



Before and After School Care
 ABN: 83 854 369 389
 HEATHCOTE OOSH
 Heathcote P.S
 Oliver St. Heathcote
 PO Box 262 Engadine 2233
 Ph: 0437 001 753
 Email: hoosh@live.com.au



Child's Name:

OFFICE USE ONLY:
 Date Entered: ____/____/____
 Coordinator Signed: _____

ENROLMENT FORM

Please attach a
 passport size photo of
 your child here.

ATTACHED DOCUMENTS CHECKLIST

*Incomplete forms will not be accepted

Please attach a copy of the below documents where applicable:

Document	YES	NO	N/A
Immunisation Certificate or Conscious Objection Form			
Asthma Plan			
Anaphylaxis Plan			
Allergy Risk Management Plan			
Behaviour Management Plan			
Signed Centre Rules			
Court Orders/ Parenting Plan			

*All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff.
 Please read each section carefully before completing and signing. Please complete a separate form for each child you are enrolling.*

PERSONAL INFORMATION OF CHILD

Full Name of Child		Preferred Name
Primary Address of Child		
Date of Birth		
Gender Identity		
Country of Birth		
Nationality		
Cultural Affiliation CALD/Aboriginal/TSI/Other <i>Culturally And Linguistically Diverse</i>		
Languages other than English spoken at home		
School Grade		
Home Phone Number		
Mobile Number		
Parent Email Address		

PERMANENT DAYS OF ATTENDANCE

Mornings	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoons	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

AND / OR

CASUAL DAYS OF ATTENDANCE (Tick for all days if unsure of future requirements.)

All casual bookings are subject to availability

Mornings	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoons	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

NAMES AND AGES OF ALL SIBLINGS

Name:	M/F	Age:	Attends HOOSH

CHILD CARE SUBSIDY (CCS) To check eligibility criteria go to education.gov.au/childcare

Will you be claiming Child Care Subsidy? YES / NO. If yes please provide details below.

Family CRN: _____ Childs CRN: _____

Name of person claiming: _____

Date of Birth: _____

Address: _____

PARENT/GUARDIAN INFORMATION

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
	*Same as child <input type="checkbox"/>	*Same as child <input type="checkbox"/>
Title:	Mr / Miss / Mrs /Ms	Mr / Miss / Mrs /Ms
Surname:		
Given Name:		
Country of Birth:		
ATSI Background: <i>Aboriginal Torres Strait Islander</i>	Yes / No (please circle)	Yes / No (please circle)
CALD Background <i>Culturally And Linguistically Diverse</i>	Yes / No (please circle)	Yes / No (please circle)
Date of Birth:		
Relationship to Child:		
Address:	Postcode:	Postcode:
Language(s) other than English:		
Email Address:		
Hours of work:		
Occupation:		
Name of employer:		
Address of employer:		
Home Telephone:		
Mobile Telephone:		
Work Telephone:		

EMERGENCY CONTACT AND AUTHORISED PERSONEL

Please list below those persons authorised to DELIVER/COLLECT YOUR CHILD from the centre and authorised as emergency contacts – These are in addition to Parents/guardians listed on page 2. (These responsible, authorised contacts should be readily accessible and willing and able to sign in (deliver) and/or sign out (collect) your child, at the Centre. Please select people who can arrive relatively quickly, at the centre, when requested.)

PLEASE NOTE: Only those persons with written authorisation (or verbal in an emergency) from the parent(s)/ guardian(s) may deliver (sign in) and/or collect (sign out) your child at the Centre. Children will be released only to those persons named on this form. Authorised persons may be required to show their driver’s licence or similar identification when delivering and/or collecting your child at the Centre. **For our own reference, please inform the centre if an authorised contact will be collecting your child on any given day.**

NAME	ADDRESS	CONTACT PHONE NUMBER	RELATIONSHIP TO CHILD	AUTHORISED TO CONSENT TO MEDICAL TREATMENT TO CHILD incl. Doctor, Hospital or Ambulance Y OR N	CONSENT TO AUTHORISE ADMINISTRATION OF MEDICATION TO CHILD Y OR N	AUTHORISED TO CONSENT TO AN EDUCATOR TAKING CHILD OUTSIDE OF PREMISES Y OR N

**Please note the centre will not release any child to an adult whilst they are under the influence of drugs or alcohol, or they present in such a manner as to suggest their ability to safely collect a child is impaired. If such an instance does occur, the child’s alternative guardian or persons authorised will be contacted. Please list below those persons PROHIBITED to collect your child from the centre and not authorised as emergency contacts*

NAME	ADDRESS	MOBILE	WORK PHONE	RELATIONSHIP TO CHILD

CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO

If **YES** please provide details:

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

MEDICAL INFORMATION

Family Doctor's Name: _____

Address: _____

Telephone number: _____

Family Dentist Name: _____ Telephone number: _____

Parent/Guardian permission

I give permission for HOOSH staff to seek information from the doctor, dentist, hospital or medical service named above about how to manage any allergy, medical condition or dental injury experienced by my child. YES NO

Ambulance membership number: _____

Family Medicare Number and IRN (individual reference number): _____

Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____ Number: _____

Does your child suffer from **asthma** NO YES

If **YES** please provide details including severity and triggers. Please attach a copy of their action plan or risk minimisation plan prepared by the child's doctor, if applicable:

Date asthma was last assessed by a medical practitioner: _____

Medication supplied YES Action plan supplied YES

Does your child suffer from **anaphylaxis** NO YES

If **YES** please provide details including all severity and symptoms. Please attach a copy of their action plan or risk minimisation plan prepared by the child's doctor.

Date allergies were last assessed by a medical practitioner: _____

Medication supplied YES Epi-Pen supplied YES Action plan supplied YES

Has your child ever experienced an anaphylactic reaction? YES NO

If **YES** please provide details

Does your child have any **allergies** (including food and/or medicine)? YES NO

If **YES** please provide details, including a copy of a medical management plan or risk minimisation plan prepared by the child's doctor, if applicable:

Does your child have any medical conditions that require regular medication? YES NO

If **YES** please provide details, including details of self – administering:

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Has your child ever been hospitalised? YES NO

If **YES** please provide details:

Has your child been diagnosed or undergoing assessment for any of the following illnesses/conditions/allergies? Please indicate by selecting the check box and providing a brief description of the details below and attach a treatment plan where applicable.

Epilepsy/Seizures Downs Syndrome Diabetes Socio/Emotional Disorder
 Hearing Impairment Visual Impairment Aspergers Communication Delay
 A.D.D or A.D.H.D Food Sensitivity Autism Intellectual Impairment
 Physical/Mobility Restrictions **Other Needs**

IMMUNISATION

Has your child received the necessary immunisation for their age? YES NO

Date of last tetanus injection: _____

As a condition of enrolment, all children's immunisation records, must be attached.

If **NO** please detail any relevant information, and an 'Immunisation Exception Conscious Objection form' must be attached. Found at <http://www.medicareaustralia.gov.au>

FIRST AID KIT PRODUCTS

PRODUCTS USED AT THE CENTRE

Product	Product	PRODUCT DESCRIPTION	INGREDIENTS		
Band-aids	Triangular bandage	The Cancer Council Australia Everyday UVA/UVB Broad Spectrum 2 Hours Water Resistant SPF 30+ Very High Protection Sunscreen Cream with Moisturiser	Preservatives:		
Elastoplasts	Saline Sterile Solution		<ul style="list-style-type: none"> Phenoxyethanol 6.0 mg/g Total Hydroxybenzoates 4.0 mg/g Phenethyl Alcohol 50 mcg/g 		
Bandaid Shapes	Vaseline		Active:		
Non-adhesive dressing pad	Emergency Shock Blanket		<ul style="list-style-type: none"> Octyl Methoxycinnamate 80.0 mg/g 4-Methylbenzylidene Camphor 30.0 mg/g Butyl Methoxydibenzoylmethane 20.0 mg/g 		
Sterile eye pad	Splinter forceps		Aerogard Family Protection Low Scent Low Irritant Insect Repellent	Active:	
Sterile eye wash	Cotton buds			<ul style="list-style-type: none"> 52.2g/kg Diethyltoluamide 11.0g/kg DI-N-Propyl Isocinchomeronate 	
Gauze bandage	Forehead thermometer			Ventolin Reliever Inhaler Complete (In event of a suspect Asthma Attack)	<ul style="list-style-type: none"> 100mcg Salbutamol(as sulfate) per metered dose Non CFC propellant: Hydrofluoroalkane
Safety pins	Ice/cold pack				
Paper tape	Warm pack				
Wound closures (Butterfly clips)	Disposable non- latex gloves				
Swab gauze	Scissors (sharp/blunt)				
Eye bath	Eye pad				
Plastic bag for amputation	Disposable resuscitation face shield				

Risk Minimisation Form

- Please complete this form if your child suffers from any allergens or other medical conditions that we should be aware of

Name:	D.O.B:
Allergy/Condition:	Is it life threatening? YES <input type="checkbox"/> NO <input type="checkbox"/>
What triggers allergy/condition:	
What can we do to minimise the risk of a reaction?	
If a reaction is triggered what treatment should be undertaken?	

OFFICE USE ONLY:

Entered and displayed YES Date: _____ Staff Member: _____

ADDITIONAL NEEDS

Does your child have any specific behavioural support needs? YES NO

If **YES** please provide details and note support strategies:

Does your child have any difficulties or disabilities which may require additional assistance or support in order for them to participate in the program?

YES NO

If **YES** please provide details:

Is your child currently engaged with any therapy for example: psychology, speech, occupational?

YES NO

If **YES** please provide contact details and attach most recent report where applicable.

Does your child receive additional aide/support during school time?

YES NO

If **YES** please provide details:

If yes, your child's position may be contingent to our service accessing adequate support from NSW Inclusion Support Programme (ISP). A risk assessment will be completed PRIOR to your child's enrolment to determine support required. Please ask staff for an Additional Programming Information Sheet as additional support, if required, must be approved by ISP PRIOR to attendance. Please be advised ISP approval may take up to 8 weeks following submission of application.

INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child.

Does your child have any cultural, religious or dietary requirements or additional needs? YES / NO,

If **YES** please provide details:

Are there any policies and procedures which may contravene your family values or beliefs? YES / NO

If YES please provide details:

Are there any words that have special meaning to your child that we may need to know? YES / NO

If **YES**, please provide details

Does your child have any particular food dislikes? YES / NO

If **YES**, please provide details:

Does your child fear anything in particular? YES / NO

If **YES**, please provide details:

Has your child ever attended another childcare, oosh centre and or school besides Heathcote Public?
YES / NO

If **YES** please provide contact details

Please provide details about your child interests, for example, hobbies, sport, books, games, art and craft, music, etc.

NOTE: *Centre staff will also talk to your child about their interests on a regular basis and where possible these interests will be accommodated.*

Please provide any further information that may assist Hoosh staff to better accommodate your child.

Priority of Access

Please tick any of the following options that relate to your child's booking:

Priority 1

A child at risk of serious abuse or neglect (referrals from Education and Communities)

Priority 2

A child of a single parent who satisfies or of parents who both satisfy the work, training and study test (under section 14 of the New Tax System (Family Assistance) Act of 1999)

Priority 3

Any other child

- ALSO please tick any of the following which may apply to your family:

Children in Aboriginal and Torres Strait Islander families

Children in families that include a person with a disability

Children in families on lower incomes

Children in families with a non-English speaking background

Children in socially isolated families

Children of single parents

Please note: should the service become full, a parent using care who is Priority 3 may be asked to vacate the place for a child in a Priority 1 or 2.

Please refer to the Family Handbook for more clarification of the above guidelines.

Any parent who intentionally provides false or misleading information may have their places at HOOSH suspended or terminated by the Management Committee. HOOSH may request appropriate documentation or statutory declarations as evidence of Priority of Access. Failure to produce such documents will result in the nominated priority being disregarded.

If you have any other questions regarding Priority of Access, please contact the Coordinator and all information remains strictly confidential.

AUTHORISATION AND APPROVAL (PERMISSION)

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

NOTE: please review the product list attached. If your child has an allergy to any of the products listed please complete allergy plan and supply alternative products for use.

As parent/guardian I authorise the following (initial the appropriate box):

Permission	Yes	No	Date	Alternative Option
Provision of medication I hereby give permission to the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.				
Ambulance transportation: I hereby give permission to the staff at the service seeking medical attention for my child on my behalf in an emergency and should I not be contactable. If an ambulance is called and the child transported to a hospital, I agree to pay all medical costs in this instance				
Permission for the application of: sunscreen, insect repellent, hand sanitizer and band aids I hereby give permission for staff to apply sunscreen to my child before outdoor play activities and band aids and insect repellent as required. If not please provide alternative treatment options. <i>For more info see page 6</i>				
Taking photographs and videos I hereby give permission that my child may be photographed/videoed whilst at the centre. There are a number of reasons the centre takes photographs/videos of the children, including: providing visual documentation for families to see what their child does throughout the day, to assist with evaluations of the program, to use as part of promotion and publicity for the centre				
Permission to view films etc. I hereby give permission that my child may watch 'G' and 'PG' rated videos, films and/or DVDs and use the computer, WiiU and X Box 360 equipment using 'G' and 'PG' games at HOOSH. I am aware that I am able to check with Centre staff if I wish to know which videos/films/DVDs are available.				
Childhood studies I hereby give permission for TAFE, University and/or High School Students to observe, participate with and document information about my child at the Centre for the purpose of Childhood Studies. I am aware that all documentation will remain confidential and only their initials will be used. Photographs are not permitted.				
Permission to administer centre's asthma first aid kit I hereby give permission to a staff member of Hoosh with a current First Aid Certificate to administer a metered dose of inhaler/reliever medication from the centre's Asthma First Aid Kit, should my child have difficulty breathing whilst in our care. <i>Ventolin Reliever Inhaler - 100mcg Salbutamol(as sulfate) per metered dose. Non CFC propellant: Hydrofluoroalkane</i>				
Permission to administer centre's anaphylaxis emergency kit I hereby give permission that if my child has no known allergy but appears to have an anaphylactic reaction whilst at the centre or in our care, one of the centre's Coordinator's will call an ambulance and a staff member with a current First Aid Certificate will follow the recommended treatment from the ambulance staff. This may involve administration of an adrenaline auto injector (EpiPen or EpiPen Jr) from the centre's Anaphylaxis Emergency Kit. <i>Epi-Pen Jr. - Auto-Injector contains 0.15 mg epinephrine, 1.8 mg sodium chloride, 0.5 mg sodium metabisulfite, hydrochloric acid to adjust pH, and Water for Injection</i>				
Permission to share information I hereby give permission for the Hoosh coordinator to liaise with previous listed therapists and educational professionals if deemed necessary to better support my child.				

DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understand the centre's procedures, conditions and policies contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed by notice from time to time by the centre at its sole discretion)
- I understand the Policies and Procedures incorporate any relevant statutory obligations imposed on the centre and have been put in place to protect my child.
- I must strictly comply with the Policies and Procedures at all times.
- I understand that in the event of an emergency requiring medical attention staff will apply appropriate first aid treatment and seek urgent medical attention if required. I will be responsible for any costs associated with this intervention. I understand that staff will attempt to contact me as soon as practicably possible to advise of the emergency and any actions taken.
- In the event of fire or other emergency my child is to be evacuated from HOOSH by any means available, including in any available transportation. I understand that staff will attempt to alert me to the evacuation of my child from the centre as soon as practicably possible.
- The staff are not responsible for any misunderstanding, confusion, or loss of property as a result of these emergency response actions.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the centre immediately in writing if there are any changes to the information provided by me in this enrolment record.
- I understand that when caring for my child the centre staff will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the centre.
- I am totally responsible for the accuracy of the information and my compliance with the Policies & Procedures.
- I am totally responsible for the suitability and actions of any person/persons whom I authorise to visit, deliver, and or collect my child to/from the centre or any other place (Other Person/s).
- I must first inform any other person/s about the Policies & Procedures and that they must strictly comply with them.
- I understand that as part of the daily program children will be taken to the school playground crossing Oliver Street and that staff will take all appropriate precautions to ensure my child's safety.
- I will notify the centre if my child is absent from the centre on a day that they are booked in.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded I/we will indemnify the Centre its employees or any of its authorised person/s from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child, by me or any third party in connection with any act or omission by me and or us and or Other Person/s failing to comply with any Policies & Procedures and or due to the inaccuracy of the Information and or the acts or omissions of the Other Persons.
- I understand that if my child back-chats, swears, bullies, hits another child, is physically aggressive or deliberately damages property or absconds from the centre, the Coordinator will need to speak to me to determine appropriate consequences. I further understand that if my child deliberately injures another child or staff member, his or her enrolment may be cancelled immediately.
- **In order for HOOSH to better support my child I agree for Heathcote Public School staff and HOOSH to share information regarding my child.**

Parent/Guardian 1

Name: _____ Signature: _____ Date: _____

Parent/Guardian 2

Name: _____ Signature: _____ Date: _____

CENTRE RULES

I agree to:

1. Speak nicely to the staff and other children
2. Treat others with kindness and respect
3. Look after games and equipment and to pack them away when I've finished using them
4. Play safely – adhere to “boundary areas” of the school
5. Comply with HOOSH staff instructions

I understand that

6. Ball and rope games are for outside
7. I must walk not run when inside
8. Tree climbing is not allowed
9. Any unsafe play is not permitted – this includes playing out of boundary areas, inappropriate use of equipment, or deliberate use of equipment to endanger and potentially harmful to others

I agree not to

10. Physically or Verbally bully anyone
11. Back-chat to the staff
12. Swear or use any inappropriate language
13. Hit or be physically aggressive to anyone
14. Take photographs or videos of myself or other children

I understand that if I do back-chat, swear, bully or hit another child or am physically aggressive then the Coordinator will need to speak to me and my parents to determine appropriate consequences.

I understand that if I deliberately injure or pose any potential danger or threat to another child or HOOSH staff, my enrolment may be cancelled.

Child's Signature: _____

Parent/Guardian 1

Name: _____ **Signature:** _____

Date: _____

Parent/Guardian 2

Name: _____ **Signature:** _____

Date: _____