



# THE LIGHTHOUSE OSHC SERVICE

## ENROLMENT FORM

### CHILD DETAILS

Surname:	Given Name:	Other Name/s:
Address:		
D.O.B:	Is your child of Aboriginal or Torres Strait Islander Origin? No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/>	
Gender: MALE / FEMALE	Siblings:	

### CULTURAL REQUIREMENTS

Nationality:	Language/s spoken:
Cultural Background:	Does your child participate in Christmas and Easter? YES / NO
Does your child/family have any special cultural or religious requirements? (please provide details below)	

### BOOKING INFORMATION

<b>Proposed Start Date:</b>					
<b>Vacation Care</b>					
<i>Please circle the days your</i>	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Approximate arrival</i>					
<b>School Aged Children</b>					
<b>Before School Care</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>After School Care</b>	Monday	Tuesday	Wednesday	Thursday	Friday
School:	Year/ Class:		Teacher:		
Start Time:			Finish Time:		

### CHILD CARE SUBSIDY DETAILS

Parent's CRN:	Child's CRN:
Are you entitled to Child Care Subsidy? YES / NO                      %	<i>Please note that no CCS will be paid until correct details are received from you. Please note that CCS are paid in arrears (after the child attends the care service)</i>

**PARENT/GUARDIAN DETAILS****Parent/Legal Guardian 1 (CRN Holder)****Parent/Legal Guardian 2**

Surname:

Surname:

Given Names:

Given Names:

D.O.B:

D.O.B:

Address:

Address:

Email:

Email:

Home Phone:

Home Phone:

Mobile:

Mobile:

Work Phone:

Work Phone:

Nationality:

Nationality:

Language/s:

Language/s:

Occupation:

Occupation:

Place of Work/Study:

Place of Work/Study:

Address of Work/Study:

Address of Work/Study:

**COURT ORDERS PERTAINING TO THE ENROLLED CHILD**

Are there any Court Orders/Parenting Orders or Plans in Place? YES / NO

The child resides with? Details:

*A current copy must be attached to the Enrolment Form***Person Denied Access to the Child**

Name:

Relation to the child:

Address:

Date of Issue:

Is the enrolled child under Department of Child Protection Care? YES / NO

Department of Child Protection Case Worker Details

Is DCP assisting in child care fees? YES / NO

Name:

Office:

Contact Number:

Contact Email:

**MEDICAL DETAILS**

Doctor:

Dentist:

Medical Centre:

Dental Surgery:

Address:

Address:

Phone Number:

Phone Number:

Medicare Number:

Health Fund:

St John Ambulance Number:

**Please note that Parents are responsible for all costs incurred in medical expenses.****Health Requirements**

Is your child up to date with the required immunisations? YES / NO

*A copy of your child's Birth Certificate and current Immunisation Records must be provided to the centre on enrolment. Immunisations not up to date may affect the claim for Child Care Subsidy.***Does your child have:**

Any Allergies? YES / NO

Details:

Is your child diagnosed as at risk

of anaphylaxis? YES / NO

Details:

Asthma? YES / NO

Details:

*Please provide any relevant documentation including medical management plan or risk minimisation plan. It is the responsibility of the parent to ensure the centre has the appropriate medical equipment/medication on the days the child attends the Lighthouse Play Centre Out Of School Care service.**The Lighthouse Play Centre Out Of School Care service staff have the right to refuse care if medication is not provided.*

Any dietary requirements? YES / NO

Details:

Any regular medication? YES / NO

Details:

Regular visits to a specialist/therapist?

YES / NO

Details:

Any medical condition/s or additional needs?

YES / NO

Details:

Any Fears? YES / NO

Details:

Has your child ever had a seizure

(Febrile Convulsion) from a high temperature?

Any Special Comforters? YES / NO

Details:

YES / NO

## EMERGENCY CONTACTS

Please note that Emergency Contacts must bring valid photo identification before staff will allow the child to leave the centre with your nominated person.

<b>1. Name:</b>	<b>Relation to child:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Mobile:</b>
<u>I authorise the above person to:</u> Collect my child from the service YES / NO To authorise consent of medical treatment or administration of medication YES / NO To sign Incident or Accident forms for my child YES / NO To be contacted during an emergency if the child's parent cannot be contacted YES / NO To sign documents relating to excursions YES / NO	
<b>2. Name:</b>	<b>Relation to child:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Mobile:</b>
<u>I authorise the above person to:</u> Collect my child from the service YES / NO To authorise consent of medical treatment or administration of medication YES / NO To sign Incident or Accident forms for my child YES / NO To be contacted during an emergency if the child's parent cannot be contacted YES / NO To sign documents relating to excursions YES / NO	
<b>3. Name:</b>	<b>Relation to child:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Mobile:</b>
<u>I authorise the above person to:</u> Collect my child from the service YES / NO To authorise consent of medical treatment or administration of medication YES / NO To sign Incident or Accident forms for my child YES / NO To be contacted during an emergency if the child's parent cannot be contacted YES / NO To sign documents relating to excursions YES / NO	
<b>4. Name:</b>	<b>Relation to child:</b>
<b>Address:</b>	<b>Work Phone:</b>
<b>Home Phone:</b>	<b>Mobile:</b>
<u>I authorise the above person to:</u> Collect my child from the service YES / NO To authorise consent of medical treatment or administration of medication YES / NO To sign Incident or Accident forms for my child YES / NO To be contacted during an emergency if the child's parent cannot be contacted YES / NO To sign documents relating to excursions YES / NO	

## AUTHORISATION

Your signature at the end of this form confirms that you have read, understood and agreed to all conditions and The Lighthouse OSHC practices outlined in the **Parent Handbook** and this **Enrolment Form**

## Emergency Medical Attention

In an emergency The Lighthouse OSHC Service staff are authorised to act on the parent/guardians behalf and seek professional medical attention, dental treatment or call an ambulance at the expense of the enrolling parent/guardian.

**Settlement of medical costs incurred is the responsibility of the parent/guardian.**

## First Aid Administration

I authorise The Lighthouse OSHC Service employees, who hold a current First Aid Certificate, to administer First Aid to my child.

## Sun Protection

I give authority to The Lighthouse OSHC Service employees to allow my child or assist my child in applying SPF30+/50+ Sunscreen, understanding the brands may vary. Any sensitivity your child may have to sunscreen must be communicated in writing to The Lighthouse OSHC Service management.

## Developmental Assessments and Programming

I give permission for The Lighthouse OSHC Service staff to document my child's development, learning and play.

I understand that my Child's Assessments are available for my perusal at all times and may be transmitted via email to your nominated email address.

I give permission for my child being present in group assessments and available for all families to view

I understand that my child may be included in a peers observations to demonstrate relationships and positive social communications- this may be transmitted to all families with featured children

## Photographs

The Lighthouse OSHC Service may take photographs, videos or audio conversations to include in; Child Assessments and programming

Centre displays

Child Portfolios (these will be taken out of the centre for a precious keep sake)

Centre Newsletters

## Social Media and Advertising

I authorise my enrolled children's photographs, videos and art work to be featured on The Lighthouse OSHC Service social media, including;

The Lighthouse Play Centre Website – [www.lighthouseplaycentre.com.au](http://www.lighthouseplaycentre.com.au)

The Lighthouse Play Centre Facebook Page – public page

The Lighthouse Play Centre Google Plus Page

If you choose for your child **not** to be involved in the Social Media and Advertising of The Lighthouse

Play Centre then please sign the following \_\_\_\_\_(Signature)\_\_\_\_\_ (Date)

## Students, Volunteers, Visitors

I give permission for my child to be in the presence of visitors, students and volunteers working at the centre. At all times these workers will be supervised by a permanent Lighthouse OSHC Service Educator

## Leaving the Centre

I give permission for staff to escort my child to the emergency evacuation point for a routine monthly Evacuation Procedure or in case of an emergency

I give permission for my child to be transported to and from school where applicable, by car or by foot, under the supervision of a Lighthouse OSHC Service Educator

I understand and agree with the above authorisations I have given

Parent 1: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## ENROLMENT AGREEMENT

- I have received and read the Lighthouse OSHC Service Parent Handbook and relevant Centre Policies
- I understand that it is a requirement to complete a new Enrolment Form as requested by the centre
- I will provide all required items for my child's daily care and ensure that dangerous and unsafe items are not contained in my child's bag
- I understand that it is my responsibility to clearly label all my child's personal belongings
- I will notify the centre of a change in the details pertaining to my child's enrolment
- I understand that Lighthouse OSHC Service must follow the Priority Access Guidelines this means that you may be asked to sacrifice your child's position to provide a place for a child under these guidelines
  - Priority One – Children at risk of serious abuse or neglect
  - Priority Two – Children of parents under the Work/Training/Studying test
  - Priority Three – Any other child

**I agree that I have read and understand the above conditions and will comply with these agreements**

Parent 1: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT AGREEMENT

- It is the parent's responsibility to provide correct CRN's to the centre to ensure CCS is received
- Fees will be kept two weeks in advanced for parents (*three weeks of payment may need to be paid at the beginning of care to get you in line with the two week pay cycle*)
- Fees that are not kept up to date may result in cancellation of care
- Absent days, Holidays and Public Holidays will be paid for at the normal daily rate
- Late collection fees will be paid at \$2.00 per minute, per child after 6:30pm (*charges are not subsidised by the government*)
- Costs for collection of outstanding fees including debt collector fees are liable to the enrolling parent
- **Two weeks written notice** is required to cancel care and all fees will be paid until and including the final booking. Normal fees will be paid up until the centre receives written notice
- Final days that are taken as absences are not covered by Centrelink and full fees will be paid for these days
- I will provide active credit card details or bank account details to pay for all fees. Fees will be deducted fortnightly on a Friday through Debit Success
- I have read and signed the Debit Success form, provided on enrolment

**I agree with and will abide by the above conditions as per the centre's Fee Payment Policy and Parent Handbook**

Parent 1: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2: Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Enrolment Received (date) \_\_\_\_\_ by \_\_\_\_\_

Entered into Management Software (date) \_\_\_\_\_ by \_\_\_\_\_

Birth Certificate Received (date) \_\_\_\_\_ by \_\_\_\_\_

Current Immunisation Form Received (date) \_\_\_\_\_ by \_\_\_\_\_

Medical Plans Received (date) \_\_\_\_\_ by \_\_\_\_\_

Court Orders Received (date) \_\_\_\_\_ by \_\_\_\_\_

First three weeks of payment received (date) \_\_\_\_\_ by \_\_\_\_\_

Debit Success Documents Received (date) \_\_\_\_\_ by \_\_\_\_\_

Directors Name \_\_\_\_\_ Signature \_\_\_\_\_