

Child's Name:

OSHC Centre:

## YLV OSHC ENROLMENT FORM



**OFFICE USE:**

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_

### ATTACHED DOCUMENTS CHECKLIST

Please ensure ALL of the following documents are attached to this application before submission:

Immunisation Record	
Medical Document/s	
Court Orders	
Other Relevant Documents	

You can also enrol, book and seek further information online at our website:

[www.ylv.com.au](http://www.ylv.com.au)

OSHC Centre: 0432 250 524

Phone: 03 8790 6511

Email: [admin@ylv.com.au](mailto:admin@ylv.com.au)



# Welcome!

Thank-you for enrolling your child with Youth Leadership Victoria!

## CHILD'S DETAILS

YLV OSHC Centre Name that you are enrolling your child into				
Given Name(s)				
Surname				
Name usually called				
Date of Birth				
Sex (please circle)	Male		Female	
Does your child identify as Aboriginal and/or Torres Strait Islander? (please circle)	YES		NO	
Child's Centrelink Reference Number (CRN) '123-456-789-A' Please note: Parent and child have their own individual CRN number				
			-	
Home Address	House Number		Street Name	
	Post Code		Suburb	
Child lives with				

### PERMANENT BOOKINGS (PLEASE TICK SESSION DAYS)

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

	M	T	W	TH	F
BSC					
ASC					

## MEDICAL CONSIDERATION

MEDICARE DETAILS		
Medicare Number		
Medicare Expiry Date		
Number of Child on card		
CHILD'S REGISTERED MEDICAL PRACTITIONER OR SERVICE DETAILS		
Service Name		
Practitioner's Name		
Contact Number		
Address		
CHILD'S REGISTERED DENTAL PRACTITIONER OR SERVICE DETAILS		
Service Name		
Practitioner's Name		
Contact Number		
Address		
HEALTH INSURANCE DETAILS		
Private Health Cover (please circle)	YES	NO
Private Health Fund Name		
Private Health Care Membership No.		
Ambulance Cover (please circle)	YES	NO
SPECIFIC HEALTH CARE NEEDS DETAILS		
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? (Please Circle)	YES	NO
	If <b>YES</b> , please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <ul style="list-style-type: none"> <li>• A photo of the child</li> <li>• If relevant, state what triggers the medical condition, allergy or anaphylaxis</li> <li>• First aid needed</li> <li>• Contact details of the doctor who signed the plan</li> <li>• When the Plan should be reviewed.</li> </ul>	
Please outline any dietary restrictions or considerations and attach any relevant details		



**MEDICAL PERMISSION DETAILS**

<p><b>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</b></p> <ul style="list-style-type: none"> <li>• The label must contain the child’s name and</li> <li>• Parents must provide any verbal or written instructions provided by the medical practitioner.</li> </ul> <p><i>Education and Care Services National Regulations Regulation 95</i></p> <p>Any medication, including non-prescription medication like paracetamol, must be authorised by parents or an authorised nominee on our “Administration of Authorised Medication” form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	<b>PARENT 1 SIGNATURE</b>			
	<b>PARENT 2 SIGNATURE</b>			
<p><b>Do you authorise the Nominated Supervisor or another Educator at the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?</b> (Please Circle)</p>	<b>YES</b>		<b>NO</b>	
	<b>PARENT 1 SIGNATURE</b>			
	<b>PARENT 2 SIGNATURE</b>			
<p><b>Do you authorise the Nominated Supervisor or other educator at the service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?</b> (Please Circle)</p>	<b>YES</b>		<b>NO</b>	
	<b>PARENT 1 SIGNATURE</b>			
	<b>PARENT 2 SIGNATURE</b>			
<p><b>Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency?</b> (Please Circle)</p>	<b>YES</b>		<b>NO</b>	
	<b>PARENT 1 SIGNATURE</b>			
	<b>PARENT SIGNATURE</b>			
<p><b>Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible.</b> <i>Education and Care Services National Regulations Regulation 94.</i> (Please Circle)</p>	<b>PARENT 1 SIGNATURE</b>			
	<b>PARENT 2 SIGNATURE</b>			



### IMMUNISATION DETAILS

I have chosen not to have my child immunised. (please circle)	YES	NO
Are your child's immunisations up to date?	YES	NO
	Please provide a copy of your child's: <ul style="list-style-type: none"> <li>• Immunisation History Statement provided by Medicare</li> </ul>	

### CULTURAL CONSIDERATION

Language spoken at home		
Ethnicity		
Religion		
Is this Child of Aboriginal or Torres Strait Islander Descent? (please circle)	YES	NO
Please outline any cultural practices you would like followed		
Please outline the Child's religious background and if relevant any religious practices you would like followed		
Religious celebrations		

### DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child (For example, favourite activities, fears, special words (please translate if applicable), toileting and sleeping practices etc.)		
<b>TRANSITION TO SCHOOL</b>		
Do you give the service permission to exchange information with the school to assist your child transition to school?	YES	NO
	PARENT 1 SIGNATURE	
	PARENT 2 SIGNATURE	
<b>FAMILY INFORMATION</b>		
Does the child have any siblings? If so, please provide their names and ages.		
Does the child have any other close relations attending the school? E.g. cousins. If so, please provide their names and ages.		



**PRIMARY PARENT**

<b>Given Name (s)</b>													
<b>Surname</b>													
<b>Relationship to child</b>													
<b>Date of Birth</b>													
<b>Does you identify as Aboriginal and/or Torres Strait Islander? (please circle)</b>	<b>YES</b>						<b>NO</b>						
<b>Please provide any relevant cultural background details</b>													
<b>Does the child you are enrolling live with you?(please circle)</b>	<b>YES</b>						<b>NO</b>						
	If NO, please provide your address below:												
<b>CONTACT DETAILS</b>													
<b>Phone Number(s)</b>	<b>(M)</b>												
	<b>(H)</b>												
	<b>(W)</b>												
<b>E-mail Address</b>													
<b>Occupation</b>													
<b>Place of Employment</b>													
<b>CHILDCARE REBATE DETAILS</b>													
<b>Parent's Centrelink Reference Number (CRN) '123-456-789-A'</b> Please note: Parent and child have their own individual CRN number													
				-				-				-	



**SECONDARY PARENT**

<b>Given Name (s)</b>													
<b>Surname</b>													
<b>Relationship to child</b>													
<b>Date of Birth</b>													
<b>Please provide any relevant cultural background details</b>													
<b>Does the child you are enrolling live with you?(please circle)</b>	<b>YES</b>						<b>NO</b>						
	<b>If NO, please provide your address below:</b>												
<b>CONTACT DETAILS</b>													
<b>Phone Number(s)</b>	<b>(M)</b>												
	<b>(H)</b>												
	<b>(W)</b>												
<b>E-mail Address</b>													
<b>Occupation</b>													
<b>Place of Employment</b>													
<b>CHILDCARE REBATE DETAILS</b>													
<b>Parent's Centrelink Reference Number (CRN) '123-456-789-A'</b> Please note: Parent and child have their own individual CRN number													
				-				-				-	





## COURT ORDER

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? (please circle)	<b>Y</b>	<b>N</b>
	If <b>YES</b> , please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? (please circle)	<b>Y</b>	<b>N</b>
	If <b>YES</b> , please provide all relevant documentation and paperwork	
<b>Please note that without this documentation we cannot legally enforce the Order/s.</b>		

## AUTHORISED EMERGENCY CONTACTS

<p>There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances the service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the service and must provide identification when collecting the child.</p> <p><b>Please obtain the person's consent before listing them as an emergency contact</b></p>
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### #1 EMERGENCY CONTACT DETAILS

<b>Name (first, last)</b>											
<b>Relationship to child</b>											
<b>Address</b>	<b>House No.</b>		<b>Street Name</b>								
	<b>Post Code</b>		<b>Suburb</b>								
<b>Phone Number</b>	<b>(M)</b>										
	<b>(H)</b>										
	<b>(W)</b>										
<b>E-mail Address</b>											
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? <b>(Please Circle)</b>	<b>Y</b>										
	<b>PARENT 1 SIGNATURE</b>										
	<b>PARENT 2 SIGNATURE</b>										
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? <b>(Please Circle)</b>	<b>Y</b>										
	<b>PARENT 1 SIGNATURE</b>										
	<b>PARENT 2 SIGNATURE</b>										



## #2 EMERGENCY CONTACT DETAILS

<b>Name (first, last)</b>													
<b>Relationship to child</b>													
<b>Address</b>	<b>House No.</b>				<b>Street Name</b>								
	<b>Post Code</b>				<b>Suburb</b>								
<b>Phone Number</b>	<b>(M)</b>												
	<b>(H)</b>												
	<b>(W)</b>												
<b>E-mail Address</b>													
Can this person be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted? <b>(Please Circle)</b>					<b>Y</b>				<b>N</b>				
					<b>PARENT 1 SIGNATURE</b>								
					<b>PARENT 2 SIGNATURE</b>								
Can this person be contacted to give consent for educators to take the child outside the service's premises in the event that you cannot be contacted? <b>(Please Circle)</b>					<b>Y</b>				<b>N</b>				
					<b>PARENT 1 SIGNATURE</b>								
					<b>PARENT 2 SIGNATURE</b>								

### CHILD CARE SUBSIDY (CCS)

Child Care Subsidy will be paid directly to the Service to reduce the fees families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements which include:		
You and/or your partner must care for your child at least 2 nights per fortnight or have 14% care?	<b>Y</b>	<b>N</b>
Are you liable for fees for care provided at an approved child care service?	<b>Y</b>	<b>N</b>
Do you meet residency requirements?	<b>Y</b>	<b>N</b>
Does your child meet immunisation requirements?	<b>Y</b>	<b>N</b>
Have you completed the Child Care Subsidy assessment on the <a href="#">myGov</a> website?	<b>Y</b>	<b>N</b>
Have you received confirmation about your Child Care Subsidy?	<b>Y</b>	<b>N</b>
<b>Please Note:</b> If you need assistance with filling out this form please speak to the Director who will be happy to help. Please ensure that if any details change, you notify the Service immediately.		

### ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF.

**Please circle the following items to authorise:**



## HEALTH & SAFETY

I/We give permission for this child to: Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (supplied by parents)	YES	NO

## PHOTOGRAPHY & VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (Footage will not leave Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies	YES	NO



**PLEASE TICK BOX TO CONFIRM YOU HAVE READ EACH POINT**

I agree to inform the Service in writing immediately of any changes to the above information.	
I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up-to-date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.	
If I am unable to collect my child by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and if I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.	
I agree to pay a late fee of \$15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take the child to the local Police Station to await your arrival. A note will be left detailing the child's whereabouts.	
I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day. (If your child has sensitive skin and would prefer they use their own sunscreen please bring a spare tube to remain at the Service - clearly labelled with your child's first and last name).	
I authorise the staff to administer a single dose of paracetamol (Panadol) appropriate to the child's age in the event of a high temperature in an emergency after staff have attempted to organise someone to collect my child and have exhausted every other option. Please note that this does not mean your child can stay at the Service, they still need to be collected.	
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's medication form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current (within 6 months) dated Doctors letter stating the name of and reasons for the medication and only then if the Director deems the child well enough to attend Service.	
I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.	
I have read the Parent Handbook and am familiar with the Service's Policy Manual located in the OSHC room. I agree to follow, support and abide by these Policies and am aware that staff members are available to discuss with me any policies that I do not fully understand. I know that if I have any suggestions that I am able to make this suggestion in person to a staff member or anonymously in the suggestion box.	
I am interested in being a part of a Parent Committee that meets occasionally to update policies, etc.	
I/We have read the parent handbook carefully. I/We understand the commitment that you are undertaking and your responsibilities to the Service.	

**SIGNED:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

