

# Manly State School Outside School Hours Care

## ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS ON ALL PAGES  
Administration Fee – \$15.00 per child



<i>Office Use Only</i>	
Administration Fee Pd:	Y / N
EnteredBy: _____	Date: _____
Immunisation Status: _____	
Confirmed Parent Info Sheet Read & Signed: _____	

### 1. PARENT PROFILE

Parent / Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Guardian Home Address: \_\_\_\_\_  
(Account \_\_\_\_\_ Postcode: \_\_\_\_\_  
Holder) Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Parent CRN: \_\_\_\_\_  
Occupation: \_\_\_\_\_ D. O. B. \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email for Statements/Newsletters etc: \_\_\_\_\_

Parent / Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Guardian Home Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Parent CRN: \_\_\_\_\_  
Occupation: \_\_\_\_\_ D. O. B. \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

### 2. REASON FOR CARE – Please Tick

- Priority 1 – child at Risk  
 Priority 2 – single parent/parents working, training or studying  
 Priority 3 – any other child
- and**
- children in Aboriginal & Torres Strait Islander families  
 children in families which include a disabled person  
 children in families – non-English speaking background  
 children of single parents

**3. PRIORITY.** I understand priority is given to PRIMARY school-age children when waiting list applies. (YES)

**4. MEDICAL.** Doctor's Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Medicare No: \_\_\_\_\_

**5. IMMUNISATION STATUS.** Please attach copy of child's Health Immunisation Register or Immunisation Exemption

**6. CHILD /REN'S PROFILE.**

First Name	Middle Name	Surname	D O B	Gender	School & Class
Address:			Child's CRN:		
Interests:					
Primary Language of Family:					
Cultural Background:					
Is your Child of Aboriginal (A) or Torres Strait Islander (T) origin? No <input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T) <input type="checkbox"/>					
Medical / Health / Special Needs / Dietary Requirements			Support Plan		

*(Please see Office if more than two children enrolling)*

First Name	Middle Name	Surname	D O B	Gender	School & Class
Address:			Child's CRN:		
Interests:					
Primary Language of Family:					
Cultural Background:					
Is your Child of Aboriginal (A) or Torres Strait Islander (T) origin? No <input type="checkbox"/> Yes (A) <input type="checkbox"/> Yes (T) <input type="checkbox"/>					
Medical / Health / Special Needs / Dietary Requirements			Support Plan		

**7. CHILD CARE BENEFIT.** Refer Child Care Information Sheet in your Enrolment Kit.

Please enter the names of children attending other Care (For CCB Documentation)

Name:	DOB:	Centre:
Name:	DOB:	Centre:

**8. EMERGENCY CONTACTS, OTHER THAN PARENT/S, WITH AUTHORITY TO COLLECT CHILD / REN.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**9. OTHER PEOPLE AUTHORISED AND ABLE TO COLLECT CHILD / REN.**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**10. CUSTODY ISSUES.**

Are there any legal custody orders or special circumstances we should know about? **YES / NO**  
If **Yes**, Please supply additional information and / or a copy of family court orders to be kept on file.

**11. CHILD ATTENDANCE.**

Casual Care Only - **YES / NO.**

OR Permanent Booking - **YES / NO.** If yes, please complete table/s below. Tick days required.

BEFORE SCHOOL CARE

AFTER SCHOOL CARE

Child's Name	Mon	Tues	Wed	Thurs	Fri	Child's Name	Mon	Tues	Wed	Thurs	Fri

Vacation Care - **YES / NO**

I would like to be on the Vacation Care mailing list - **YES / NO**

**12. MANLY STATE SCHOOL OSHC POLICIES - Please Indicate.**

(1) I have read the Parent Information Sheet. I understand the policies stated within and will comply fully with all such policies. **YES / NO**

(2) I understand I can access and refer to the Manly OSHC Policy & Procedures Manual at any time. **YES / NO**

(3) I understand I will be advised of changes in MOSHC policies through Notices / MOSHC News / Vacation Care Booking Forms, which will be placed in my account folder or emailed. **YES / NO**

(4) I understand that it is necessary to personally sign child/ren in on arrival for Before School Care or Vacation Care. If any person apart from those listed on the enrolment form is to collect and sign out my child/ren, I agree to notify the Coordinator in advance and in writing to this effect. **YES / NO**

(5) I give permission for staff and students to observe my child/ren to assist in developing programs. **YES/NO**

(6) I give permission to have sunscreen applied to my child/ren prior to outdoor play. **YES / NO**

(7) I give my permission to the Manly OSHC to gather & use the above stated personal information for the purposes as documented in the MOSHC Privacy Policy. **YES / NO**

(8) I give my permission for MOSHC to use images of my child/ren for promotional purposes and service displays. **YES / NO**

(9) I agree to keep my child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I accept that the Coordinator will enforce the NHMRC "Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases". **YES / NO**

(10) I give permission should Manly State School OSHC need to administer lifesaving medication (e.g Epipen or Ventolin) to my child for signs and symptoms of anaphylaxis or acute asthma whilst in their care. **YES/NO**

(11) Should the Manly State School OSHC not be able to contact me, or authorised contacts, in an emergency concerning my child /ren, I give my consent for the Service to call an ambulance / doctor / police and agree to pay any associated charges. I indemnify the Manly State School / P & C / Manly State School OSHC staff for any financial or other responsibility in this respect. **YES / NO**

Parent / Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_