance from staff in waist deep water? | | | Yes | | No |
| Can your child enter and exit the pool without assistance? | | | Yes | | No |
| Can your child move through water with a flotation device (e.g. life jacket or backpack?) | | | Yes | | No |
| Can swim 15 metres? | | | Yes | | No |
| **Cultural information** | | | | | |
| Does your child identify as of Aboriginal or Torres Strait Islander origin? | | | | | |
| No, not Aboriginal or Torres Strait Islander Yes, Torres Strait Islander  Yes, Aboriginal Yes, both Aboriginal and Torres Strait Islander | | | | | |
| Are there any special cultural, religious, or dietary considerations or special needs? | | | Yes | | No |
| If yes, please provide full details: | | | | | |
| What is your child’s cultural background? | | |  | | |
| What is the language used in your child’s home? | | |  | | |
| **Permissions** | | | | | |
| Do you give permission for your child to watch PG rated movies whilst in care? | | | Yes | | No |
| Do you give permission for your child to have 30+ SPF sunscreen applied whilst in care? | | | Yes | | No |
| Do you give permission for your child to have the photo taken for internal documentation purposes? | | | Yes | | No |
| Do you give permission for your child to have photos or videos taken for promotional purposes for the school council? (This includes but not limited to social media, TV, and print media) | | | Yes | | No |
| Do you give permission for your child to be taken on regular outings with the program? | | | Yes | | No |
| Do you give authorisation for the school council to provide your child’s information to third parties for Quality purposes? | | | Yes | | No |
| Do you give permission for your school to provide the following specific documents to OSHC? | | | | | |
| Copy of any Access Alert, Parenting order, Parenting plans, Court Order, or other Legal Order? | | | Yes | | No |
| Copy of Immunisation Form? | | | Yes | | No |
| Copy of any Medical Management forms/plans? | | | Yes | | No |
| Copy of Student Profile? | | | Yes | | No |
| Copy of Student Safety Plan? | | | Yes | | No |
| To share information regarding your child’s supports between the school and the OSHC? | | | Yes | | No |
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| **Declaration** | | | | | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Full Name  A person with authority of the child referred to in this enrolment form,  • declare that the information provided for the purpose of this enrolment is true and correct and that I 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 referred to in this enrolment form if they become unwell at the service.  • authorise for the approved provider to seek emergency medical treatment for my child form a registered medical practitioner, hospital, or ambulance services.  • consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable and necessary and that I will reimburse any necessary expenses incurred by the children's service  • authorise the Educator(s) to take me/my child on excursions. I agree that I/he/she can be a passenger in the nominated vehicle, using an approved restraint, during the period of care under the providers program.  • have read, understand, and agree to follow the fee payment structure and policies.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | |
| **Parental Responsibility** | | | | | |
| Parents  All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as “parental responsibility”. It is not affected by the relationship between the parents, such as whether 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 has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children's Services Act 1996 also covers 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.  Confidentiality of enrolment records  The proprietor of the children’s service must ensure that information in the child’s enrolment record is not 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 (regulation 35(1) (d-e)) | | | | | |
| **Parental Responsibility** | | | | | |
| Lake Boga Primary School Council, as the Provider of the service, acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in the provider’s children's service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, the provider accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the provider, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and the provider’s Privacy Policy. As part of your enrolment with The Provider, you will receive information from time to time regarding our programs and services. | | | | | |

**Child Profile**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Insert child photo (optional) | **Name:** | | |  | | | **Date of Birth:** |  |
|  | **Diagnosis:** | | | [disability diagnosis if applicable] | | | | |
|  | **Allergies/ medication:** | | |  | | | | |
|  | **Emergency contact:** | | |  | | | | |
|  | **Photo permission:** | | |  | | | | |
|  | **Profile Creation Date:** | | |  | | | **Profile Review Date:** |  |
|  | |  | | |  | | | |
| **Interests and Strengths** | | | | | | | | | |
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| **Goals** | | | | | | | | | |
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| **Support Needs (sensory, self-care, fears, communication, eating and drinking, personal hygiene, rest, and relaxation)** | | | | | | | | | |
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| **Behaviours of concern (optional to complete for specific behaviours of concern)** | | | | | | | | | |
| **Trigger** | | | | | | | | | |
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| **Behaviour** | | | | **Could mean** | | | **Support required** | | |
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| **Family Information (Strengths/skills of family members, family arrangement, living arrangement, any other important information)** | | | | | | | | | |
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