

**NEWCASTLE EAST PUBLIC SCHOOL
OUT OF SCHOOL HOURS
ENROLMENT FORM**

**Corner of Tyrell and Brown Street, Newcastle East 2300
0494110460
nepsoosh16@gmail.com**

ALL INFORMATION SUPPLIED IN THIS FORM IS TREATED AS CONFIDENTIAL
The information on this form is compulsory-Regulation 160-162

Please read each section carefully before completing and signing

PARENT/GUARDIAN DETAILS

	Parent One	Parent Two
Name		
Address		
Date of Birth		
Home Phone		
Mobile phone		
Occupation		
Employees Name		
Employees Address		
Work Phone Number		
Email		
Parent CRN		

Does either parent have a disability? Yes No

If yes, please specify _____

Please circle Preferred Method of contact: Mobile Home Work

Marital status of parent/s:

Single Married De-facto Separated Divorced

Are there any court orders, parenting orders or parenting plans relating to powers duties, responsibilities or authorities of any person relating to any of the children listed on the form, access to the child or related to the child's residence or contact with the parent or other person.

Yes No

If yes, a copy of the order or plan must be provided.

I hereby authorise the Co-ordinator or staff of NEPS OOSH to **DENY** access to my child to the following people.

Name:	
Relationship	

CHILD INFORMATION ATTENDING NEPS OOSH

Child	
First Name/s	
Surname	
Gender	
Date of Birth	
Indigenous	
Childs Address	
Cultural Background	
Special considerations	
Religious/cultural/dietary Requirements	
Language spoken by child	
Language spoken by parent	
Current School	
Class	
Child CRN	
Medicare number	
Immunised	YES / NO

In order to follow the *Public Health act Act 2010*, if your child has been immunised, a copy of your child's Immunisation Status must be provided for confirmation upon enrolment. This can be done with visual confirmation to the Nominated Supervisor.

Office use only Have you sighted the immunisation form?	Yes/ No
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If no, please attach relevant exemption certificate, or catch-up schedule.

Do you have any children attending other child care centres? YES or NO

If yes how many children? _____

Requested date to start care _____

Please circle the days required: Permanent / Casual

BSC AM	Monday	Tuesday	Wednesday	Thursday	Friday
ASC PM	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care	Monday	Tuesday	Wednesday	Thursday	Friday

CHILD'S MEDICAL INFORMATION

FULL DISCLOSURE OF MEDICAL / ADDITIONAL NEEDS

Parents/guardians are required to fully disclose any medical and or additional needs their child/ren may have that are relevant to NEPS OOSH duty of care to both staff and children involved in the program. This information must be kept up-to-date. Staff require this information to be aware and allow for your child/children's needs.

Any ongoing medical conditions can affect your child's integration into our centre. Can you please help us to help your child by outlining any health, social/emotional or behavioural problems your child is experiencing or has experienced in the past?

Does your child have any medical conditions or specific healthcare needs

- Epilepsy Yes/No
- Diabetes Yes/No
- Asthma Yes/No
- Behavioural need requiring medication i.e., ADD, ODD Yes/No
- Allergies Yes/No
- Anaphylaxis Yes/No
- Autism Yes/No

If yes you must provide copies of the child's current action plan, medical management plan, risk minimisation plan etc. r.162 (d)

If "yes" please list

Does your child require regular medication? YES /NO If **YES** please provide details:

Does your child self – administer their medication? YES/ NO If **YES** please provide details:

If yes, the supervisor/educator must be present to ensure correct dosage of medication is taken in accordance with the child’s medication plan. The educator will write time and dosage in the services medication record. Said educator will have a current 1st Aid certificate.

Does your child have any dietary restrictions e.g., related to allergies? YES /NO If **YES** please provide details:

I give permission for the staff at the Centre to assess the need for and administer.

Insect repellent Yes /No
Sunscreen Yes /No
Band aids/bandages Yes /No

Parent / Guardian Signature _____ **Date** _____

If you answered YES to any of the above questions, please notify the coordinator when handing in your enrolment form.

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

AUTHORISATION AND APPROVAL (PERMISSION)

PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the nominated supervisor/educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.

Parent / Guardian Signature _____ Date _____

Medical Practitioner / Medical Service

Name of Doctor/Medical Practice	
Address	
Phone Number	

Authorisations including EMERGENCY CONTACT and COLLECTION of CHILDREN

Parents are able to authorise other persons to perform functions on their behalf.

I hereby authorise the coordinator or staff of NEPS OOSH to **PERMIT** any of the following people to perform the functions circled YES above.

Authorised Person 1		Authorised Person 2	
Name		Name	
Phone Number (H)	(M)	Phone Number (H)	(M)
Address		Address	
Relationship to Child		Relationship to Child	
I give consent to the medical treatment of my child And/or authorise administration of medical treatment	YES / NO	Give consent to the medical treatment of my child or authorise administration of medical treatment	YES / NO
Emergency Contact	YES / NO	Emergency Contact	YES / NO
Can collect my child from this service	YES / NO	Can collect my child from this service	YES / NO
I authorise an educator to	YES / NO	I authorise an educator to transport my child or	YES / NO

transport my child or arrange for transportation of my child		arrange for transportation of the child.	
I authorise an educator to take my child outside the service such as an excursion	YES / NO	I authorise an educator to take my child outside the service	YES / NO

Emergency Evacuations Drills

I give permission for my child/children attending the centre to travel by foot to the emergency assembly area in CIVIC Park with NEPSOOSH Educators. I understand I will be notified by email the day prior to the drill.

Parent / Guardian Signature _____ **Date** _____

ADDITIONAL INFORMATION

- I permit my child to be photographed to use in the centre’s daybook. Yes /No
- I permit my child to have their face painted/hairspray Yes/ No
- I permit my child to be used in social media platforms Yes/ No

Does your child have any Dietary needs?

- Gluten Free Yes/ No
- Dairy Free Yes/No
- Lactose Free Yes/No
- Vegetarian Yes/No
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If “yes” please list

Are there any foods your child/children dislike? Yes/ No

If “yes” please list the food types

I permit my child/children to travel by seat belted coach during vacation care only excursions. Please refer to Excursion permission note. Policy and risk assessment are available for you to see

Parent / Guardian Signature _____ **Date** _____

NEPSOOSH Parent, Family or Guardian Code of Conduct

As the parent or guardian of a child using NEPSOOSH Centre services I have the following responsibilities:
When I am on the property of the centre, attending centre events and in all dealings with the Centre, including phone and email contact I will:

- *Not be adversely affected by alcohol or other drugs*
- *Not smoke tobacco or other substances*
- *Act courteously at all times*
- *Refrain from impolite, abusive or offensive behaviour or language to staff or other parents, families, or guardians.*
- *Be respectful of the centre's environment*
- *Respect cultural differences of staff and other families*
- *Arrive and collect my child at the booked time*
- *I will be aware of all NEPSOOSH Centre policies and guidelines and seek clarification of how these policies are interpreted when necessary*
- *I will report any faulty equipment or unsafe procedures that come to my notice to the Coordinator or a senior staff member*
- *I will raise all concerns, issues and problems in accordance with the centre's documented Grievance Procedure*
- *I will ensure that all individuals associated with my child and I who have contact with NEPSOOSH will be made aware of this code and will ensure their compliance with the code*

I have read and understand the code of conduct and agree to abide by the code and other centre policies and procedures. The consequence for breaching this agreement will be that the families' position at the Centre will be terminated

I have received a copy of this document.

Parent /Guardian 1 Name:

Parent /Guardian 2 Name:

Parent /Guardian 1 Signature:

Parent /Guardian 2 Signature:
