



**OSHC  
Enrolment Form  
2017**

Operating from the Sale Primary School  
*Macalister Street*

*Sale Vic 3850*

*Phone: 5144 6952*

[www.gumnutselc.com.au](http://www.gumnutselc.com.au)

*gumnutselc@netspace.net.au*

**CHILD'S NAME:** \_\_\_\_\_

**DETAILS OF CHILD**

What school does your child attend? .....

First Name..... Surname.....

Date of Birth ..... ( Please circle) Male Female

Is the child of Aboriginal or Torres Strait Islander decent? (please circle) YES NO

If yes please stipulate.....

Main Language spoken at home .....

Names and ages of other children in the family

.....

Any special issues in relation to your child e.g. cultural beliefs, religion, food etc.?

.....

**CHILD CARE BENEFIT** – Please contact the Family Assistance Office on 13 61 50 or call into to your local Centrelink branch before commencing care, to register for Child Care Benefit. You will be given a reference number (CRN) for yourself and your child. Please list these details below.

**Child CRN** \_\_\_\_\_ **Parent 1 CRN** \_\_\_\_\_

**Please inform the Director if you have any other children in care at other services.**

**DETAILS OF PARENT 1  
(Parent listed to claim Child Care Benefit)**

Does the child live with this Parent/guardian  
YES / NO

Name.....

DATE OF BIRTH .....

Address.....

.....

Telephone(home).....

(work).....

(mobile).....

Employer.....

Occupation.....

Languages spoken.....

Email Address:.....

**DETAILS OF CO-PARENT**

Does the child live with this parent/guardian  
YES / NO

Name.....

Address.....

.....

Telephone(home).....

(work).....

(mobile).....

Employer.....

Occupation.....

Languages spoken.....

**Other residency arrangements** (please give details)

Name/Relationship.....

Address.....

Telephone (home).....

(work).....

(mobile).....

**MEDICAL INFORMATION**

Does your child have any additional needs? (Please Circle) YES NO

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

Is he/she under any medical treatment?.....  
.....

Has he/she had any history of illness?.....

Is there anything about his/her physical well being that you feel we should know? (e.g allergies, food intolerances, asthma, sensitivities, etc. If your child has asthma we need a copy of an action plan signed by your child's doctor)  
.....  
.....

Signed Asthma Action Plan attached YES NO

**Please Note: If there is a specific management procedure to be followed due to the child's allergy/illness, please complete an 'Emergency Management Plan' either from your GP or collect one from Gumnuts**

**OTHER INFORMATION**

Is there anything else that we should know about your child? (eg. Excessive fears, favourite belongings/activities, pets, early intervention services etc.  
.....  
.....  
.....

**Anaphylaxis**

Has your child been diagnosed at risk of anaphylaxis? (please circle) YES NO

Does your child have an auto injection device (eg: EpiPen)? YES NO

Has the anaphylaxis medical management plan been provided to the service? YES NO

*In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child*



**EMERGENCY CONTACT**

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could collect the child and take care of them for the day. In the event that the child is not collected from the Centre and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

Name..... Relationship.....

Address.....

Phone number (home).....

(work).....

(mobile).....

**AMBULANCE SUBSCRIPTION** (please circle) NO YES Number.....

**MEDICARE NO.** ..... **PRIVATE HEALTH NO.** .....

**FAMILY DOCTOR**

Name of Doctor..... Name of Practice .....

Address..... Phone.....

**NOMINEES AUTHORISED TO COLLECT CHILDREN**

(An Authorised Nominee is a person who has been given permission by a parent or family member to collect the child from the service)

1) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

2) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

3) Name..... Relationship.....

Address.....

Phone Home)..... Work)..... Mobile).....

**DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I/We.....print full name/s

Person/s with authorised nominee 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 children’s service in the event of any change to this information
- agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- consent to the staff of the children’s service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the children’s service

**PRIVACY NOTIFICATION**

Gumnuts Early Learning Centre uses the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the Centre Director.

**PARENT CONSENT TO THE FOLLOWING CENTRE PRACTICES AND PROCEDURES**

- I give permission for my child to be photographed and/or video taped by staff members. I understand that these photos and video footage are for centre use only

YES                      NO                      (please circle appropriate response)

- I give permission for my child to be photographed and/or videotaped and have these images posted on the centres Facebook page.

YES                      NO                      (please circle appropriate response)

- I give permission for my child to be photographed and/or video taped in the event of media reportage.

YES                      NO                      (please circle appropriate response)

- I give permission for my child to have a 30+ sunscreen applied as per Centre Sunsmart Policy

YES                      NO                      (please circle appropriate response)

- If you do not want any of the following products used on your child IF REQUIRED please cross them out;

AEROGUARD      SALINE SOLUTION      BANDAIDS



- I give permission for staff to check my child's hair for head lice to minimise the spread of cross infection in the Centre

YES                      NO    (please circle appropriate response)

- I give permission for staff of Gumnuts Early Learning Centre to take my child on routine outings out of Sale Primary School to Victoria Park when convenient, with the permission of the Centre Director or Nominated Supervisor and in accordance with Education and Care Services National Law and Regulations 2011 and Centre Policies and Procedures

YES                                      NO

- I agree to abide by all policy and philosophy guidelines of Gumnuts Early Learning Centre.

YES                                      NO    (please circle appropriate response)

I \_\_\_\_\_ declare as the authorised nominee of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children's service in the event of any change to this information.

**ASSOCIATION MEMBER** – I understand that when I enrol my child at the Centre, I become a member of the association who supports its purposes and will continue to be a member until I no longer use the service

PARENT/GUARDIAN SIGNATURE: .....

DATE:.....

DIRECTOR/INTERVIEWER SIGNATURE: .....

DATE:.....

**EMERGENCY MANAGEMENT PLAN**

Please complete this form if your child is asthmatic, epileptic, has allergies eg. bee stings or any other condition that may require an emergency plan NB: You may need to consult your Doctor when filling in this information sheet. This information should be updated each time the child's emergency management plan is changed.

CHILD'S NAME \_\_\_\_\_

PARENT/GUARDIAN CONTACT NUMBERS:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

AMBULANCE NO. \_\_\_\_\_

DOCTOR/MEDICAL SERVICE

NAME	ADDRESS	PHONE
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EMERGENCY CONTACT PERSON:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

(H): \_\_\_\_\_ (B): \_\_\_\_\_ (M) \_\_\_\_\_

WHAT IS YOUR CHILD'S MEDICAL CONDITION (Please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRIGGER FACTORS (if known):

COMMON SIGNS & SYMPTOMS:

\_\_\_\_\_  
\_\_\_\_\_

REGULAR MEDICATION (if required)

MEDICATION	DOSE	TIME(S) GIVEN
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\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY TREATMENT PLAN (eg. Peak flow meter for children with asthma)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I, \_\_\_\_\_ hereby authorise Gumnuts Early Learning Centre Management and/or staff to follow the emergency treatment procedure for my child if the need may arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IS THERE ANYTHING ELSE YOU FEEL THE CENTRE SHOULD KNOW ABOUT YOUR CHILD'S MEDICAL CONDITION (Please attach further information if required)

\_\_\_\_\_  
\_\_\_\_\_



PARENT INDUCTION/ORIENTATION CHECKLIST

- When collecting your child please check your information pocket for fees and any other important notices. You will also need to sign your child out before you leave. Please ensure you inform a staff member that you are leaving with your child. In the pocket you will find your fees each week and any other important information such as newsletters, fact sheets and upcoming events, please check your pocket each time you visit the Centre.
- A list and photographs of Gumnuts staff members can be found in the foyer of the main Centre
- A parent suggestions form can also be found on the pin board. Please complete a form if you have any suggestions or comments about our Centre and OSHC Program.
- A committee information board is located next to the Koala's room door in the foyer of the Centre. Please check the board for minutes of committee meetings and changes to policies and procedures. Parents will be asked to have input into these changes through the newsletter and notification on the committee notice board

- Provided with a copy of the Parent Handbook
- Location of General Policy Handbook
- Introduction to OSHC staff
- Location of hall, sign out book and parent info board
- Accident/Medication Book location and explanation of procedures
- Location of room program and location of parent comments sheet
- Discussion of how programs are created
- Location of toilet areas
- Location of Kitchen
- Parent complaints procedure
- Location of outdoor areas
- Room emergency evacuation procedure
- Explanation for procedures for staff who are absent
- Fee payment procedure
- Child Care Benefit details given to Centre
- Centre has obtained a copy of child's Immunisation details
- Explanation of items to pack for the child
- Centre Sun Smart Policy
- Explanation of cancellation of care and exit procedure
- Parent Comments/feedback or suggestions on induction -

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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_