



0419 290 528
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OUT OF SCHOOL HOURS ENROLMENT FORM 2020

PRIVACY

All information contained in this enrolment form is regarded as confidential and will be used for administration purposes. Information will not be disclosed to any other party other than Wallsend South OOSH Management and Educators except as required by law.

\$35 Annual enrolment fee is payable per family

SECTION 1: PARENT/		GUARDIAN DETAILS	
PARENT/GUARDIAN 1 (GUARDIAN WHO HAS ENROLLED CHILD/REN WITH CENTRELINK)		PARENT/GUARDIAN 2	
PARENT/GUARDIAN NAME:		PARENT/GUARDIAN NAME:	
RELATIONSHIP TO CHILD/REN:		RELATIONSHIP TO CHILD/REN:	
DATE OF BIRTH:		DATE OF BIRTH:	
ADDRESS		ADDRESS	
HOME PHONE:		HOME PHONE:	
MOBILE PHONE:		MOBILE PHONE:	
WORK PHONE:		WORK PHONE:	
OCCUPATION:		OCCUPATION:	
EMPLOYER:		EMPLOYER:	
WORK ADDRESS:		WORK ADDRESS:	
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:	
ARE YOU AN AUSTRALIAN RESIDENT: YES/NO		ARE YOU AN AUSTRALIAN RESIDENT: YES/NO	
CULTURAL BACKGROUND:		CULTURAL BACKGROUND:	
LANGUAGES SPOKEN AT HOME:		LANGUAGES SPOKEN AT HOME:	
DO YOU IDENTIFY AS ABORIGINAL? YES/NO		DO YOU IDENTIFY AS ABORIGINAL? YES/NO	
OR TORRES STRAIT ISLANDER? YES/NO		OR TORRES STRAIT ISLANDER? YES/NO	
IF CIRCLED YES, WHAT IS YOUR INDIGENOUS COUNTRY?		IF CIRCLED YES, WHAT IS YOUR INDIGENOUS COUNTRY?	
PERMISSION TO COLLECT: YES/NO		PERMISSION TO COLLECT: YES/NO	
EMERGENCY CONTACT: YES/NO		EMERGENCY CONTACT: YES/NO	
PERMISSION TO AUTHORISE MEDICAL TREATMENT: YES/NO		PERMISSION TO AUTHORISE MEDICAL TREATMENT: YES/NO	
PERMISSION TO AUTHORISE EXCURSIONS: YES/NO		PERMISSION TO AUTHORISE EXCURSIONS: YES/NO	
EMAIL ADDRESS (FOR INVOICES):		EMAIL ADDRESS:	
CRN NUMBER:		CRN NUMBER:	
AUTHORISED ACCOUNT HOLDER: YES/NO		AUTHORISED ACCOUNT HOLDER: YES/NO	



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SECTION 2: CHILD		DETAILS	
CHILD 1		CHILD 2	
CHILD'S FULL NAME:		CHILD'S FULL NAME:	
PLEASE CIRCLE: MALE/FEMALE		PLEASE CIRCLE: MALE/FEMALE	
DATE OF BIRTH:		DATE OF BIRTH:	
CHILD'S CRN:		CHILD'S CRN:	
ADDRESS:		ADDRESS:	
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:	
CHILD'S NATIONALITY:		CHILD'S NATIONALITY:	
IDENTIFY AS ABORIGINAL:	YES/NO	IDENTIFY AS ABORIGINAL:	YES/NO
IDENTIFY AS TORRES STRAIT ISLANDER:	YES/NO	IDENTIFY AS TORRES STRAIT ISLANDER:	YES/NO
CULTURAL BACKGROUND:		CULTURAL BACKGROUND:	
LANGUAGES SPOKEN BY CHILD:		LANGUAGES SPOKEN BY CHILD:	
CHILD'S SCHOOL AND GRADE:		CHILD'S SCHOOL AND GRADE:	
DATE TO COMMENCE OOSH:		DATE TO COMMENCE OOSH:	
VALUES AND BELIEFS & RELIGION:		VALUES AND BELIEFS & RELIGION:	
WORDS THAT HAVE SPECIAL MEANING:		WORDS THAT HAVE SPECIAL MEANING:	
FEARS:		FEARS:	
INTERESTS/HOBBIES:		INTERESTS/HOBBIES:	
FOOD DISLIKES/FOOD BELIEFS:		FOOD DISLIKES/FOOD BELIEFS:	
ALLERGIES, DIETARY, MEDICATION		& ADDITIONAL NEEDS	
ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE)		ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE)	
	YES/NO		YES/NO
IF YES DOES CHILD SELF ADMINISTER:	YES/NO	IF YES DOES CHILD SELF ADMINISTER:	YES/NO
ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE)		ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE)	
	YES/NO		YES/NO
EPI-PEN REQUIRED:	YES/NO	EPI-PEN REQUIRED:	YES/NO
ALLERGIES:	YES/NO	ALLERGIES:	YES/NO
INTOLERANCES:	YES/NO	INTOLERANCES:	YES/NO
DIABETES:	YES/NO	DIABETES:	YES/NO
MEDICAL CONDITION:	YES/NO	MEDICAL CONDITION:	YES/NO



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SECTION 2: CHILD		DETAILS	
CHILD 3		CHILD 4	
CHILD'S FULL NAME:		CHILD'S FULL NAME:	
PLEASE CIRCLE: MALE/FEMALE		PLEASE CIRCLE: MALE/FEMALE	
DATE OF BIRTH:		DATE OF BIRTH:	
CHILD'S CRN:		CHILD'S CRN:	
ADDRESS:		ADDRESS:	
COUNTRY OF BIRTH:		COUNTRY OF BIRTH:	
CHILD'S NATIONALITY:		CHILD'S NATIONALITY:	
IDENTIFY AS ABORIGINAL:	YES/NO	IDENTIFY AS ABORIGINAL:	YES/NO
IDENTIFY AS TORRES STRAIT ISLANDER:	YES/NO	IDENTIFY AS TORRES STRAIT ISLANDER:	YES/NO
CULTURAL BACKGROUND:		CULTURAL BACKGROUND:	
LANGUAGES SPOKEN BY CHILD:		LANGUAGES SPOKEN BY CHILD:	
CHILD'S SCHOOL AND GRADE:		CHILD'S SCHOOL AND GRADE:	
DATE TO COMMENCE OOSH:		DATE TO COMMENCE OOSH:	
VALUES AND BELIEFS & RELIGION:		VALUES AND BELIEFS & RELIGION:	
WORDS THAT HAVE SPECIAL MEANING:		WORDS THAT HAVE SPECIAL MEANING:	
FEARS:		FEARS:	
INTERESTS/HOBBIES:		INTERESTS/HOBBIES:	
FOOD DISLIKES/FOOD BELIEFS:		FOOD DISLIKES/FOOD BELIEFS:	
ALLERGIES, DIETARY, MEDICATION		& ADDITIONAL NEEDS	
ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO		ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO	
IF YES DOES CHILD SELF ADMINISTER:	YES/NO	IF YES DOES CHILD SELF ADMINISTER:	YES/NO
ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO		ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO	
EPI-PEN REQUIRED:	YES/NO	EPI-PEN REQUIRED:	YES/NO
ALLERGIES:	YES/NO	ALLERGIES:	YES/NO
INTOLERANCES:	YES/NO	INTOLERANCES:	YES/NO
DIABETES:	YES/NO	DIABETES:	YES/NO
MEDICAL CONDITION:	YES/NO	MEDICAL CONDITION:	YES/NO
BEHAVIOURAL DIAGNOSIS:	YES/NO	BEHAVIOURAL DIAGNOSIS:	YES/NO



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SECTION 3: DOCTOR & HOSPITAL	
FAMILY DOCTOR NAME:	MEDICARE NUMBER:
DOCTOR ADDRESS:	PRIVATE HEALTH CARE FUND:
DOCTOR NUMBER:	PRIVATE HEALTH CARE NUMBER:
HAS YOUR CHILD/REN EVER BEEN HOSPITALISED? YES/NO IF YES PLEASE PROVIDE DETAILS:	AMBULANCE COVER ONLY: YES/NO
CHILD/REN UP TO DATE IMMUNISATION: YES/NO	

SECTION 4: EMERGENCY CONTACTS
PLEASE SUPPLY AT LEAST 2 NAMES, OTHER THAN THE CHILD'S PARENTS / GUARDIANS

PRIORITY	NAME	ADDRESS	MOBILE/WORK NO.	RELATIONSHIP	CAN COLLECT YES/NO
1					
2					
3					
4					
5					

**I HEREBY AUTHORISE THE EDUCATORS OF THE CENTRE TO CONTACT THE ABOVE PEOPLE,
 IF I CANNOT BE CONTACTED, IN THE CASE OF AN EMERGENCY.**

**I ALSO AUTHORISE THE FOLLOWING PEOPLE TO PROVIDE EXCURSION PERMISSION,
 MEDICATION PERMISSION FORMS AND MEDICAL TREATMENT PERMISSION.**

ADDRESS' OF ALL EMERGENCY CONTACTS ARE ALSO COMPULSORY TO MATCH WITH ID ON PICK UP
 PLEASE SUPPLY AT LEAST 2 NAMES, OTHER THAN THE CHILD'S PARENTS / GUARDIANS.

**NOTE: IT IS IMPORTANT THAT YOU INFORM THE ABOVE PEOPLE THAT YOU HAVE INCLUDED THEM AS EMERGENCY
 CONTACTS AND THAT THEY MAY BE CONTACTED IN THE CASE OF AN EMERGENCY (WITH YOUR CHILD OR THE CENTRE)
 AND ASKED TO COLLECT YOUR CHILD WHEN YOU CANNOT BE CONTACTED.**

SECTION 5: CUSTODY INFORMATION

ARE THERE ANY COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS IN RELATION TO YOUR CHILD, OR ACCESS TO YOUR CHILD? FOR EXAMPLE, APPREHENDED VIOLENCE ORDER WHICH PREVENTS A PERSON/S CONTACT WITH YOUR CHILD OR ANYONE YOU DENY ACCESS TO YOUR CHILD? IF YES PLEASE PROVIDE DETAILS/ DESCRIPTION:	YES/ NO
COURT ORDER ATTACHED/PHOTO ATTACHED:	YES/ NO

PLEASE NOTE: EDUCATORS AT THE CENTRE ARE NOT QUALIFIED TO ENFORCE CUSTODY ORDERS, HOWEVER SHOULD AN EDUCATOR FEEL YOUR CHILD IS AT RISK OF HARM THE POLICE WILL BE CALLED.



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SECTION 6: ADDITIONAL CENTRELINK INFORMATION

DO YOU CLAIM CHILD CARE SUBSIDY (CCS) FOR THE ABOVE CHILDREN?	YES/NO
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THIS CENTRE WILL EMAIL YOU WHEN YOU ARE REQUIRED TO CONFIRM YOUR CHILD/REN'S ATTENDANCE AT OUR SERVICE. THIS NEEDS TO BE COMPLETED FOR THE CCS TO BE APPLIED (If eligible).

SECTION 7: AUTHORISATION AND APPROVAL

PHOTOS AND SOCIAL MEDIA

PERMISSION FOR ROOM DISPLAY OF PHOTOS	YES/NO
PERMISSION FOR MY CHILDS PHOTO TO BE USED IN GROUP OBSERVATIONS THAT MAY BE EMAILED TO OTHER FAMILIES	YES/NO
PERMISSION FOR PHOTOS TO BE USED ON OUR FACEBOOK PAGE	YES/NO
PERMISSION FOR PHOTOS TO BE USED ON OUR WEBSITE	YES/NO
PERMISSION FOR PHOTOS TO BE USED ON OUR NEWSLETTER	YES/NO

MEDICATION	I HEARBY AUTHORISE THE STAFF TO ADMINISTER AN AGE/WEIGHT APPROPRIATE DOSE OF A FEVER REDUCING AGENT TO MY CHILD SHOULD HE/SHE HAVE A FEVER, WHILST AWAITING MY ARRIVAL TO SEEK MEDICAL TREATMENT.	Y/N
SUNSCREEN	I HEREBY GIVE PERMISSION FOR STAFF TO APPLY SUNSCREEN TO MY CHILD BEFORE OUTDOOR PLAY AND AGREE TO SEND CHILD'S OWN SUNSCREEN IF SENSITIVE TO OOSH SUNSCREEN.	Y/N
ARRIVAL & DEPARTURE	I AGREE TO HAVE MY CHILDREN SIGNED IN AND OUT ON THE APPROPRIATE DOCUMENTATION AT THE CENTRE ON ARRIVAL AND DEPARTURE EACH DAY THEY ATTEND THE CENTRE.	Y/N
CHILD ABSENCE	I AGREE TO NOTIFY THE CENTRE IF MY CHILD IS ABSENT FROM THE CENTRE ON THE DAY THAT THEY ARE BOOKED IN AND UNDERSTAND THAT A NON-NOTIFICATION FEE MAY BE CHARGED. I ALSO AGREE TO SIGN MY ABSENCES AND UNDERSTAND THIS IS A REQUIREMENT OF CENTRELINK AND FULL FEES MAY BE CHARGED.	Y/N
TRANSPORT	I AGREE FOR STAFF TO TRANSPORT MY CHILD TO AND FROM THE SERVICE IN WALLSEND SOUTH OOSH BUSES/OR COMPREHENSIVELY INSURED STAFF VEHICLES.	Y/N
FAMILY HANDBOOK	I HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED IN THE FAMILY HANDBOOK	Y/N
TV/ELECTRONICS	I AGREE FOR MY CHILDREN TO WATCH 'G' AND 'PG' RATED MOVIES, TV SHOWS AND ELECTRONIC GAMES.	Y/N
FACE PAINTING/HAIR	I AGREE FOR MY CHILD TO HAVE THEIR FACE PAINTED, COLOURED HAIR SPRAY, NAILS PAINTED, MAKEUP APPLIED, OR HAIR STRAIGHTENED OR CURLED.	Y/N
MEDICAL ASSISTANCE	IN ACCORDANCE TO REGULATIONS AND CENTRE POLICIES, I UNDERSTAND THAT THE CENTRE HAS A DUTY OF CARE IN THE CASE OF AN ACCIDENT OR EMERGENCY TO SEEK THE FOLLOWING:	YES
	<ul style="list-style-type: none"> • MEDICAL • FIRST AID • HOSPITAL • AMBULANCE SERVICE AND TRANSPORTATION OF THE CHILD BY AMBULANCE 	

SECTION 8: BOOKINGS



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PLEASE NOTE THAT PERMANENT BOOKINGS MUST BE PAID FOR WHETHER THE CHILD ATTENDS OR NOT
 UNLESS 24HOURS NOTICE IS GIVEN TO CANCEL A CASUAL BOOKING, CHARGES WILL STILL BE MADE
CASUAL BOOKINGS ARE SUBJECT TO OUR SERVICE PRIORITY OF ACCESS POLICY
 A SEPARATE FORM WILL NEED TO BE COMPLETED EACH VACATION CARE AVAILABLE FROM END OF WEEK 6

Permanent Bookings: Please circle the days that you would like your child to attend our service.
Casual Bookings: Please tick the appropriate box.

BEFORE SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL
AFTER SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

I ACKNOWLEDGE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS TRUE TO MY CURRENT KNOWLEDGE AND I WILL INFORM THE SERVICE OF ANY CHANGES OF INFORMATION.

PRINT FULL NAME	PRINT FULL NAME
DATE	DATE