



Eastwood Heights Out of School Hours Care Inc (EHOOSH)  
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**ENROLMENT FORM 2024**

**All information contained in this enrolment form is regarded as confidential and shall only be viewed by primary contact staff. Please ask us if you need assistance with any part of this form.**

**Please read each section carefully before completing and signing.**

**Please complete a separate form for each child you are enrolling.**

ATTACH A RECENT PHOTOGRAPH OF YOUR CHILD HERE  
 Head and Shoulders only, no hat.

ATTACH A RECENT PHOTOGRAPH OF PARENT/GUARDIAN No 1  
 Head and Shoulders only, no hat.

ATTACH A RECENT PHOTOGRAPH OF PARENT/GUARDIAN No 2  
 Head and Shoulders only, no hat.

**CHILD'S DETAILS**

Child's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

CRN number

Home address: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Family/Religious/Cultural practices to be respected: \_\_\_\_\_

Does your child have any dietary restrictions involving food or activities: YES  NO

If YES, please provide details

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PARENT/GUARDIAN No 1 DETAILS (mandatory):**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email address: \_\_\_\_\_

Invoices and EHOOSH correspondence to be emailed to this address: YES  NO

Home address: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Work address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number (work): \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language/s spoken at home: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Are you an Australian resident? YES  NO

**PARENT/GUARDIAN No 2 DETAILS:**

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Email address: \_\_\_\_\_

Invoices and EHOOSH correspondence to be emailed to this address: YES  NO

Home address: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Work address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone number (work): \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language/s spoken at home: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Are you an Australian resident? YES  NO

## FAMILY

Name of parent/s or guardian/s with whom the child lives:

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Other children in the family:

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Attends child care? YES

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Attends child care? YES

Name: \_\_\_\_\_ Sex: M / F Date of birth: \_\_\_ / \_\_\_ / \_\_\_ Attends child care? YES

Is there any information about your child/family that you would like Educators to know about to enable them to meet the needs of your child? (e.g. past trauma, death in the family, change in family structure etc)

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## CUSTODY INFORMATION

Child resides with  Both Parents  Mother  Father  Shared Custody

Other (specify) \_\_\_\_\_

Are there any court orders, parenting orders or parenting plans in relation to your child (or access to your child)? YES  NO

If YES, please provide details:

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Copy of court order attached? YES  NO

*NOTE: The service cannot enforce custody issues without a copy of the relevant court order. Please discuss any custody issues with the Nominated Supervisor before enrolment.*

## CHILD CARE SUBSIDY (CCS)

To claim CCS you must complete an assessment with the Family Assistance Office. Please call 13 61 50 or visit [www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy](http://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy)

Your combined annual family income and your activity test determines the amount of CCS you are entitled to. CCS will be paid directly to OOSH to reduce the fees you pay. To be linked correctly please provide us with:

- The parent's Customer Reference Number (CRN) and their date of birth
- The child's CRN and their date of birth
- Official spelling of name as shown on assessment letter from Family Assistance Office.

Have you been assessed by the Family Assistance Office? YES  NO

Parent name (as shown on assessment letter): \_\_\_\_\_

CRN number:

Fees are paid by direct debit only. A separate Direct Debit Agreement needs to be submitted to the service before we will accept enrolments

**This information is required for priority of access and the annual government census we are required to complete. Please tick all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Aboriginal                      | <input type="checkbox"/> Torres Strait Islander                           |
| <input type="checkbox"/> Two parent/guardian family      | <input type="checkbox"/> Working parents: Number of parents working: ____ |
| <input type="checkbox"/> Single parent/guardian family   | <input type="checkbox"/> Single parent working, studying, or training     |
| <input type="checkbox"/> Non-English-Speaking Background |   |
| <input type="checkbox"/> A child at serious risk of harm |   |

## IMMUNISATION

The service require a copy of your child's immunisation record which can be downloaded from your My Gov account.

Has your child received the necessary immunisation for their age? YES  NO

If NO, please detail reason:

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*NOTE: Children with no immunisation record will be classified as unimmunised and may be excluded if there is an outbreak of a vaccine-preventable disease at the service.*

Signature of Educator: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## EMERGENCY AND AUTHORISATION TO COLLECT CHILD FROM SERVICE CONTACTS

Please supply at least two names other than the child's parent/guardian.

An **Emergency Contact** is someone we can contact in the event of an emergency when we cannot contact a parent. If an accident, injury, trauma or illness occurs in relation to a child at the service and we cannot contact his/her parents, or if the parents are more than 30 minutes late to collect children after the service closes and we cannot contact them, we will call an emergency contact.

An **Authorised to Collect Contact** is someone to whom you have given permission to pick up your child from the service. Unless indicated otherwise, they will not be contacted in case of an emergency. **If the Authorised to Collect Contact is not known to educators, a Photo ID will be required upon collection.** We will not release a child to anyone who is not authorised without prior consent, in line with our service policy.

*NOTE: It is important that you inform your contacts that you have included them as emergency/authority to collect contacts, and that they may be contacted in the case of an emergency and asked to collect your child when you cannot be contacted, which will require them showing photo ID.*

Name	Primary Contact Number	Alternate Contact Number	Relationship to Child	Authorised Emergency Contact	Authorised to Collect
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No
				Yes/No	Yes/No

## MEDICAL INFORMATION

Family doctor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Medicare Number:

Families are asked to inform the service of any medical conditions the child may have at the time of enrolment. This allows us to identify children's needs. We may need time to develop a process and timeline for enrolment in collaboration with families to enable orientation or training of educators before the child commences care. Please provide the following information:

**In the case of specific long-term medical conditions a copy of the child's Medical Management Plan prepared by the child's doctor must be provided to the service before the child attends. A child cannot attend the service without medication prescribed by the child's doctor in relation to the child's specific health care need, allergy or relevant medical condition.**

Have you received and read the service's Medical Conditions Policy? YES  NO   
Have you provided the service a Medical Management Plan? YES  NO

## ANAPHYLAXIS

Has your child been identified by a medical practitioner as being at risk of anaphylaxis?  
YES  NO

If YES, please provide an Anaphylaxis Action Plan that has been signed by a medical practitioner with a recent passport-sized photo of your child. This plan must be provided to the service before the child attends.

Has your child been prescribed with an EpiPen? YES  NO

If YES, your child cannot attend the service without an up-to-date EpiPen.

## ASTHMA

Does your child have asthma? YES  NO

If YES, please provide an Asthma Action Plan that has been signed by a medical practitioner with a recent passport-sized photo of your child. This plan must be provided to the service before the child attends.

Does your child carry their own Ventolin inhaler? YES  NO

Does your child require any other asthma medication? YES  NO

Are there any known triggers?  
\_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES**

Does your child have any allergies or sensitivities? YES  NO

If YES, please provide details and any management procedures to be followed.

Allergy: \_\_\_\_\_  
\_\_\_\_\_

Management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER MEDICAL CONDITIONS**

Does your child have any other medical conditions?  
YES  NO

If YES, please provide details of the diagnosed health care need or medical condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any current medication prescribed to your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of the response required from the service about the emergence of any symptoms:

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORISATION AND APPROVAL (PERMISSION)** Please read this section carefully.

**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 Educators to take my child to a doctor or hospital and/or seek the following urgent treatments for medical, dental, hospital and ambulance service.

YES  NO

**2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT 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 Educators to carry out appropriate first aid treatments.

YES  NO

**3. PERMISSION TO GIVE MEDICINE IN CASE OF EMERGENCY.**

I hereby authorise Educators to administer an age/weight appropriate dose of a fever- reducing agent to my child, should he/she have a fever, while awaiting my arrival.

YES  NO

**4. PERMISSION FOR THE APPLICATION OF SUNSCREEN**

I hereby give permission for Educators to provide sunscreen to my child before outdoor play. YES  NO

**5. PERMISSION FOR THE APPLICATION OF MOSQUITO REPELLENT**

I hereby give permission for Educators to provide mosquito repellent to my child before outdoor play. YES  NO

**6. PERMISSION FOR MY CHILD TO USE HENNA and FACE PAINT**

I hereby give permission for Educators to apply henna and face paint to my child .

YES  NO

**7. PERMISSION FOR THE APPLICATION OF LISTED BELOW**

In some instances we may need to apply antiseptic spray or cream, alcohol wipes or saline solution to an injury, cut or scrape

I hereby give permission to apply any of the above to my child should they get a scrape or cut .

YES  NO

**8. PERMISSION FOR THE APPLICATION OF HAND SANITISER**

I hereby give permission for my child to use hand sanitiser.

YES  NO



**9. PERMISSION FOR PHOTOGRAPHS TO BE TAKEN**

I hereby consent to my child being photographed/videoed while they are at the service. The photos may be displayed at the service, used in our newsletter and website, and used on information evenings within the school.

YES  NO

**10. PERMISSION FOR WATCHING/PLAYING G & PG RATED MOVIES/GAMES**

I hereby consent to my child being allowed to watch and/or play G & PG rated movies and games while they are at the service.

YES  NO

**11. PERMISSION FOR PLAYING ON COMPUTERS IN LIBRARY**

I hereby consent to my child being allowed to play on computers in the library while they are at the service.

YES  NO

I have read the above information and agree to give my permission as indicated.

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DISCLAIMER/INFORMED CONSENT

I hereby acknowledge that:

- I have read and understood the service's Policies and Procedures contained in this enrolment record and policy manual, which forms part of this agreement (and which may be changed from time to time by the service at its sole discretion).
- The Policies and Procedures incorporate any relevant statutory obligations imposed on the service and have been put in place to protect my child/children.
- I must strictly comply with the Policies and Procedures at all times.
- The information provided in this enrolment record is to the best of my knowledge correct.
- I will inform the service immediately in writing if there are any changes to the information provided by me in this enrolment record (Notice of Change).
- When caring for my child/children the service will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give to the service.
- I am totally responsible for the accuracy of the information and my compliance with the Policies and Procedures.
- I am totally responsible for the suitability and actions of any person (third party) whom I authorise to visit, deliver or collect my child/children to/from the service.
- I must first inform any such third party about the Policies and Procedures and that they must strictly comply with them.
- Subject to any applicable Australian Consumer Law, the Sales of Goods Act 1923 (NSW) or any other applicable law which cannot be excluded, I/we will indemnify the service, its employees or any of its authorised persons from any loss, damage, claim, cost or expense of any nature whatsoever incurred by my child/children, by me or by a third party in connection with any act or omission by us failing to comply with the Policies and Procedures and/or due to the inaccuracy of the information.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**MEMBERSHIP**

The service is an Incorporated Association and, as such, by enrolling my child in the service I agree to be bound by the rules of the Association for the period of my child’s enrolment. I understand that as a member of the Incorporated Association, one representative of my child’s family is entitled to voting rights at any General Meeting held by the service and that I may be nominated (with consent) for a position on the Management Committee at the Annual General Meeting.

The person nominated for member representation is:

\_\_\_\_\_ (insert parent/guardian’s name)

**DECLARATION**

I hereby declare that, to the best of my knowledge, the information provided in this enrolment form is true and accurate.

**Parent and/or guardian’s full name (please print):**

\_\_\_\_\_

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

\_\_\_\_\_

**EDUCATOR CHECK (office use only)**

- |   |                              |                              |
|---|------------------------------|------------------------------|
| Any dietary restrictions?                     | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| Any medical conditions?                       | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| Medical Conditions Policy given to parent?    | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Received asthma plan?                         | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Received Anaphylaxis plan?                    | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Risk Management plan?                         | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Received EpiPen?                              | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Received medication?                          | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Sighted immunisation?                         | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| Received any court orders/parenting plans?    | YES <input type="checkbox"/> | N/A <input type="checkbox"/> |
| Checked parent's and child CRN's are not same | YES <input type="checkbox"/> |                              |
| Direct Debit Form received                    | YES <input type="checkbox"/> |                              |
| Interview Arranged                            | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |
| Interview Completed                           | YES <input type="checkbox"/> | NO <input type="checkbox"/>  |

Interview Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_AM/PM

Expected Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Week \_\_\_\_ Term \_\_\_\_)

Staff Signed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_