mylor Before & After School Care OSHC ph: 8388 5345

Enrolment Form

OSHC Service:	Date of care to begin:
Account Holder Surname:	Account Holder CRN:
Children's Address:	
Phone (H):	School Attending:

	Child's Name / Preferred Name	Year Level	DOB	Gender	Child's CRN
1				M F	
2				M F	
3				M F	
4				M F	

Number of children attending child care other than Outside School Hours Care:

Parent/Guardian 1 (Account Holder)	Name:	DOB:	M F
	Address (H):	Relationship to children:	
	Phone (H):	Mobile:	
	Employer:	Occupation:	
	Address (W):		
	Phone (W):	Email:	
Parent/Guardian 2	Name:	DOB:	M F
	Address (H):	Relationship to children:	
	Phone (H):	Mobile:	
	Employer:	Occupation:	
	Address (W):		
	Phone (W):	Email:	

Details of Parental Custody/Court Orders:	Documentation Attached: Y /N

Family Doctor:	
Address:	
Phone:	Medicare No
Disabilities or medical conditions and details:	Management Plan Supplied: Y / N

Please note the appropriate child's name below and give further details in the additional space provided at the end of the form.

Has your child/ren had a history of ill health or been hospitalised?	N	Y	
Does your child/ren have any allergies?	N	Y	
Does your child/ren require staff to administer medication?	N	Y	
Does your child/ren have any fears?	N	Y	
Has your child/ren received the relevant immunisations for their age?	N	Y	
Does your child/ren have any special needs? #	N	Y	
Does your child/ren have a disability? #	N	Y	
Is your child/ren of Aboriginal (A) or Torres Strait Islander (T) origin? #	N	Y (A) Y (T)	

Language spoken at home:		
Family Religion:		
Are there any cultural issues that you would like the service to be aware of:	N	Y

Are there any particular food or drink preferences for your child/ren:	N	Y

 # Please note that it is a requirement of the Department of Education, Employment and Workplace Relations (DEEWR) that OSHC services gather this information. DEEWR use this information for statistical purposes.

Emergency contacts and people authorised to collect children, other than parents/guardians:	
1. Name:	Relationship to child:
Address:	
Phone:	Mobile:
2.. Name:	Relationship to child:
Address:	
Phone:	Mobile:
3. Name:	Relationship to child:
Address:	
Phone:	Mobile:
4. Name:	Relationship to child:
Address:	
Phone:	Mobile:

(Please tick to acknowledge)

	I/we agree to notify the Director of any change to information provided on the enrolment form.
	I/we have read and understand the Mylor PS Fee Schedule and agree to pay all childcare fees incurred.
	I/we understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.
	I/we understand that I/we must link my/our child/ren to the service, provide my/our date of birth and provide family and child Customer Reference Numbers.
	I/we acknowledge that I/we have received a Family handbook and agree to abide by the rules, policies and procedures of the service.
	I/we understand that it is necessary to personally sign children out as required for the various care sessions. If any person apart from those listed in the enrolment form is to collect and sign out my/our child/ren, I/we agree to notify the Director in advance and in writing to this effect.
	I/we agree to inform the Director of any absence of my/our child/ren as soon as possible and understand that there may be fees associated with changing bookings.
	I/we understand that management and or staff **cannot** enforce Family Court Orders or Domestic Violence Orders by law.
	I/We agree to keep my/our child/children 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/We accept that the Director will enforce the NHMRC “Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases”.
	I/We authorize all Mylor OSHC staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency.
	I/We give permission for Mylor OSHC to obtain at my/our cost medical, hospital and ambulance service in

	the case of an accident or emergency involving my/our child/children.
	I/We give permission for staff and students to observe my/our child/children to assist in developing activity programs.
	I/We give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.
	I/We give permission for my/our child/children name and/or photograph to be used for promotional purposes and service displays.
	I/We give permission for Mylor OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.
	I/We give permission for OSHC staff to liaise with my/our child's/children's school administration staff to obtain contact details in an emergency.
	I/We agree to pay any relevant additional charges including, but not limited to, late fees and incursion/excursion fees.

Does your child/ren have any additional needs you would like to make the service aware of? Is there any further information you would like to make the service aware of? For example, toileting requirements, likes, dislikes etc.

Parent/Guardian Name:	
Signature:	Date:
Parent/Guardian Name:	
Signature:	Date:

Initial Booking: Please note that any changes to these initial bookings need to be submitted in writing using the Mylor OSHC Booking Form. Place a tick beside each day that care is required.

Before School Care		**After School Care**		**OR**	
Monday		Monday		Full time Care: every Before and After School Care session	
Tuesday		Tuesday			
Wednesday		Wednesday		Emergency / Casual Care: bookings made as needed	
Thursday		Thursday			
Friday		Friday			

Office Use Only			
Date Received:		*Date term fees paid:*	
Date entered into finance software:		*Enrolment data entered by:*	

ALL ABOUT ME

Name .....

Age .....

Birthday.....

This is a picture of me

Fun Facts About me

My Favorite

- Food :
- Color :
- Pet :
- Movie :
- Sports :
- Toy :

Some things i would like to do at OSHC

1.

2.