
Outside School Hours Care Enrolment Form

This form is for children who will be attending the Outside School Hours Care Demonstration Program. Please take the time to **complete all questions** on this form. If you have more than one child attending the program, please complete a separate form for each child. If you have any questions about this form or the program, please contact the Educational Leader.

Section 1. Child Information

Family Name: _____ Given Names: _____

Address: _____

Suburb: _____ Postcode: _____

Date of Birth: ____/____/____ Gender: _____

Has the child been fully immunised (*circle*)? Yes No

Section 2. Parent/Guardian Information

Parent/Guardian 1

Family Name: _____ Given Names: _____

Relationship to Child: _____

Address: as per child or _____

Suburb: _____ Postcode: _____

Phone Numbers: Home: _____ Mobile: _____

Work: _____

Email Address: _____

Preferred contact method: Email Text Phone call

Parent/Guardian 2

Family Name: _____ Given Names: _____

Relationship to Child: _____

Address: as per child or _____

Suburb: _____ Postcode: _____

Phone Numbers: Home: _____ Mobile: _____

Work: _____

Section 3. Custody Details

Who does the child reside with (*circle*)?

Both Parents

Mother

Father

Other _____

Please provide details of any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child, access to the child, the child's residence or the child's contact with a parent or other person:

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Custody / Intervention Order attached as previously provided to Bendigo Special Developmental School

If court orders, parenting orders or parenting plans exist relating to the child, please attach a copy to this enrolment form to be kept confidentially.

Section 4. Authorisations

An authorised nominee is a person who has been given permission by a parent/guardian to collect the child from the program. Those listed below will also be contacted in the situation where the parent/guardian cannot be contacted. They can consent to medical treatment and the administration of medication to your child. **You must provide at least one nominee.** Please note: Anyone collecting your child must bring appropriate identification and must be over 18 years of age. You will need to provide written consent for anyone not on this list to pick up your child.

Nominee 1

Family Name: _____ Given Names: _____
Relationship: _____ Home phone: _____
Work phone: _____ Mobile phone: _____
Address: _____

Nominee 2

Family Name: _____ Given Names: _____
Relationship: _____ Home phone: _____
Work phone: _____ Mobile phone: _____
Address: _____

Nominee 3

Family Name: _____ Given Names: _____
Relationship: _____ Home phone: _____
Work phone: _____ Mobile phone: _____
Address: _____

Nominee 4

Family Name: _____ Given Names: _____
Relationship: _____ Home phone: _____
Work phone: _____ Mobile phone: _____
Address: _____

Section 5. Medical Information

Doctor/Medical Centre: _____

Phone Number: _____ Medicare Number: _____

Ambulance Cover – Yes No

Immunisation Status

Has the child been fully immunised? Yes No

If **yes**, please attach a copy of your child's immunisation certificate.

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Immunisation Certificate attached as previously provided to Bendigo Special Developmental School

If **no**, please provide an exemption letter from your GP.

In some cases when there is an outbreak of a vaccine preventable disease, unimmunised children or children who have not had their immunisation certificate provided to the service will be excluded from the program as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. A copy of the exclusion periods table can be found in the Parent Handbook.

Anaphylaxis/Asthma/Diabetes

Has your child been diagnosed at risk of anaphylaxis, asthma or diabetes? Yes No

If yes, please record here:

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Medical Plan attached as previously provided to Bendigo Special Developmental School

Section 6. Support Needs

Please complete the following with **as much detail as possible**. This helps up to best support your child and ensure that they are happy and safe whilst at the program. You are required to fully disclose information about your child's additional needs for the program. Failure to disclose full information truthfully and accurately may result in your child being excluded from the program.

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Student Profile as provided by Bendigo Special Developmental School

Communication Needs

Preferred Methods of Communication

- Verbal Written Key Word Sign Gesture/facial
 Symbols (e.g. Compic, Proloquo2Go) Other: _____

Sensory Needs

Social/Emotional Needs

Physical Needs

Mealtime Assistance: _____

Toileting Assistance: _____

Manual Handling/Lifting: _____

Behaviour (including self-injurious behaviour)

Please identify specific behaviours displayed, triggers for these behaviours and strategies you use at home to reduce or stop the behaviours.

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Student Profile as provided by Bendigo Special Developmental School

Behaviour	Trigger	Strategy
<i>E.g. Jane screams and scratches her skin E.g. John will open doors and gates to abscond</i>	<i>E.g. Being told to stop doing an activity without warning E.g. Remaining inside for longer than 30 minutes</i>	<i>E.g. Provide countdown timer 5 minutes in advance E.g. Provide outside access for play every 30 minutes</i>

Section 7. Cultural Information

Language spoken at home: _____ Interpreter required? Yes No

Is the child of Aboriginal or Torres Strait Islander origin (*circle*)? Yes No

Relevant cultural / religious details, food restrictions, activities, etc.:

Section 8. General Information about Your Child

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Student Profile provided by Bendigo Special Developmental School

Observed Interests: _____

Dislikes/Fears: _____

Section 9. Permissions

Please indicate below if you give permission for your child to participate in the following:

- PG rated movies? Yes No
- Having 30+ SPF sunscreen applied? Yes No
- Being photographed for documentation purposes? Yes No
- At times we take photos and videos during the program that may be used on our website or social media. This allows other families to see what services we offer and the benefits for children and families. Do you give permission for photo or video content of your child to be used in regards to the Outside School Hours Care program? Yes No

Section 10. Program Usage

Starting Date: _____

Campus: After Hours Care Bendigo Special Developmental School

Attendance type: Weekly (complete table below)

	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Expected Time of Pick Up					

More information about Holiday Care, including choice of days, will be provided closer to the date.

Section 11. Declaration

- I, the undersigned, (a person with lawful authority of the child referred to in this enrolment) declare that the above information is true and correct and undertake to immediately inform the program in the event of any change to this information.
- I confirm that the information I have provided is correct and that I will provide notice to the Educational Leader where any of the details contained within the enrolment change.
- I understand that completion of this enrolment form will not mean definite inclusion in the program. I acknowledge that enrolments will be granted in the order of receipt and will not exceed the maximum places allowed under licensing agreements.
- I agree to abide by all policies and procedures of the program.
- I will ensure that my child is collected on time every night. I understand that constant failure to collect my child will result in exclusion from the program.
- I agree to sign attendance sheets for all sessions my child attends. I agree to inform program staff of casual attendances at the earliest possible time, before 11am at the latest. I agree that if I do not inform program staff and my child turns up, I or an authorised person will collect the child immediately. I understand I may be charged if this occurs.
- I understand that if my child is behaving in a manner that is dangerous to themselves, other children or staff, they may be excluded from the program.
- In the event that my child is injured or becomes ill during the program, either I or an authorised person will collect the child as soon as practical. In the event of any unforeseen accident or illness, I authorise the coordinator or person in charge to obtain such medical assistance that may be required and agree to meet any expenses incurred for such treatment. I authorise medical treatment from a registered medication practitioner, hospital or ambulance service, and transportation by ambulance should this be required. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. If there is an incidence of an infectious or contagious disease and my child is not fully vaccinated, I understand that they will be required to stay away from the program.
- I acknowledge that Distinctive Options does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation in the program due to any cause unless negligence of Distinctive Options or its employees is proven.

I _____ (please print full name) declare that the information provided in this enrolment form is complete, true and correct. I agree with all statements in this declaration.

Party 1 (Parent/Guardian 1)

Name: _____

Signature: _____

Date: _____

Party 2 (Parent/Guardian 2)

Name: _____

Signature: _____

Date: _____

Consent to Share Information with Your Child's School

Information for Parents and Guardians

To provide the best possible care for your child, Distinctive Options needs to communicate with your child's school to ensure we have a complete picture of your child's needs. Information about your child may be accessed through viewing their school records and speaking with staff at your child's school.

Confidentiality

All information about your child that is collected from your child's school is stored securely in a locked filing cabinet at the program and is only accessible by Outside School Hours Care staff at Distinctive Options. Any information collected is subject to the Privacy Act 1988 and will remain confidential and secure except where:

1. Failure to disclose the information would place you or another person at serious and imminent risk; or
2. There is an obligation to disclose the information under the Commission for Children and Young People Act (2000); or
3. It is subpoenaed by a court; or
4. Your prior approval has been obtained; or
5. If disclosure is otherwise required or authorised by law.

Parent/Guardian Consent

By signing below, I acknowledge that I have read the above statement and agree to the sharing of information about my child between Distinctive Options and my child's school (selected below). I give permission for the school to release verbal information and/or reports and documents and relevant information from the DET Confidential Student File(s) and any other appropriate behaviour support documents held about my child if requested. I understand that any information provided will be managed with appropriate confidentiality and sensitivity.

Child's Full Name: _____

Child's School:

Bendigo Special Developmental School, Kangaroo Flat

Parent/Guardian's Full Name: _____

Signature: _____

Date: _____

Child Medical Management Plan

OR Circle the following if you give permission for Bendigo Special Developmental School to provide this:

Please refer to Medical Management Plan attached as previously provided to Bendigo Special Developmental School

Child's name: _____

Date of birth: ____/____/____

Medical condition: _____

Severity: _____

What medication is your child currently taking:

Will staff require specific training for the medical condition? If so, please provide details here:

Details about the medical condition:

What symptoms should staff be aware of:

Action Plan

If staff identify the above symptoms, they should:

If your child does not respond to initial treatment, staff should:

An ambulance should be called when:

Risk Management Plan (If Applicable)

Risk What could lead to a medical emergency?	Strategy What can be done to reduce this risk?	Responsible
<i>E.g. Consumption of peanuts and eggs</i>	<i>E.g. Inform families and ensure peanuts and eggs are not brought in to the program</i>	<i>Room leader</i>

Communication Plan

Strategy	Responsible	Date
Provide a copy of the medical conditions policy to the child's family	Educational Leader	
Photocopy the plan and place a copy in the child's folder in the filing cabinet and a copy in the emergency book	Educational Leader	
Ensure staff are aware of the medical condition and the locations of the plan	Educational Leader	
Where the condition is anaphylaxis, display a notice of this at the service entry	Educational Leader	
Agree to inform the leader of any new medical conditions or any changes to the current medical condition that your child has	Parent/guardian	

Educational Leader signature: _____

Parent/guardian's signature: _____

Date developed: ____/____/____

Date to be reviewed: ____/____/____

Medication Authority Form

Child Information

Surname: _____ First name: _____

Period of authorisation: From ___/___/___ To ___/___/___

Medication Information

Name of medication: _____ Expiry date: ___/___/___

Dose required: _____ Time/s required: _____

Method of administration (e.g. oral, eye, ear, inhaled, etc.) and special instructions:

Known family history of allergies involving medication:

Parent Authorisation

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ___/___/___