



MARLBOROUGH PRIMARY SCHOOL
Out of School Hours Care Enrolment
 Details are Strictly Confidential

ENROLMENT DETAILS

Enrolment Date:.....

A parent who has lawful authority in relation to the child must complete this form. A brief explanation of parental responsibility is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk*are not required by the Regulations, but you are encouraged to answer these to assist the Out of School Hour Care service in caring for your child.

Information about the child

Family Name:..... Date of Birth:..... *Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Given Names:..... CRN:	
Home Address:.....	
Language(s) Spoken at home:.....	
Does the child have any special cultural/religious considerations: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details.....	
Is the child of Aboriginal and/or Torres Strait Islander origin? <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Torres Strait Islander	
*Does the child have a developmental delay or disability including intellectual, sensory or physical? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information about the child's parents or guardians

Mother	Father
Name:.....	Name:.....
Address: as per child or:	Address: as per child or:
Date of Birth:..... Ph: (h) Ph: (w)..... Ph: (m)..... CRN Number:	Date of Birth:..... Ph: (h) Ph: (w)..... Ph: (m)..... CRN Number:
Does the child live with the mother? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with the father? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)
Guardian (if applicable)	Guardian (if applicable)
Name:.....	Name:.....
Address: as per child or:	Address: as per child or:
Telephone/s Ph: (h)Ph: (w)..... Ph: (m).....	Telephone/s Ph: (h)Ph: (w)..... Ph: (m).....
Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	Does the child live with this guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)

Other persons to be notified - There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children/s service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name:.....	Name:.....
Address:.....	Address:.....
Telephone/s Ph: (h)Ph: (w)..... Ph: (m).....	Telephone/s Ph: (h)Ph: (w)..... Ph: (m).....
Relationship to child	Relationship to child

Court Orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section

Yes please complete the following:

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form:
2. If these orders:
 - (a) Change the powers or a parent/guardian to:
 - Authorise the taking of the child outside the OSHC service by a staff member of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child from the service, AND/OR
 - (b) Give these powers to someone else,

please describe these changes and provide the contact details of any person given these powers.

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Details of people who you authorise to collect your child.

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the OSHC service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....	Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....
Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....	Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....
Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....	Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....
Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....	Name:..... Address:..... Ph: (h) Ph: (w)..... Ph: (m)..... Relationship to child.....

Details of people who you authorise to consent to medical treatment and/or administration of medication to your child:

Your consent is required for other people to be contacted in case of an emergency. These people are authorised to consent to medical treatment and to the administration of medication in circumstances where parents/guardians cannot be contacted immediately

Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child	Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child
Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child	Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child
Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child	Name:..... Address:..... Ph: (h)Ph: (w)..... Ph: (m)..... Relationship to child

Child's Health Information

Name Doctor/Medical Service:..... Telephone.....
 Address Doctor/Medical Service:.....
 *Maternal & Child Health (MCH) Centre:.....
 Does your child have a child health record? No Yes (please tick)
This is a record that documents a child's health assessments and immunisations. If yes, please provide to service for sighting.

Office Use Only
 Name and position of person at the children's service who has sighted the child's health record:
 Name:..... Position:.....

Child's Medical Information

Does your child have any special needs? No Yes (please tick)
 If yes, please provide details of any special needs and any management procedure to be followed with respect to the special need.

 Does your child have any allergies or sensitivity? No Yes (please tick)
 If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Child's Medical Information continued:

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes (please tick)
- Does your child have an auto injection device (eg EpiPen)? No Yes (please tick)
- Has the anaphylaxis medical management plan been provided to Out of School Hour Care? No Yes (please tick)
- Has a risk management plan been completed by the service in consultation with you? No Yes (please tick)

In the case of anaphylaxis you will be provided with a copy of the OSHC anaphylaxis management policy. You will be required to provide the OSHC service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information is available at: www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (eg. asthma, diabetes, epilepsy etc that are relevant to the care of your child) No Yes (please tick)

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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Does the child have any dietary requirements or restrictions No Yes (please tick)

If yes, the following restrictions apply.

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Child's Immunisation Record

Has the child been immunised? No * Yes (please tick)

If yes, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register
- completing the table below using the child's Immunisation Record to provide the dates of immunisation received.

Immunisation	Birth	2 Months	4 Months	6 Months	12 Months	18 Months	4 Years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type B)							
Inactivated poliomyelitis							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps & rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisation for Aboriginal & Torres Strait Islander children (if required)					12-14 Months	18-24 Months	
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

*If you have chosen not to immunise your child please give details as to why and thereby acknowledge that there are times where we may need to exclude your child from our service in accordance with our Infectious Disease Policy and Health Department recommendations.

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***Other Information**

Is there anything else that the Out of School Hours service should know about your child? (eg. excessive fears, favourite activities, attending other childhood service or early intervention service etc)

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Declaration and consent to emergency medical treatment

I,.....(Print full name)

a person with parental responsibility of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Out of School Hour Care service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at Out of School Hour Care;
- consent to the proprietor of OSHC to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

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Signature Date

Confidentiality of enrolment records

The proprietor of the Out of School Hours Care service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1)(d-e).

Parental responsibility

The term 'parental responsibility' is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children'

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day -to-day care and control of the child.