

RIPLEY VALLEY STATE PRIMARY SCHOOL - OSHC ENROLMENT FORM

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CHILD'S DETAILS

Child's Full Name:

Name child is known by:

Child's gender:

Child's date of birth:

Child's age at enrolment:

Child's address:

Centrelink Customer Reference Number (CRN):

Cultural background: Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander Other

Language/s used at home:

Child's Country of birth:

PARENT/CARER 1 DETAILS: Must be the parent linked with Centrelink for Child Care Subsidy

Full Name:

Relationship to child:

Date of birth:

Address:

Centrelink Customer Reference Number (CRN):

Mobile phone number:

Home phone number:

Email address:

Occupation:

Employer:

Work address:

Work phone number:

Nationality:

Cultural background:

Religion:

PARENT/CARER 2 DETAILS:

Full Name:

Relationship to child:

Date of birth:

Address:

Centrelink Customer Reference Number (CRN):

Mobile phone number:

Home phone number:

Email address:

Occupation:

Employer:

Work address:

Work phone number:

Nationality:

Cultural background:

Religion:

EMERGENCY/AUTHORISED PERSONS

In case of an emergency, Hall-Thorpe Sports will firstly contact the parents/guardian listed on page one. If contact is unsuccessful, we will then contact the following people, in the order they are listed. **A MINIMUM OF ONE PERSON must be provided who is NOT a parent/guardian/carer, and who lives within 30 minutes of the school for collection.**

CONTACT ONE

Full name:

Relationship to child:

Address:

Mobile phone:

Work phone:

Home phone:

Circle to authorise for contact one - **EMERGENCY** **COLLECTION** **MEDICAL** **EXCURSION**

CONTACT TWO

Full name:

Relationship to child:

Address:

Mobile phone:

Work phone:

Home phone:

Circle to authorise for contact two - **EMERGENCY** **COLLECTION** **MEDICAL** **EXCURSION**

CARE ARRANGEMENTS:

Is there anyone legally denied access to the child? Yes No

If yes, a copy of the court order must be provided

CULTURAL CONNECTIONS AND FAMILY TRADITIONS

Does your family observe any religious or cultural practices that are significant to your child?

Do you celebrate any cultural or religious traditions? How do you celebrate these?

What family traditions do you celebrate?

MEDICAL INFORMATION	
Child's full name:	
Child's Medicare number (mandatory):	Ref: Exp:
Does your child regularly experience any of the following? Please provide details below:	
<p>KNOWN ALLERGIES</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If you tick yes, you must provide a current year Action Plan completed by a medical practitioner.</p>	<p>Any allergy which requires medication to treat symptoms must be accompanied by a current year Action Plan completed by a medical practitioner.</p> <p>If anaphylactic, a current year Anaphylaxis Action Plan is mandatory and an EPIPEN must be provided to the service at all times your child is in our care.</p> <p>If your child has a reaction to a particular trigger but does not require medication to treat symptoms, please list these triggers below under Intolerances.</p> <p>Triggers:</p> <p>Severity:</p> <p>Symptoms:</p>
<p>DIETARY RESTRICTIONS</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Details:</p>
<p>INTOLERANCES</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p>	<p>Triggers:</p> <p>Severity:</p> <p>Symptoms:</p>
<p>ASTHMA</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>If you tick yes, you must provide a current year Action Plan completed by a medical practitioner.</p>	<p>If you have ticked YES, legislation requires Hall-Thorpe Sports to have a current year "Asthma Action Plan" which has been completed by your doctor, prior to commencement.</p> <p>Triggers:</p> <p>Severity:</p> <p>Symptoms:</p>
<p>IMMUNISATIONS</p>	<p>Is your child's immunisation up to date? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>MEDICATION</p>	<p>Does your child take medication on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>For what conditions?</p>

ADDITIONAL HEALTH MANAGEMENT

Does your child present with any diagnosed additional needs or a diagnosed disability? NO YES

If yes, we require a **written medical diagnosis** together with any additional medical information which may assist our educators with strategies whilst your child is in our care.

If you have ticked 'yes', care cannot commence without written medical diagnosis.

Additional information:

MEDICAL CONTACTS

If your child has preferred medical practitioners, please provide the details below

Child's Doctor: Phone number:

Address:

Child's Dentist: Phone number:

Address:

Paediatrician: Phone number:

Address:

MEDICAL CONSENT STATEMENT (CONDITIONS OF ENROLMENT)

- I/We authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency.
- I/we give permission for staff to obtain any medical, hospital and/or ambulance service in case of an accident or emergency involving my/our child.
- I/We understand that any cost associated with such treatment is my/our responsibility to pay and that every effort will be made to contact me/us in the event of an illness or accident.
- I/We understand that the service is unable to care for children who are sick or who have a contagious illness.
- I/We acknowledge that a medical clearance may be required before my/our child is able to return.
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person and the dosage to be given.
- Prescribed medication, including asthma and anaphylaxis, will only be administered when it is accompanied by written instruction from a medical practitioner, and is in its original container and a medical administration authorisation form has been complete.
- I/We agree to complete a medical administration authorisation form when our child requires medication.
- I/We give permission for first aid qualified staff to administer first aid and/or medication as/when required by our child.
- I/We have been provided a copy of the Hall-Thorpe Sports Medical Conditions Policy.

Parent/Carer 1 Signature..... Date.....

Parent/Carer 2 Signature..... Date.....

ATTENDANCE REQUIRED

- Fees for sessions of care can be found on our Fee Schedule displayed at the service
- The Fee Schedule is also available upon request
- Sessions of care fees will be the responsibility of Parent/Carer 1 listed on page one
- All fees are subject to change
- If you are enrolling for vacation care only, please tick Option 2 Casual Care

Please select from Option 1 Permanent bookings or Option 2 Casual care

OPTION 1 PERMANENT BOOKINGS

Permanent sessions with the ability to add extra sessions when required.

Vacation care bookings will open two weeks prior to end of school term. Last minute bookings will also be taken throughout the holidays.

Please circle the permanent days required:

Permanent Before School Care days: M T W T F
Session time: 6.00am – 9.00am

Permanent After School Care days: M T W T F
Session time: 2.30pm – 6.30pm

Vacation Care (School Holidays Monday – Friday)
Session time: 6.00am – 6.30pm

Commencement Date:

OPTION 2 CASUAL CARE

Sessions added when the need arises.

Vacation care bookings will open two weeks prior to end of school term. Last minute bookings will also be taken throughout the holidays.

I/We will notify Hall-Thorpe Sports when the need arises for any of the below sessions:

Before School Care
Session time: 6.00am – 9.00am

After School Care
Session time: 2.30pm – 6.30pm

Vacation Care (School Holidays Monday – Friday)
Session time: 6.00am – 6.30pm

Please note: if places are already filled the service will not be available on a day to day or casual basis without prior booking

Commencement Date:

Please inform us if your child will attend any extracurricular activities at the school (rugby, swimming, cricket etc) prior to coming to our service. Please include the time your child will finish these activities. Children must be signed into the service by a person over the age of 18 years – **we do not take/collect children to/from extracurricular activities. If children require afterschool care on days where they attend extracurricular activities, a coach or teacher can sign them into our care.**

Activity: Time.....

Activity: Time.....

PERMISSIONS

I/we give permission for my/our child to have 30+ sunscreen/insect repellent applied as required

YES NO

If no, please provide your child with an alternative whilst in our care

I/we give permission for images of my/our child to be used for service newsletters, service noticeboard displays, day books, portfolios, digital photo frames etc. I/we also understand my/our child's surname **will not** be displayed with these images

YES NO

I/we give permission for my/our child's image to be used for promotional purposes including service displays and social media. I/we understand that my/child's name **will not** be used

YES NO

ENROLMENT AGREEMENT

Upon signing this agreement, I/we understand we are giving consent to the following:

- I/We agree to keep my/our child from attending the service should they be suffering from any infectious disease as recognised by the National Health and Medical Research Council (NHMRC). I/we accept that the "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases," from the NHMRC will be enforced
- I/We agree to our child being observed by staff and students to assist in developing activity programs
- I/We agree to notify Hall-Thorpe Sports of any changes to information provided on this enrolment form
- I/We agree to provide up to date Medical Management and Action Plans to Hall-Thorpe Sports and understand that Hall-Thorpe Sports can refuse to care for my/our child if this is not done
- I/We agree that it is my/our responsibility to ensure all Child Care Subsidy requirements are fulfilled and if I/We fail to do this then I/We will be responsible for full fees
- I/We agree to inform Hall-Thorpe Sports of any absence of my/our child as soon as possible and understand there may be fees associated with changing bookings
- I/We understand Hall-Thorpe Sports fee schedule is subject to change
- I/We understand that management and/or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law
- I/We give permission for Hall-Thorpe Sports to liaise with school administration staff to obtain contact details in an emergency
- I/We give permission for Hall-Thorpe Sports to liaise with my/our child's teacher and/or Principle when relevant to the well-being of my/our child
- I/We give permission for my/our child to watch PG rated movies, programs and games while at the service

I/We understand that it is necessary to personally sign my/our child in and out from the service. A person who has not been authorised on the enrolment form to collect my/our child/ren will need written permission before being able to collect. **Persons under the age of 18 years cannot collect children from the service. Identification will be required for any person/s collecting children who are not included on the enrolment form**

Parent/Carer 1 Name:.....

Signature:

Date:

Parent/Carer 2 Name:

Signature:

Date: