



**DARLING POINT SPECIAL SCHOOL VACATION AND CHILD CARE
(OUTSIDE SCHOOL HOURS CARE)**



Actual Address: 368 Upper Esplanade Manly Q 4179
 Phone: 07 3348 0111 (General Number); 07 3348 0129 (Direct Line)
 0455 073 934
 Fax: 07 3893 2713
 ABN: 55 604 731 762

1. CHILD / TEEN DETAILS

Child/teen's full name:

Home address:

DOB: Male Female Disability:

Primary language of family..... Cultural background.....

Is your child/teen of Aboriginal (A) or Torres Strait Islander (T) origin? NO YES (A) YES (T)

CentreLink Reference Number (CRN):

2. PARENT/GUARDIAN DETAILS

PARENT/GUARDIAN 1 – ACCOUNT HOLDER:

NAME: DOB:

ADDRESS: Post Code:

PHONE: (H) (WK) (MOB)

EMAIL ADDRESS:

GENDER: Male Female CRN:

The date of birth and CentreLink Reference Numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits (CCB) AND THE 50% Child Care Rebate (CCR). Families MUST be assessed as eligible for Child Care Benefit: please contact the Family Assistance Office on 13 61 50 for further assistance..

PARENT/GUARDIAN 2

NAME: DOB:

ADDRESS: Post Code:

PHONE: (H) (WK) (MOB)

GENDER: Male Female

Are there any parenting orders relating to your child? NO YES

Has a copy of the relevant documentation been provided/attached? NO YES

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence Orders and Contact Orders

Please enter the names of your children/teens attending other care (for CCB Percentages)

Name	DOB	Centre
Name	DOB	Centre

3. EMERGENCY CONTACTS/COLLECTION DETAILS

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your children and/or can be contacted in case of an emergency.

NAME: RELATIONSHIP TO CHILD:

ADDRESS: Post Code:
(if different from above)

PHONE: (H) (WK) (MOB)

NAME: RELATIONSHIP TO CHILD:

ADDRESS: Post Code:
(if different from above)

PHONE: (H) (WK) (MOB)

NAME: RELATIONSHIP TO CHILD:

ADDRESS: Post Code:
(if different from above)

PHONE: (H) (WK) (MOB)

4. HEALTH/MEDICAL DETAILS

Does your child/teen have any medical conditions? NO YES

If yes, please provide details.....
.....

Does your child/teen require regular medication? NO YES

If staff will be required to administer medication, a separate medication authority form is to be completed by parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage

Does your child/teen have any allergies? NO YES If yes, please provide details

..... MILD SEVERE ANAPHYLAXIS

Please provide details of any allergy management plans relating to your child/teen

Does your child/teen experience asthma? NO YES If yes, please indicate severity MILD SEVERE

Please provide details of any asthma management plans relating to your child/teen

Is your child/teens immunisation status up to date? NO YES

If your child/teens immunisation status is not up to date, your Child Care Benefit may be affected

Does your child/teen have any specific dietary requirements? NO YES If yes, please provide details

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Does your child/teen have any food intolerances or allergies? NO YES If yes, please provide details

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If yes, is the intolerance/allergy life threatening? NO YES

Please provide details of any food intolerance/allergy management plans relating to your child

5. MEDICAL PRACTITIONER DETAILS

Doctor Name: Surgery/ Practice Name:

Address: Phone Number:

Family Medicare No

6. ADDITIONAL INFORMATION

Does your child/teen have any religious/cultural needs? NO YES

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Does your child/teen have any dislikes, fears or phobias? NO YES

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7. BEHAVIOUR INFORMATION

Does your child/teen have a positive Behaviour Support Plan? NO YES

Are there any particular behaviours that staff should be aware of? NO YES

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Are there any identifiable triggers to the behaviour? NO YES

.....

Please provide a copy of any Positive Behaviour Support plans relating to your child

8. PERMISSION & AGREEMENT DETAILS

(Please tick the appropriate boxes and initial beside each to signal your agreement)

- I give my consent to the information contained in this document being available to the staff/educators employed to work with my child/teen on the OHSC program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will be only shared as a way of improving the quality of service provision to my child.
- I agree to notify the Co-ordinator, in writing of any change of circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child/teen and/or parent/guardian.
- I understand that it is my responsibility to ensure all childcare benefit requirements are fulfilled, in particular, ensuring eligibility or CCB, providing my date of birth and providing both family and my child/teen's Customer Reference number.
- I agree to inform the Coordinator of any absence of my child/teen as soon as possible and to pay any fee that may be incurred as a result of not cancelling within 24 hours, as set out in the service policy.
- I understand that the nature of the activities will include, but not limited to centre based activities/ community outings/ meals and that risks may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay for all fees (including excursion costs) of the days that my child/teen attends the program. I understand that **24 hours' notice** of non-attendance must be given otherwise I will be charged for the booked session.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child/teen.
- I agree to keep my child/teen from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OHSC staff to assist my child/teen to apply a SPF 30+ sunscreen prior to outdoor activities.
- I give permission for staff to take photos of my child/teen to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I understand that should my child/teen's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child/teen.
- I agree to adhere to the service's Outside School Hour Care Policies and Procedures, as outlined in the OSHC Family Handbook.

Parent/Guardian's Name: Signature:

Date