



**OUTSIDE SCHOOL HOURS CARE – ENROLMENT FORM**

Thank you for choosing Skippy's The Range Outside School Hours Care. To assist us in placing your child we request that you complete this enrolment form in its entirety and return it to the service along with any relevant documentation that is requested upon enrolment. The following information is required to ensure a high level of care. Details collected are confidential and will be handled as per our Privacy Policy. A new enrolment form is to be completed yearly, or more the arrangement for care changes for any reason, the information provided is found to be wrong at any time, or if the arrangement for care ends, to ensure that our records are up-to-date and compliant under sections 160, 161 and 162 of the *Education and Care Services National Regulations*. An enrolment will end for Child Care Subsidy purposes if a child does not attend a session of care for eight continuous weeks, and the child will cease to be enrolled with the service if they do not attend a session for 14 weeks. We look forward to supporting your family by providing an excellent standard of education and care in a safe and fun environment.

BOOKING INFORMATION – AFTER SCHOOL CARE					
Will this be a permanent or casual booking?		PERMANENT		CASUAL	
Days required:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

BOOKING INFORMATION – VACATION CARE					
Will this be a permanent or casual booking?		PERMANENT		CASUAL	
Days required:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

PARTICIPANTS DETAILS: Refer to the Education and Care Services National Regulations section 160(3)(a)(e)(f).									
Full name:									
Gender:									
Date of birth:									
Blood type:									
Current grade:	PREP	1	2	3	4	5	6	7	8
Residential address:									
Medicare card number:				Position on the card:			Expiry date:		
Medicare details (it is a requirement under the Education and Care Services National Regulations that this information is supplied to the service).									

BACKGROUND INFORMATION ABOUT THE CHILD			
Is the child you are enrolling of Aboriginal and Torres Strait Island background? (please circle the relevant box below)			
Aboriginal NOT Torres Strait Islander	Torres Strait Islander NOT Aboriginal	BOTH Torres Strait Islander AND Aboriginal	NOT Aboriginal OR Torres Strait Islander
Are there any behaviour/s that our educators should be aware of?		YES	NO
If you answered "yes" to the above question, please provide details below:			
Does your child have any dislikes, fears or phobias?		YES	NO
If you answered "yes" to the above question, please provide details below:			
Does your child have any special interests or hobbies? Please specify:			

**CHILD CARE SUBSIDY**

If you intend to claim the *Child Care Subsidy* (CCS) at any given time you must supply correct customer reference numbers (CRN) and dates of birth for both parents and children. If these details are not supplied, you will be ineligible to claim any rebates until they are provided.

If you do not know these numbers, you can obtain them from Centrelink. Please be advised that it is your responsibility to supply this information to the service. Full fees will be charged to your account until you have supplied all required information and completed all relevant enrolment processes.

<b>Child's CRN and date of birth:</b>	CRN		DOB	
<b>Primary parents CRN and date of birth:</b>	CRN		DOB	
<b>Secondary parents CRN and date of birth:</b>	CRN		DOB	

**CULTURAL AND RELIGIOUS DETAILS:** *Refer to the Education and Care Services National Regulations 160(3)(g)(h).*

<b>Child's country of birth:</b>	
<b>Language/s spoken:</b>	
<b>Religion:</b>	
<b>Does your family have any religious or cultural requirements the service should be aware of?</b>	

**HEALTH AND MEDICAL CONDITIONS:** *Refer to section 122 of the Education and Care Services Act 2013 and the Education and Care Services National Regulations 161(1)(a)(i)(ii), 162(c).*

<b>Preferred medical centre name and address:</b>			
<b>Practitioner name:</b>		<b>Phone number:</b>	
<b>Has your child been diagnosed with a medical condition or disability?</b>		YES	NO
<b>If you answered "yes" to the above question, please provide details below:</b>			
<b>Does your child require regular medication?</b>		YES	NO
<b>If you answered "yes" to the above question, please provide details below:</b>			
<b>Does your child have any allergies or food intolerances?</b>		YES	NO
<b>If you answered "yes" to the above question, please provide details below:</b>			

<b>IMMUNISATION DETAILS:</b> Refer to the Education and Care Services National Regulations 162(f)(g).			
Please be aware that if your child's immunisation status is not up to date, your eligibility to receive the <i>Child Care Subsidy</i> may be affected. It is also a requirement under the <i>Education and Care Services National Regulations</i> that a copy of your child's immunisation records be supplied to the service.			
Is your child's current immunisation status up to date?	YES	NO	
Has a copy been supplied to the service?	YES	NO	
When was your child's last tetanus injection?	Please supply a date:		
<b>THIS SECTION IS FOR STAFF USE ONLY</b>			
Has the child's health record been sighted by an educator at the service?	YES	NO	
Name of the educator who sighted the health record:			
Signature:		Date:	

<b>PARENT OR GUARDIAN DETAILS:</b> Refer to the Education and Care Services National Regulations 160(3)(b)(i).			
<b>PARENT OR GUARDIAN (1)</b>		<b>PARENT OR GUARDIAN (2)</b>	
Full name:		Full name:	
Date of birth:		Date of birth:	
Mobile phone number:		Mobile phone number:	
Email address:		Email address:	
Work phone number:		Work phone number:	
Work email address:		Work email address:	
Relationship to the child:		Relationship to the child:	
Please provide any additional information that will add our educators on duty in offering your family the highest quality care (example: who should we call first should we need to contact you during work hours):			

<b>CUSTODY ARRANGEMENTS:</b> Refer to the Education and Care Services National Regulations 160(3)(c)(d) and 160(4).		
Are the child's parents separated or divorced?	YES	NO
Are there any current custody or access arrangements in place for this child?	YES	NO
Have copies of any arrangements been provided to the service?	YES	NO

<b>SHARED CARE ARRANGEMENTS:</b> Refer to the Education and Care Services National Regulations 160(4).
Who is the primary carer/s under this arrangement?

<b>Is there anyone legally denied access to the child?</b>	YES	NO
<b>Please list any person/s who are not authorised to collect your child below:</b>		

<b>AUTHORISED NOMINEES BY PARENTS OR GUARDIANS: Refer to the Education and Care Services National Regulations 160(3(b)(ii)(iii)(iv)(v) and 161(1)(a)(i)(ii).</b>			
<b>NOMINEE (1)</b>		<b>NOMINEE (2)</b>	
<b>Full name:</b>		<b>Full name:</b>	
<b>Best contact number:</b>		<b>Best contact number:</b>	
<b>Relationship to the child:</b>		<b>Relationship to the child:</b>	
<b>PLEASE TICK RELEVANT AUTHORISATIONS</b>		<b>PLEASE TICK RELEVANT AUTHORISATIONS</b>	
<input type="checkbox"/>	To collect the child from the service.	<input type="checkbox"/>	To collect the child from the Service.
<input type="checkbox"/>	To be notified in the event of an emergency.	<input type="checkbox"/>	To be notified in the event of an emergency.
<input type="checkbox"/>	To consent to medical treatment.	<input type="checkbox"/>	To consent to medical treatment.
<input type="checkbox"/>	To consent to transportation via an ambulance service.	<input type="checkbox"/>	To consent to transportation via an ambulance service.
<b>NOMINEE (3)</b>		<b>NOMINEE (4)</b>	
<b>Full name:</b>		<b>Full name:</b>	
<b>Best contact number:</b>		<b>Best contact number:</b>	
<b>Relationship to the child:</b>		<b>Relationship to the child:</b>	
<b>PLEASE TICK RELEVANT AUTHORISATIONS</b>		<b>PLEASE TICK RELEVANT AUTHORISATIONS</b>	
<input type="checkbox"/>	To collect the child from the service.	<input type="checkbox"/>	To collect the child from the service.
<input type="checkbox"/>	To be notified in the event of an emergency.	<input type="checkbox"/>	To be notified in the event of an emergency.
<input type="checkbox"/>	To consent to medical treatment.	<input type="checkbox"/>	To consent to medical treatment.
<input type="checkbox"/>	To consent to transportation via an ambulance service.	<input type="checkbox"/>	To consent to transportation via an ambulance service.

<b>PARENTS OR GUARDIANS GENERAL AUTHORISATIONS</b>		
I _____, acknowledge and confirm that I am aware of and consent to:		
<ul style="list-style-type: none"> <li>my child participating in regular co-curricular activities offered and operated by Rockhampton Girls Grammar School (within the school grounds).</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>educators of Skippy's The Range Outside School Hours Care to take photos and videos of my child to record important events and special activities as part of the program.</li> </ul> <p>I also understand that these photos and videos will be displayed for families to see and will also be used for the purposes of programming and evaluation.</p>	YES	NO
<ul style="list-style-type: none"> <li>the coordinator or service representative liaising with the school, class teachers and/or specialist staff as required.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>the service to sharing relevant enrolment information with the school (where applicable).</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>the service to encouraging my child to work on their homework while attending the after-school program.</li> </ul>	YES	NO

<ul style="list-style-type: none"> <li>educators of Skippy's The Range Outside School Hours Care to apply adhesive bandages (example: band aids) to my child as required.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>educators of Skippy's The Range Outside School Hours Care apply 30+ sunscreen and insect repellent as required.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>educators to assist my child to apply SPF 30+ sunscreen prior to outdoor activities.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>my child watching movies deemed appropriate by staff, with a rating of either "G" or "PG", within the service and on excursions.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>my child taking part in spontaneous or regular excursions and outings organised by the Service, where participants will be either transported in the Skippy's The Range mini bus or by foot, to venues within a 60-kilometer radius of the Service.</li> </ul>	YES	NO
<b>Signature:</b>		<b>Date:</b>

#### PARENTS OR GUARDIANS ENROLMENT ACKNOWLEDGEMENT

I _____, acknowledge and confirm that I am aware of and consent to:		
<ul style="list-style-type: none"> <li>the information contained in this document being available to the staff employed to work with my child on the outside school hours care program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provided to my child and that the information will be released to outside parties when legally required to do so.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>completing a new booking sheet at the start of each term that indicates the days and sessions in which care is required and whether it is going to be a permanent or casual booking.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>Skippy's The Range Outside School Hours Care late pick up fee for children picked up after the Service closure times of 6.00pm (term time) and 5:30pm (vacation care time).</li> </ul>	YES	NO
<b>Signature:</b>		<b>Date:</b>

#### PRIVACY INFORMATION: *Refer to section 130 of the Education and Care Services Act 2013.*

Skippy's The Range Outside School Hours Care uses this enrolment form to collect personal information for the purposes of and statistical recording. This information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law.

You can amend or correct information on request, by contacting the service Coordinator, by email [oshctherange@skippys.com.au](mailto:oshctherange@skippys.com.au) or telephone on 0478 897 210 or via email at [oshctherange@skippys.com.au](mailto:oshctherange@skippys.com.au)

#### MEDIA RELEASE PERMISSION

<p>Skippy's The Range OSHC use photographs and video in all aspects of documentation and communication throughout our services. We communicate to our families and promote our company through many different media outlets. We seek your permission to use images of your child/children and family taken within the centres or on excursions for the expressed reasons of:</p> <ul style="list-style-type: none"> <li>Communication with families and the community</li> <li>Educational purposes and the documentation of learning and development</li> <li>Promotion of the service.</li> </ul> <p>Please tick to indicate your given permissions below:</p>		
I _____, (parent's name) give Skippy's The Range OSHC consent to use digital and printed photos of my child _____ (child's name) in the indicated method below:		
I give permission for the centre to take and use photographs and video of my child/our family for newspaper articles, brochures, newsletters, our centre website, Facebook, Instagram and other centre social media applications, and for other publicity and marketing purposes.	YES	NO
I give permission for photographs and videos of my child/our family to be loaded to our online educational learning program (MyXplor) that only staff and families of the centre have access to for sharing daily learning stories with families.	YES	NO
<b>Signature:</b>		<b>Date:</b>