

NEWCASTLE EAST PUBLIC SCHOOL OUT OF SCHOOL HOURS ENROLMENT FORM

48 Brown Street, The Hill NSW 2300
02 4929 1550

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/ren, the child/ren residence or contact with the a parent or other person.

Yes No

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

CHILD/CHILDREN INFORMATION ATTENDING NEPS OOSH

Child One		Child Two	
First Name/s		First Name/s	
Surname		Surname	
Sex		Sex	
Date of Birth		Date of Birth	
Indigenous	YES / NO	Indigenous	YES / NO
Cultural Background		Cultural Background	
Special considerations Religious/cultural/dietary requirements		Special considerations Religious/cultural/dietary requirements	
Language spoken by child by parent		Language spoken by child by parent	
Class		Class	
Child CRN		Child CRN	
Medicare number		Medicare number	
Immunised	YES / NO	Immunised	YES / NO
Child Three		Child Four	
First Name/s		First Name/s	
Surname		Surname	
Sex		Sex	
Date of Birth		Date of Birth	
Indigenous	YES / NO	Indigenous	YES / NO
Cultural Background		Cultural Background	
Special considerations Religious/cultural/dietary requirements		Special considerations Religious/cultural/dietary requirements	
Language spoken by child by parent		Language spoken by child by parent	
Class		Class	
Child CRN		Child CRN	
Medicare number		Medicare number	
Immunised	YES / NO	Immunised	YES / NO

Do you have any children attending other child care centres? YES or NO
 If yes how many children? _____

Authorisations including **EMERGENCY CONTACT** and **COLLECTION** of **CHILDREN**

Parents are able to authorise other persons to perform functions on their behalf, functions are emergency contact, collection of children from the service, authorisation for medical treatment, administration of medication and authorisation to consent to the child attending excursions.

I hereby authorise the Coordinator or staff of NEPS OOSH to **PERMIT** any of the following people to perform the functions noted below.

Name		Name	
Contact number		Contact number	
Address		Address	
Relationship		Relationship	
Medical consent	YES / NO	Medical consent	YES / NO
Emergency Contact	YES / NO	Emergency Contact	YES / NO
Can Collect	YES / NO	Can Collect	YES / NO
Excursion Consent	YES / NO	Excursion Consent	YES / NO
Name		Name	
Contact number		Contact number	
Address		Address	
Relationship		Relationship	
Medical consent	YES / NO	Medical consent	YES / NO
Emergency Contact	YES / NO	Emergency Contact	YES / NO
Can Collect	YES / NO	Can Collect	YES / NO
Excursion Consent	YES / NO	Excursion Consent	YES / NO

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

Name:	Name:
Relationship:	Relationship:

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/CHILDREN'S MEDICAL INFORMATION

FULL DISCLOSURE OF ADDITIONAL NEEDS

Parents/guardians are required to fully disclose any 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 e.g. epilepsy, diabetes, asthma or a behavioural need requiring medication 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)

Do any of your children require regular medication? Yes No

Do any of your children suffer from any allergies including diagnosed as being at risk of anaphylaxis? Yes No

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

Does your child have any dietary restrictions e.g. related to allergies? YES NO

(Please provide details)

Is your child/children immunised? Yes No

Office use only Have you sighted the immunisation form?

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/antiseptic cream/lotion Yes No

Parent / Guardian Signature.....

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)

1. 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 staff to take my child to a doctor or hospital to seek the following urgent treatments:

- ☐ Medical
- ☐ Dental
- ☐ Hospital
- ☐ Ambulance Service and transportation of the child by Ambulance.

Parent / Guardian Signature.....

Medical Practitioner / Medical Service

Name	
Address	
Phone Number	

I give permission for my child/children attending the centre to travel by foot to and from NEPSOOSH, on excursions and Regular Outings that could happen any afternoon where we would take the children to a park or play area in the local area.

Please Circle and Sign.

Yes / No

Signature _____

ADDITIONAL INFORMATION

I permit my child to be photographed. 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? Yes No

If "yes" please list _____

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

If "yes" please list the food types _____

Are there any cultural needs for your child/children? Yes No

If "yes" please outline _____

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:
