**CHILD DETAILS**:

**OATLEY OOSHCARE INCORPORATED**

**Phone** - 9580 6591 **Postal Address** - PO BOX 263 Oatley NSW 2223 **Email** - enquires@oatleyoosh.org.au

**Casual Booking / Vacation Care Enrolment Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** | **Given Names** | **Residential Address** | **Child’s CRN\*** | **M/F** | **DOB** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*CRN: Customer Reference Number for the Family Assistance Office

**PARENT/GUARDIAN DETAILS:**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1 *(Person responsible for account)*** | **Parent/Guardian 2** |
| **Surname** |  |  |
| **Given name** |  |  |
| **Relation to Child** |  |  |
| **Family CRN\*** |  |  |
| **DOB** |  |  |
| **Mobile Phone Number** |  |  |
| **Home Phone Number** |  |  |
| **Residential Address** |  |  |
| **Email address** |  |  |
| **Occupation** |  |  |
| **Place of Employment** |  |  |
| **Work Phone Number** |  |  |
| **Marital Status** |  |  |

\*CRN: Customer Reference Number for the Family Assistance Office  
 Please note the family and child CRN numbers are different.

**EMERGENCY CONTACTS:** *(Other than parents/guardians. Must be 18+ years old)*

|  |  |  |
| --- | --- | --- |
|  | **First Person** | **Second Person** |
| **Name** |  |  |
| **Relation to Child** |  |  |
| **Mobile Phone Number** |  |  |
| **Home Phone Number** |  |  |
| **Residential Address** |  |  |
| **Work Phone Number** |  |  |
| **Authorisations**  *In the event of an emergency where the parents/guardians cannot be reached.* | * Collection * Medical Treatment * Ambulance Service | * Collection * Medical Treatment * Ambulance Service |

**DOCTOR DETAILS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctor’s Name** |  | **Phone Number** |  |
| **Medicare Number** |  | **Reference Number** |  |

**HEALTH/MEDICAL DETAILS:** *(Please provide descriptive details in space available below)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Does/is your child:** | **Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_** | **Child 1: \_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Have any allergies, intolerances or dietary restrictions? | Yes / No | Yes / No | Yes / No |
| Have any medical conditions? | Yes / No | Yes / No | Yes / No |
| Take any regular medication? | Yes / No | Yes / No | Yes / No |
| Have an Action Plan? | Yes / No | Yes / No | Yes / No |
| At risk of Anaphylaxis | Yes / No | Yes / No | Yes / No |

If you have indicated yes to any of the above, please provide additional details below.  
Please attach current Action Plans – Anaphylaxis, Asthma etc. and immunisation records.

Details:

|  |  |
| --- | --- |
| Is your child up to date with all immunisations? *(Please attach their record)* | * Yes * No |

**FAMILY INFORMTAION:**

|  |  |
| --- | --- |
| Are there any court orders, parenting orders or plans in relation to the child or access to the child? *(Please attach a copy of any documentation)* | * Yes * No   Details: |
| Cultural Background | * Aboriginal * Torres Strait Islander * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Languages spoken at home |  |
| Does the child have any fears or phobias? |  |

**AUTHORISATIONS:**

* *Medical Attention*

In the Event of an emergency, illness or accident concerning my child, I consent to the service seeking on my behalf urgent medical, dental, hospital and ambulance services for my child and I consent to the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because my child have been injured, or ill, at the premises. I accept any liability for medical, dental, hospital and ambulance and any costs that may be incurred.

* *Medication*

I hereby give my permission for my child to be given one dose of PARACETOMOL/IBUPROFEN as directed by the manufacturer for his/her age should he/she develop a fever. I understand that the educators will contact a family member/emergency contact to gain verbal permission to administer PARACETOMOL/IBUPROFEN on each occasion my child is ill.

* *Entertainment*

I hereby give my permission for my child to watch and/or play ‘G’ or ‘PG’ movies and games

* *Photo and Video*

I hereby give my permission for my child to be photographed or filmed for use in newsletters, craft activities, documentation and centre wall displays. I also consent for my child’s photo to be used on the Oatley OOSH website.

* *Program Participation*

I hereby give my permission for my child to participate fully within the program including craft, outside and inside activities – including makeup, face paint, hair spray and nail polish. I grant my permission for my child to on occasion, to go on walks in the local community including Memorial Park and Oatley 1st Scout Hall.

* *Sun Screen*

I hereby consent for my child to receive daily application of sunscreen

I understand that:

* Children must wear closed in shoes, shirts with sleeves (no thongs, sandals, singlets) and bring a hat while attending the centre.
* It is mandatory that children wear the red Oatley OOSH cap while on excursions – caps available for purchase and hire.
* A photo will be taken of my child prior to an excursion that will be passed onto the relevant authorities in the unlikely event of an accident, incident or missing persons.
* **I must contact the centre if my child will be absent on a booked day**.
* I am required by law to sign my child in/out on the electronic roll – it is my responsibility to ensure that all signing is up to date – even when my child is absent.
* There is a late fee added to my account if my child is collected after 6pm – see Oatley OOSH policies or further information.
* Oatley OOSH is a Nut Free Zone – I will not sent any products containing nuts to the centre
* Children may bring electronic devices to the centre and play them during restricted times. I understand that Oatley OOSH holds no responsibility for these items.

*I have read and accept Oatley OOSH’s Policies and Procedures and understand that my position at the centre could be jeopardised if I do not comply with the information stipulated.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Print Name** |  | **Signature** |  | **Date** |  |