

Helping Hands Clinton Outside School Hours Care Enrolment Form

Welcome to Helping Hands Clinton. To assist us in providing the best possible care for you and your child, please complete the following form as accurately as possible. All this information is confidential and is only for use by Management and Staff.

Please return the completed form to the Nominated Supervisor as soon as possible. This form must be returned completed before we can care for your children in OSHC. In addition to this enrolment form we must also receive Student Details forms for each child and your completed Ezi debit form

FAMILY NAME: _____	
Parent/Guardian 1:	Parent/Guardian 2:
First Name:	First Name:
Surname:	Surname:
Relationship to child/children	Relationship to child/children
Address:	Address:
Postcode:	Postcode:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Work Phone:	Work Phone:
Email:	Email:
Occupation:	Occupation:
Country of Birth	Country of Birth
Date of Birth	Date of Birth
Customer Reference Number (centrelink)	Customer Reference Number (centrelink)

NOTE: In addition please ensure you complete one (1) Child details form per child

Office Use Only: All enrolment information entered and confirmed
 Entered by: (name) _____ Date: _____ Received at CO: _____ (date)

Emergency Contacts/Other People Authorised to collect Child/Children

Please list at least 2 other Adults other than yourself that can collect your child/ren in the event we are unable to contact either Parent/Guardian.

Children will only be released into the care of persons listed in writing. Proof of identity will be asked when children are collected by persons unknown to staff. We require accurate address and phone information in order to confirm identity.

Emergency Contacts

Name	Relationship to Child	Address	Phone
			H: W: M:
			H: W: M:

Other Authorised Persons

			H: W: M:
			H: W: M:
			H: W: M:

I hereby authorize the following people to consent to medical treatment or the administration of medicine if I am unable to be contacted:

1. _____ 2. _____

Signed: _____

Date: _____

I hereby authorize the following people to give permission to an educator to remove my child/ren from the service eg to go on excursion, if I am unable to.

1. _____ 2. _____

Signed: _____

Date: _____

Other Information

Other Siblings using licensed child care

Name	DOB	Class/ School/Daycare etc

Reason for Using the Program

Work/study	Recreation	Respite
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Court Orders

Are there any court orders relating to the powers and responsibilities of the parents/guardians to the child or regarding access to the child? Y N

Should your child/children be named in any legal document that refers to Custody arrangements or protected by a restraining order, Helping Hands OSHC will require a copy of these documents (Family Law Act 1975)

Court Order Y N	Restraining/domestic violence order Y N
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Please list any relevant details:

Emergency Medical Assistance

I hereby authorize Helping Hands Network staff to obtain emergency medical assistance in the event of an emergency.

Signed:	Date:
Doctors Name:	Phone Number
Medical Centre/Address:	
Medicare Number:	

Permission to apply sunscreen

I hereby authorize sunscreen to be applied to my child's skin prior to outdoor play.

Signed:	Date:
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Permission to Photograph child/children

We would like to photograph your child at play. Do you agree for your child to be photographed at the centre. The use of these photos may be for;

private collection and display only, and/or for the publicity and promotion of Helping Hands Network.

Signed	Date:
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Enrolment Agreement

1. I/we understand that, in case of sudden illness or an accident, the Approved Provider, Nominated Supervisor or Educator, as agents for the parents, shall have discretionary power to seek or provide immediate medical attention, and that any costs incurred, will be borne by us the parents/guardians. I/We understand that I/we will be contacted as soon as possible. I/we also give permission for the child/ren to be transported from the service, if required, for medical attention or treatment
2. I/we agree to keep my child/children at home when suffering from a heavy cold or other infectious illness likely to affect the health of other children and/or staff
3. I/we understand that any unacceptable behavior by my child may result in a warning, and may eventually lead to suspension as per the Helping Hands Policy Manual
4. I/we give permission for my child to participate in the Helping Hands OSHC program held at the centre, which may include watching PG movies/videos or games.
5. I/we agree to notify the Coordinator promptly of any permanent booking absences
6. I/we will ensure that my/our child/children are brought to the service by a responsible person and signed in
7. I/we will ensure that my/our child/ren will be collected by a responsible person before the official closing time and that the Nominated Supervisor or Educator acting on the Nominated Supervisors behalf is notified and signed out in the appropriate register. Should I/we be late collecting my child I/we agree to pay the Late Collection Fee. I/we will make every effort to inform the Coordinator of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, with regard to collecting my child.
8. I/we understand that fees must be paid in advance, that the normal fees will be payable at all times, including absence of my child for sickness, holidays or any other reason unless approved and arrangements are made to the contrary. I/we understand that if fees are not paid, my child's continued enrolment in the OSHC program cannot be guaranteed.
9. I/we give permission for HHN to consult with school staff regarding Behaviour Management issues in order to provide consistency and the best possible management of my child/ren
10. I/we agree to notify the Staff immediately of any change in emergency contacts, addresses and/or telephone numbers
11. I/we agree to cooperate in all things to the best of my/our ability. I/we have visited the OSHC service and discussed with the Coordinator the enrolment of my child and I/we understand the importance of family cooperation and agree to participate whenever possible in the activities of the OSHC.

Name:	Name:
Date:	Date:
Signature:	Signature

For Questions or additional information contact:

Central Office
07 5438 9549