

2019 Re Enrolment Form

To secure booking please:

Indicate the start date and days required for next year. You will receive a confirmation of re enrolment email upon processing.

Please complete **all areas** on the form (excluding CRN if already receiving Child Care Subsidy), as all areas are required to be cross checked with data already listed in our system. We understand this is a time consuming process, but we are required by law to have all relevant details in our system.

Please read and complete all sections so you are aware of any changes or updates that have been made.

If you have any questions about this form, contact the OSHC office at (07) 3352 6007 or email us at kgoshc@bigpond.com

Enrolment Form:

Please note: If you are enrolling a prep child, you need to complete a 2019 Enrolment Form for this child. This form is only for currently enrolled children already in our system.

This enrolment form asks for personal information about your child/ren as well as about family members and others that provide care for your child/ren.

This information is required for Kelvin Grove SC Outside School Hours Care to enrol your child/ren and to allocate staff and resources to provide for their care and support.

All staff/educators at Kelvin Grove SC Outside School Hours Care are required by law to protect the information provided on this enrolment form.

Health information:

So staff/educators at the service can properly care for your child, this form asks you to tell us about any condition including allergies and asthma that your child/ren may have, any medication they may rely on while at Kelvin Grove SC Outside School Hours Care, and contact details of your family doctor.

Kelvin Grove SC Outside School Hours Care depends on you to provide all relevant information: withholding some health information may put your child's health at risk.

We require completion of additional Medical Conditions forms (as listed on the enrolment form) prior to confirming re enrolment. We will require all medication to be stored on site when the child/ren is attending Kelvin Grove SC Outside School Hours Care to properly care for your child.

Family arrangements:

Kelvin Grove SC Outside School Hours Care requires information about parents, guardians or carers so that we can take account of family arrangements.

Any Family Court Orders setting out any access restrictions and parenting plans must be made available to the service.

Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Coordinator if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts:

These are people that Kelvin Grove SC Outside School Hours Care may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and have agreed to their details being provided to Kelvin Grove SC Outside School Hours Care.

Please note: All emergency contacts listed from previous years will be deleted and only the ones listed on this form will be authorised in Qikkids. Should you require further emergency contacts / authorised collection, please email kgoshc@bigpond.com with your request.

Qikkids Kiosk:

This is the electronic iPad program we use here at Kelvin Grove State College OSHC and all authorised contacts are required to sign child/ren in/out as appropriate using the Qikkids. All authorised contacts are set up in Qikkids with their own phone number and pin codes. Do not give your phone number and pin code to anyone else, including other family members.

Updating Your Child's Records:

Please let Kelvin Grove SC Outside School Hours Care know if any information needs to be changed (email, address, phone numbers) throughout the year by sending updated information to the Coordinator.

Access to Your Child's Records Held by Kelvin Grove SC Outside School Hours Care:

In most circumstances a parent or guardian can access their child's records. Please contact the Coordinator to if you wish to do so. Some information, such as information provided by someone else, may not be accessible to parents or guardians.

Print name: _____

Signature: _____

Date: ____/____/____

Child One	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Care type: Permanent bookings / Casual bookings		Booking start date: ____/____/____			
Special care details: Alternate weeks of care []		Other Details: _____			
Medical / Personal History:					
		Asthma	YES [] / NO []	<i>If yes, complete Asthma (FCPAS3) Form</i>	
		Anaphylaxis	YES [] / NO []	<i>If yes, complete Anaphylaxis (FCPAN1) Form</i>	
		Allergies	YES [] / NO []	<i>If yes, complete Allergies (FCPAL2) Form</i>	
Disabilities / Medical Conditions		YES [] / NO []	<i>If yes, complete Medical Conditions (FCPOM4) Form</i>		
Food / Dietary Requirements		YES [] / NO []	Details: _____		
		Regular Medication	YES [] / NO []	<i>If yes, complete Medication Authority (MAF1) Form</i>	

Child Two	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Care type: Permanent bookings / Casual bookings		Booking start date: ____/____/____			
Special care details: Alternate weeks of care []		Other Details: _____			
Medical / Personal History:					
		Asthma	YES [] / NO []	<i>If yes, complete Asthma (FCPAS3) Form</i>	
		Anaphylaxis	YES [] / NO []	<i>If yes, complete Anaphylaxis (FCPAN1) Form</i>	
		Allergies	YES [] / NO []	<i>If yes, complete Allergies (FCPAL2) Form</i>	
Disabilities / Medical Conditions		YES [] / NO []	<i>If yes, complete Medical Conditions (FCPOM4) Form</i>		
Food / Dietary Requirements		YES [] / NO []	Details: _____		
		Regular Medication	YES [] / NO []	<i>If yes, complete Medication Authority (MAF1) Form</i>	

Child Three	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Care type: Permanent bookings / Casual bookings		Booking start date: ____/____/____			
Special care details: Alternate weeks of care []		Other Details: _____			
Medical / Personal History:					
Asthma		YES [] / NO []	<i>If yes, complete Asthma (FCPAS3) Form</i>		
Anaphylaxis		YES [] / NO []	<i>If yes, complete Anaphylaxis (FCPAN1) Form</i>		
Allergies		YES [] / NO []	<i>If yes, complete Allergies (FCPAL2) Form</i>		
Disabilities / Medical Conditions		YES [] / NO []	<i>If yes, complete Medical Conditions (FCPOM4) Form</i>		
Food / Dietary Requirements		YES [] / NO []	Details: _____		
Regular Medication		YES [] / NO []	<i>If yes, complete Medication Authority (MAF1) Form</i>		

Child Four	Surname: _____		First Name: _____		
	Date of Birth: ____/____/____		Grade: _____		
Days of attendance: Please mark with a tick	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Care type: Permanent bookings / Casual bookings		Booking start date: ____/____/____			
Special care details: Alternate weeks of care []		Other Details: _____			
Medical / Personal History:					
Asthma		YES [] / NO []	<i>If yes, complete Asthma (FCPAS3) Form</i>		
Anaphylaxis		YES [] / NO []	<i>If yes, complete Anaphylaxis (FCPAN1) Form</i>		
Allergies		YES [] / NO []	<i>If yes, complete Allergies (FCPAL2) Form</i>		
Disabilities / Medical Conditions		YES [] / NO []	<i>If yes, complete Medical Conditions (FCPOM4) Form</i>		
Food / Dietary Requirements		YES [] / NO []	Details: _____		
Regular Medication		YES [] / NO []	<i>If yes, complete Medication Authority (MAF1) Form</i>		

Parent / Guardian Details

Parent / Guardian 1

First point of emergency contact:

1 2

Primary account holder:

YES NO

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Home No.: _____

Work No.: _____

Mobile No.: _____

Occupation: _____

Email Address: _____

Add to Service
Family Email
List:

Parent / Guardian 2

First point of emergency contact:

1 2

Primary account holder:

YES NO

Surname: _____

First Name: _____

Address: _____

Postcode: _____

Home No.: _____

Work No.: _____

Mobile No.: _____

Occupation: _____

Email Address: _____

Add to Service
Family Email
List:

Parenting Orders

Are there any custody or consent orders?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	<i>Please provide a certified, up to date copy to the office.</i>
Can the other parent collect the child/ren?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	

Parent Involvement

We encourage parents and guardians to be involved in our program. If you have any skills or hobbies that you could share with the children please list them. This could include your profession, which the children may find interesting.

Medical Contacts

When seeking medical treatment, health professionals are increasingly requesting child care services to provide the following information before treating a child. Please assist us to provide timely treatment by providing the necessary information. This information is especially important if during an emergency, paramedics need to contact your Family Doctor.

Medicare Number: _____ Private Health Fund: _____
Doctor Surgery Name: _____ Surgery Contact Number: _____
Hospital Preference: _____

Emergency Contacts / Authorised to Collect Details

Please list at least one person (other than custodial parents) authorised to collect your child.

Surname: _____ First Name: _____
Home No.: _____ Work No.: _____ Mobile No.: _____
Relationship to child: _____
Authority to collect from the Service: YES [] / NO []
Authority to authorise an educator to administer medical treatment: YES [] / NO []
Authority to be notified in the event of an emergency when the guardians cannot be immediately contacted: YES [] / NO []

Surname: _____ First Name: _____
Home No.: _____ Work No.: _____ Mobile No.: _____
Relationship to child: _____
Authority to collect from the Service: YES [] / NO []
Authority to authorise an educator to administer medical treatment: YES [] / NO []
Authority to be notified in the event of an emergency when the guardians cannot be immediately contacted: YES [] / NO []

Surname: _____ First Name: _____
Home No.: _____ Work No.: _____ Mobile No.: _____
Relationship to child: _____
Authority to collect from the Service: YES [] / NO []
Authority to authorise an educator to administer medical treatment: YES [] / NO []
Authority to be notified in the event of an emergency when the guardians cannot be immediately contacted: YES [] / NO []

Conditions of Enrolment

Consent to Administer First Aid / Medical

I/We provide permission for Kelvin Grove SC OSHC educators to apply:

First aid strips – such as band aids	YES [] / NO []
Service Sunscreen (Coles SPF50+). We are a SunSmart service and all children will be required to have sunscreen throughout the year. If you select NO, you must provide a bottle of sunscreen for your child to keep at the Service (labelled) and they will be required to use it.	YES [] / NO []

I/We acknowledge that the Service follows the Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services guidelines, including the exclusion periods for illnesses. I/we acknowledge that my child will not attend the Service if suffering from an infectious or contagious disease and may require a 'clearance certificate' from a medical professional prior to returning to the Service. If my child/ren displays signs of sickness, I will be contacted and requested to collect my child/ren from the Service.

Medical Emergency

In the case of an accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my child requires medical attention including dental emergencies, I/we authorise the employees at Kelvin Grove SC OSHC to obtain/provide medical assistance, and agree as a parent/guardian to pay any medical/transport cost incurred, including ambulance.

Qikkids Kiosk

I/We understand that I am required to sign my child/ren in/out as appropriate using the Qikkids electronic kiosk program. I will keep my PIN private and not give it to anyone, including other family members. I will provide, in writing, the details of anyone other than myself who will be collecting my child/ren so they can be issued with a PIN. This person must show photo ID and must use the kiosk system. Should Qikkids be unavailable, I will sign my child/ren in/out on a paper roll.

Privacy Permission

I/We provide permission for Kelvin Grove SC OSHC:

To take and use photographs of my child to use in any displays within the service (such as Apple TV Display, newsletter)	YES [] / NO []
To take and use photographs of my child to use in any displays outside of the service (such as social media, website, email correspondence, enrolment brochures)	YES [] / NO []
To take photographs of my child to be used to observe/report on my child.	YES [] / NO []
To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions.	YES [] / NO []
I/We understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided in the above list.	YES [] / NO []

Leave the Premises

I/We provide permission for Kelvin Grove SC OSHC educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills.

I/We give permission for my child to be walked or use other forms of transport on excursion outings (with an extra permission slip) and to and from school to the Service.

Child Participation

I/We understand that all due care will be taken by Kelvin Grove SC OSHC and that the service or educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care, After School Care and Vacation care program unless caused by the proven negligence of Kelvin Grove SC OSHC educators.

I/We the undersigned, approve of my child/ren involvement in Kelvin Grove SC OSHC program.

I/We give permission for my child/ren to participate in Service-based activities organised for the days my child will be attending.

I/We understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the Service.

Payment Agreement

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We acknowledge that all fees are payable one (1) week in advance of attendance and that normal fees are payable at all times including for any period of absence for illness/personal holidays/public holidays or for any other reasons.
- I/We acknowledge that if fees are not paid then my child's enrolment at Kelvin Grove SC OSHC may be terminated.
- I/We acknowledge that extra fees may be charged for late pick-ups, and enrolments may be terminated if patterns occur.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/We will provide two (2) weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that fee payments are paid via Ezi Debit, Internet Banking or EFTPOS.
- I/We acknowledge that if our direct debit transaction defaults for any reason, all fees associated with the default payment will be incurred and paid for by the account holder.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.
- I/We understand that it is our responsibility to ensure that our statement is correct, and any discrepancies must be brought to Kelvin Grove SC OSH attention within 14 days of statement being issued.

Confirmation of Childcare Agreement (CWA)

As a part of your enrolment at our service, we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy Purposes.

- I/We acknowledge that my details in the enrolment form, as well as the details of the child I am enrolling are correct.

- I/We have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- I/We agree that care may be provided on a casual or flexible basis where available at my service(s) at my request.
- I/We understand that I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a fee schedule or parent handbook) which are subject to change over time based on advice from the provider and acceptance by me.

I/We agree that the information I/We have provided on this form is correct.	YES [] / NO []
I/We have read the Family Handbook and agree with and understand that I/we must abide by all policies/ procedures and Service daily functioning rules.	YES [] / NO []

I/We understand that children who are third priority under the Priority of Access Guidelines may be required to alter their days or give up their place at the Centre in order to provide a place for a higher priority child. For more information, see Family Handbook.

I/We understand that any information that requires updating must be relayed to the Coordinator in writing throughout the year.

Parent / Guardian Signature: _____	Date: ____/____/____
Parent / Guardian Signature: _____	Date: ____/____/____

2019 Re Enrolment Form

STAFF USE ONLY

ALL INFORMATION IS FILLED OUT CORRECTLY

YES [] / NO []

ACTION REQUIRED: _____

CHILD HAS ASTHMA	YES [] / NO []
<input type="checkbox"/> ASTHMA / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [] / NO []
<input type="checkbox"/> ASTHMA ACTION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED	YES [] / NO []
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [] / NO []
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [] / NO []
CHILD HAS ANAPHYLAXIS	YES [] / NO []
<input type="checkbox"/> ANAPHYLAXIS / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [] / NO []
<input type="checkbox"/> ANAPHYLAXIS ACTION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED	YES [] / NO []
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [] / NO []
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [] / NO []
CHILD HAS ALLERGIES (NON LIFE THREATENING)	YES [] / NO []
<input type="checkbox"/> ALLERGIES / MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [] / NO []
<input type="checkbox"/> ALLERGIES ACTION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> FAMILY COMMUNICATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED (IF NECESSARY)	YES [] / NO []
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [] / NO []
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [] / NO []
CHILD HAS MEDICAL CONDITIONS	YES [] / NO []
<input type="checkbox"/> MEDICAL CONDITIONS POLICY SENT TO PARENT	YES [] / NO []
<input type="checkbox"/> MEDICATION AUTHORITY AND ADMINISTRATION FORM COMPLETED (IF NECESSARY)	YES [] / NO []
<input type="checkbox"/> RISK MINIMISATION PLAN COMPLETED	YES [] / NO []
<input type="checkbox"/> PHOTO OF CHILD DISPLAYED IN OFFICE / KITCHEN	YES [] / NO []
<input type="checkbox"/> UPDATED MEDICAL CONDITIONS FOLDER IN OFFICE / KITCHEN	YES [] / NO []