



HORIZONS OSHC

CHILD'S NAME AND ADDRESS

Surname: _____ First Names: _____
Address: _____ Suburb: _____ Post Code: _____
CRN# _____
D.O.B: _____ Sex: Male/ Female (circle) Country of Birth: _____
Language spoken: _____

PARENT(S) / GUARDIAN(S) NAMES / ADDRESSES / INFORMATION

Parent/Guardian (1)

Surname: _____ First Name: _____
Relationship to child: _____
CRN# _____
Address: _____ Suburb: _____ Post Code: _____
Home Telephone No: _____ Work No: _____ Ext _____
Mobile: _____ Occupation: _____
Place of work/study: _____
Work /study Address: _____ Postcode: _____
Country of Birth: _____ D.O.B _____
Language spoken: _____
Religion: _____
Email Address: _____

Parent/Guardian (2)

Surname: _____ First Name: _____
Relationship to child: _____
CRN# _____
Address: _____ Suburb: _____ Post Code: _____
Home Telephone No: _____ Work No: _____ Ext _____
Mobile: _____ Occupation: _____
Place of work/study: _____
Work /study Address: _____ Postcode: _____
Country of Birth: _____ D.O.B _____
Language spoken: _____
Religion: _____
Email Address: _____

Horizons Childhood Learning Centre – OSHC Enrolment Form (Reviewed February 2012)
PARENTS/GUARDIANS REGISTRATION AGREEMENT

1. We have viewed Horizons OSHC and consent to the enrolment of the child.
2. We acknowledge having received and read the Parent Handbook and understand any changes to such will be displayed in the Centre's Policies and Procedures Manual.
3. We agree to comply with all Government requirements in relation to the Centre and its service.
4. We agree that in the event of an accident or injury to my child which requires medical care, Horizons OSHC will attempt to contact us. In the event of an emergency were you are not contactable we authorise Horizons OSHC to arrange an Ambulance to transport the child to hospital and agree to pay any expenses incurred including Ambulance costs.
5. We agree to pay the weekly fee on the due date as determined by Horizons OSHC with the first 2 weeks fees payable in advance on enrolment (please see direct debit agreement, attached).
6. We are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.
7. We understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements.
8. We are aware that fourteen (14) days notice in writing of cancellation of care or reduction of days must be given in advance, otherwise full fees apply
 - We are aware that Horizons OSHC closes only for public holidays
 - We are aware that fees for public holidays are payable if the day is a usual day of attendance is not transferable.
 - We are aware that fees are payable for days where allowable absences are taken
9. We understand that late fees apply if a child is collected after the closing time of 6.00pm.
10. We are aware that any failure to pay fees within 7 days may result in cancellation of care at Horizons OSHC.
11. Fees may be adjusted from time to time with due notice given to parents.
12. We are aware that the child will be excluded from care at Horizons OSHC if he/she is unwell or has contracted a contagious disease or condition. We understand that the child may return to Horizons OSHC upon provision of a "Clearance Certificate" from a medical practitioner.
13. We are aware that if the child is not immunised he/she will be excluded from the Centre if there is an outbreak of a communicable disease. We understand that Horizons OSHC will accept the child for further care after the receipt of medical advice that the infectious period has passed.
14. We give/do not give permission for the child to receive individual observation by students on accredited training programs in Horizons OSHC.
15. We give/do not give permission for the child to receive support from a bilingual worker
16. We agree to provide Horizons OSHC with all information regarding the Health of the child.
17. We are aware that if we fail to provide information correctly as required by Horizons OSHC, the Centre will be able to terminate services forthwith.
18. We are aware that Horizons OSHC may occasionally have visitors and/or volunteers which may assist at the Centre. We consent to the child being in the presence of visitors or volunteers, with the Centre's appropriate supervision.

We have read this agreement, and received relevant information about the service offered by this Centre.

We are aware that the person/s nominated here as parent/guardian are the authorised parties to enrol, cancel enrolment, make payment of fees, release and have Horizons OSHC release the child to.

We agree to abide by the conditions of use of Horizons OSHC and this Agreement.

Print Name of Parent/Guardian

Print Name of Witness

Signature of Parent/Guardian

Date

Signature of Witness

Signature for and on behalf of
Horizons OSHC

Date

Priority of Access: 1st Priority: A child at risk of serious abuse or neglect.
2nd Priority: A child of a **single** parent who satisfies, or parents who both satisfy the work/training/study test under section 14 of the Family Assistance Act.
3rd Priority: Any other child.

(To confirm priority of access, please circle)

ADDITIONAL PERSONS TO BE CONTACTED IN CASE OF AN EMERGENCY. AUTHORISED TO TAKE THE CHILD FROM THE CENTRE'S PREMISES. PERSONS MUST BE OF 18YRS AND OVER, GOOD HEALTH, EASILY CONTACTABLE, WITHIN CLOSE PROXIMITY TO THE CENTRE, AND CAPABLE OF DEALING WITH EMERGENCIES. ID WILL BE REQUIRED

AUTHORISED NOMINEE (EMERGENCY CONTACT) (1)-

AUTHORISED TO TAKE CHILD FROM PREMISES (other than the child's parents/guardians).

Surname: _____ First Names: _____
Address: _____ Suburb: _____ Post Code: _____
Home Phone: _____ Work Ph: _____ Mobile: _____
Work or study address: _____ Post Code: _____
Relationship to child: _____

AUTHORISED NOMINEE (EMERGENCY CONTACT) (2)-

AUTHORISED TO TAKE CHILD FROM PREMISES (other than the child's parents/guardians).

Surname: _____ First Names: _____
Address: _____ Suburb: _____ Post Code: _____
Home Phone: _____ Work Ph: _____ Mobile: _____
Work or study address: _____ Post Code: _____
Relationship to child: _____

AUTHORISED NOMINEE (EMERGENCY CONTACT) (3)-

AUTHORISED TO TAKE CHILD FROM PREMISES (other than the child's parents/guardians).

Surname: _____ First Names: _____
Address: _____ Suburb: _____ Post Code: _____
Home Phone: _____ Work Ph: _____ Mobile: _____
Work or study address: _____ Post Code: _____
Relationship to child: _____

AUTHORISED NOMINEE (EMERGENCY CONTACT) (4)-

AUTHORISED TO TAKE CHILD FROM PREMISES (other than the child's parents/guardians).

Surname: _____ First Names: _____
Address: _____ Suburb: _____ Post Code: _____
Home Phone: _____ Work Ph: _____ Mobile: _____
Work or study address: _____ Post Code: _____
Relationship to child: _____

Date care to commence: _____

Days/Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

CUSTODY OF CHILD/REN:
 Have any orders been made by any court regarding your child/ren? YES / NO (circle)

If NO, are there any disputes concerning custody of the child/ren?
 Please provide details: _____

If YES, please provide the following:
 Details of Guardianship and Custody, and terms of any specific Custody or Access provision (if applicable) _____

Enrolling Parents initials: _____

Please attach copies of relevant Court forms, documentation

FAMILY DOCTOR'S NAME:
 Dr Name/Hospital: _____
 Address: _____ Suburb: _____ Post Code: _____
 Telephone Number/s: _____
 Medicare No: _____
 Private Insurance No: _____

Please ensure your Doctor is advised that he/she attends Horizons OSHC and may be consulted, and has your permission to treat the child.

Please provide a copy of your child's immunisation status: Received : Yes/ No

Please provide a copy of your child's birth certificate or extract: Received: Yes / No

In the event of an emergency, illness or accident (when unable to contact parents/guardian or authorised person/s). I/we consent to hospital/medical attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

Signature of Parent/Guardian _____ Date _____

Signature of Horizons OSHC Representative _____ Date _____

Failure to provide the information above will unfortunately result in non-acceptance the enrolment of your child/ren.

PROGRAMS OF ACTIVITIES

I am willing for my child/ren to participate in all activities offered at Horizons OSHC
I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child/ren to participate in a particular activities.

For all programmed excursions Permission slips will be provided before your child/ren may attend.

Signature of Parent/Guardian: _____ Date: _____

HEAD LICE

I authorise staff at Horizons OSHC to check my child's hair for head lice and nits (eggs).

Signature of Parent/Guardian: _____ Date: _____

WALKING EXCURSIONS

I authorise staff at Horizons OSHC to take my child on a walking excursion to the local parks when advanced notice is given of the time and day.

Signature of Parent/Guardian: _____ Date: _____

SUNSCREEN

I authorise staff at Horizons OSHC apply a good quality 30+ sunscreen to my child at least 15 minutes prior to my child going outside to play.

Signature of Parent/Guardian: _____ Date: _____

TRANSPORT

I authorise staff at Horizons OSHC to transport my child _____ (NAME) in an emergency to seek medical attention.

Signature of Parent/Guardian: _____ Date: _____

PHOTO PERMISSION

I give permission for Horizons OSHC staff to take photographs of my child for use in my child's scrapbook/portfolio and displays within the centre

Signature of Parent/Guardian: _____ Date: _____

I am aware that photos of my child may be included in group photos and in other children's scrapbooks/portfolios.

Signature of Parent/Guardian: _____ Date: _____

INFORMATION ABOUT YOUR CHILD

CHILD'S FAMILY:

Names/ages of brothers: _____

Names/ages of sisters: _____

Names/relationship of other adults living with the family: _____

HEALTH OF THE CHILD

Does your child require REGULAR MEDICAL ATTENTION: YES / NO

If YES, please provide details: _____

Does your child suffer from?

Hearing or speech problems	YES / NO	Details:
Asthma or recurrent chest infections	YES / NO	Details:
Diabetes	YES / NO	Details:
Seizures or epilepsy	YES / NO	Details:
Eczema	YES / NO	Details
Specific Dietary requirements,	YES / NO	(If you answered yes please see the director ASAP)
Allergies	YES / NO	(If you answered yes please see the director ASAP)
Has your child been diagnosed as at risk for Anaphylaxis? (If you answered yes please see the director ASAP)		YES / NO

DISABILITIES

Does your child have a disability? YES / NO

If YES, what type of disability? _____

If YES, which Agency is your child registered with? _____

SPECIAL NEEDS

Does your child have a special need (eg. dietary requirements, religious customs, requirements etc)?

YES / NO

If YES, please comment:

Any other comments:

Communication

Horizons OSHC employs a number of communication methods. Please indicate the best method of communication we should adopt for your family.

- Newsletters
- Surveys
- Parent / Staff Interviews
- Appointments
- Daily Communication books / Whiteboards
- Memos
- Other, please specify _____

Do you require any information translated into your home language? YES / NO

- If yes what is your home language? _____

Do you require an interpreter? YES / NO

Do you require assistance reading the enclosed information? YES / NO

CHILD'S CULTURAL BACKGROUND

Child's Name: _____

Language spoken by child/ren? _____

Languages spoken in the home? _____

Child's cultural /religious background/s? _____

Does the child need a bi-lingual worker to assist them during the initial settling in process?

YES / NO

If Yes, Why?

What cultural events do you celebrate eg? Chinese New Year?

What time of the year do you celebrate these special event/s?

How do you celebrate them?

Can you suggest how we can incorporate this celebration into our programs at Horizons OSHC ?

Do you have any key words we can use in your home language at the centre eg? Hello/Goodbye etc?

How can you contribute to our program personally eg? Reading a story in your home language to the children?

CHILD'S INTEREST SHEET

Child's Name: _____

What does your child enjoy playing with?

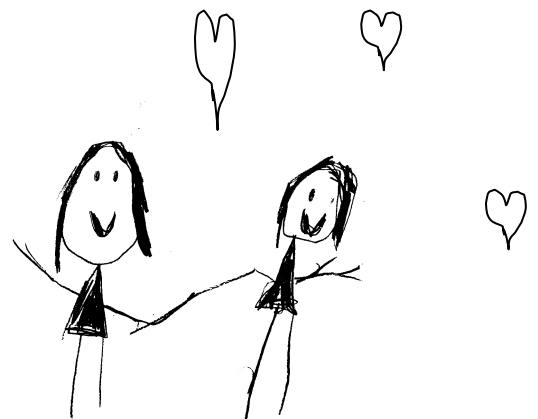
What activities does your child enjoy?

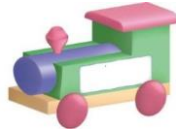
What were some recent family events/outings?

Is there anything you wish your child to achieve at day care?

What foods does your child enjoy eating at meal times (favourite meals)?

Please return these forms ASAP as this will assist us with adding activities to our programme that your child enjoys ☺





Transport Authorisation

School Transport

I give permission for my children

1. _____
2. _____
3. _____

To be driven by a person authorised by Horizons OSHC to and from _____
 School at _____
 (Address of the school)

Child's Name	Class No.	Teachers Name

On the following days and times:

	School Start time	School Finish Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Vacation Care:

I give permission for my children

1. _____
2. _____
3. _____

To be transported to and from the required destination's as stated on the vacation care program.

Unforeseen Circumstances

In the event of an unforeseen circumstance that may involve the centre vehicle, where the vehicle is unable to be driven eg: accident, breakdown

I give permission for my child _____ to be transported in alternative transport as deemed appropriate by the director / supervising officer of the service.

I understand that staff will attempt to contact me in such an event, but if I am uncontactable I hereby give consent.

I understand that the OSHC care commences at 7.00am and concludes at 6.00pm and I must collect my child / ren from the centre by this time.

 Parent Signature:

 Date:

 Parent Signature:

 Date: