

# SACRED HEART AFTER SCHOOL & BEFORE SCHOOL CARE ENROLMENT FORM 2024

ABN 26 142 832 285

## For bookings, cancellation or enquiries

Contact Debbie Worm on

Ph 03 5824 1841

9.00am to 4.00pm Monday to Friday

## Before & After School Care Contact

Contact Tracy Marshall on

Mobile 0472 756 775 (operating hours only)

7:30am to 8:30am & 3pm to 6pm Monday to Friday

Email: [dworm@shtatura.catholic.edu.au](mailto:dworm@shtatura.catholic.edu.au)

[tmarshall@shtatura.catholic.edu.au](mailto:tmarshall@shtatura.catholic.edu.au)

**Family Assistance CRN Numbers: Family Office Provider CRN 407 212 726X Sponsor CRN 407 198 256H**

### DETAILS OF CHILD

First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Surname \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (Please circle) Date of Birth \_\_\_\_\_

Address of child: \_\_\_\_\_

Language spoken \_\_\_\_\_ Cultural Background of Child \_\_\_\_\_

Main language spoken at home \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Any special issues in relation to you child e.g. religion, food,etc?  
\_\_\_\_\_

Does your child have a disability? Yes No (please circle)

Name of Disability \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

### DETAILS OF PARENT/GUARDIAN No. 1 (Authorised Nominee)

First Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_ D.O.B / /

Surname \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Does the child live with this parent/guardian? Yes No (please circle)

### DETAILS OF PARENT/GUARDIAN No. 2

First Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_ D.O.B / /

Surname \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Does the child live with this parent/guardian? Yes No (please circle)

**OTHER RESIDENCY ARRANGEMENTS**

(Please give details)

Telephone (Home) \_\_\_\_\_

Name \_\_\_\_\_

(Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

**EMAIL INFORMATION:** ASC information will sent electronically.

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

**PERSONS AUTHORISED TO COLLECT CHILDREN**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

**EMERGENCY CONTACTS** (Maximum 30 minutes from the service)

In the event that the child is not collected from the children's service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(Mobile) \_\_\_\_\_

**ACCOUNT DETAILS**

Invoice to be sent to:

Parent/Guardian 1                      Or                      Parent/Guardian 2                      (Please circle)

**FEES**

Have you applied for Child Care Benefits?    YES            NO    (Please circle)

(If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit)

Parent/Guardian CRN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian CRN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child CRN \_\_\_\_\_

**TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE SERVICE**

                     AFTER SCHOOL CARE PERMANENT BOOKING                      (Please circle)  
Monday            Tuesday            Wednesday            Thursday            Friday

                     BEFORE SCHOOL CARE PERMANENT BOOKING                      (Please circle)  
Monday            Tuesday            Wednesday            Thursday            Friday

CASUAL/EMERGENCY CARE

Please tick if you will require casual care only

**CUSTODY DETAILS**

Are there any special access/custody arrangements?    YES            NO    (please circle)

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a court order exists please provide this information to the co Coordinator.

1. Bring the original court order/s for staff to see and a copy to attach to the enrolment form.

If these orders;

Change the power of a parent/guardian to:

- Authorise the taking of the child outside the service by a staff member of the service.
- Consent to the medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child.

AND/OR

Give these powers to someone else,

Please describe these changes and provide the contact details of any given powers:

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

**MEDICAL INFORMATION**

How would you describe your child's health? \_\_\_\_\_

Is he/she under any medical treatment? Please circle Yes No

Please give details \_\_\_\_\_

Has he/she had any history of illness? Please give details \_\_\_\_\_

Allergies \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medical Plan \_\_\_\_\_

Other \_\_\_\_\_

Asthma YES NO (please circle)

Do you have an Asthma plan? YES NO (please circle) If yes please supply a copy.

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

Has your child been immunised? YES NO (please circle)

Name of person/s authorized to consent to the medical treatment of the child: \_\_\_\_\_

**FAMILY DOCTOR**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

Medicare Number \_\_\_\_\_

Do you have private health insurance? YES NO (Please circle)

If yes Fund name \_\_\_\_\_ Fund Number \_\_\_\_\_

Do you subscribe to an ambulance service YES NO (please circle)

If yes, please state the Ambulance Subscription Number: \_\_\_\_\_

**OTHER INFORMATION**

Is there any other information we should know about your child? YES NO (please circle)

Likes, dislikes, fears, cultural information etc. \_\_\_\_\_

What are your child's current interests? \_\_\_\_\_

Is there anything you would like your child to develop at ASC? \_\_\_\_\_

Do you have any concerns? \_\_\_\_\_

**DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT**

I/We \_\_\_\_\_ (Print full Name)

Person/s with lawful authority of the child referred to in this enrolment form,

Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information.

Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service.

Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance, or where appropriate, administer such emergency medical treatment as is necessary and agree to reimburse any necessary expenses incurred by the OSHC service.

Undertake to inform the staff of any absences of my child from the service.

Accept full responsibility for my child's belongings whilst attending the service.

If I am the last parent/adult I shall wait with staff member until lock up has been completed for security for a OSHC single staff model service.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**PHOTOGRAPHIC CONSENT**

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional materials for the service.

YES NO (please circle)

**SUNSCREEN CONSENT**

I give permission for my child to have 30+ sunscreen applied as per the service's Sun Smart Policy.

YES NO (please circle)

**POLICY AND PHILOSOPHY STATEMENT**

I agree to abide by all policy and philosophy guidelines of the service.

YES NO (please circle)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PRIVACY NOTIFICATION**

The Sacred Heart After School Care uses the enrolment form to collect personal information for the purpose of the service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purpose only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.