

# Modbury School Out of School Hours Care Enrolment Form



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Casual Enrolment       Full Enrolment      Enrolment Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Details of Child

|                                       |  |
|---------------------------------------|--|
| First Names:                          | Preferred Name                             |
| Surname:                              | Date of Birth: ____/____/____ Age:         |
| Male / Female / Other (please circle) | Aboriginal / TSI: Yes / No (please circle) |
| Main Language spoken at home:         | Centrelink Ref No:                         |
| Name of child's current teacher:      | Class Room No:                             |

## Details of Parent / Guardian (1) (person responsible for paying account)

|  |   |
|--|---|
| First Name:  | Surname:  |
| Date of Birth:      /      /   |   |
| Address:   |   |
| Postal Address:  |   |
| Relation to Child:   | Occupation:   |
| Telephone:      Home      Work      Mble   |   |
| Languages Spoken:  |   |
| Centrelink Ref No:   | Does child live with this parent/guardian? Yes / No |
| I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children: _____ |   |

## Details of Parent / Guardian (2)

|  |   |
|--|---|
| First Name:  | Surname:  |
| Date of Birth:      /      /   |   |
| Address:   |   |
| Postal Address:  |   |
| Relation to Child:   | Occupation:   |
| Telephone:      Home      Work      Mble   |   |
| Languages Spoken:  |   |
| Centrelink Ref No:   | Does child live with this parent/guardian? Yes / No |
| I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children: _____ |   |

**Persons Authorised to Collect Child** (besides parents/guardians)

|                    |          |      |      |
|--------------------|----------|------|------|
| First Name:        | Surname: |      |      |
| Address:           |          |      |      |
| Relation to Child: |          |      |      |
| Telephone:         | Home     | Work | Mble |

|                    |          |      |      |
|--------------------|----------|------|------|
| First Name:        | Surname: |      |      |
| Address:           |          |      |      |
| Relation to Child: |          |      |      |
| Telephone:         | Home     | Work | Mble |

**Emergency Contact Persons**

In case of accident or injury, trauma or illness when parents/guardians are not available, please state two people who could pick up the child and take care of them for the day. 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.

|                    |          |      |      |
|--------------------|----------|------|------|
| First Name:        | Surname: |      |      |
| Address:           |          |      |      |
| Relation to Child: |          |      |      |
| Telephone:         | Home     | Work | Mble |

|                    |          |      |      |
|--------------------|----------|------|------|
| First Name:        | Surname: |      |      |
| Address:           |          |      |      |
| Relation to Child: |          |      |      |
| Telephone:         | Home     | Work | Mble |

**Custody Details**

Are there special access/custody arrangements? Yes /No (please circle)

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

## Medical & Health Information

Has the child received all immunisations appropriate for her/his age? Yes / No

If no, please give details: \_\_\_\_\_

Has the child any conditions / medications that may be effected by OSHC activities? Yes / No

If yes, please give specifics and any related medication: \_\_\_\_\_

Has the child any disabilities? Yes / No

If yes, please record specifics: \_\_\_\_\_

Has the child any special needs? Yes / No

If yes, please record specifics: \_\_\_\_\_

Does the child usually require special aids (e.g. glasses, hearing aid etc.)? Yes / No

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

Has the child any special dietary needs not related to allergies? Yes / No

If yes, please give specifics: \_\_\_\_\_

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)? Yes / No

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

Has the child had any kind of allergic reactions? Yes / No

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

Is there any other medical information we might need to know? \_\_\_\_\_

|                             |                          |
|-----------------------------|--------------------------|
| Doctor's Name:              | Phone No:                |
| Clinic Name:                |                          |
| Address:                    |                          |
| Medicare Number:            | Health Care Card Number: |
| Private Medical Cover with: | Ambulance Cover with:    |

**Bookings (please also complete weekly booking sheets)**

Do you require Before School Care? (please tick boxes)

Commencing From: \_\_\_/\_\_\_/\_\_\_

| Mon. | Tue. | Wed. | Thu. | Fri. |
|------|------|------|------|------|
|      |      |      |      |      |

Do you require After School Care?  
(please tick boxes)

| Mon. | Tue. | Wed. | Thu. | Fri. |
|------|------|------|------|------|
|      |      |      |      |      |

Commencing From: \_\_\_/\_\_\_/\_\_\_

Do you require Vacation Care? Yes / No Commencing From: \_\_\_/\_\_\_/\_\_\_

**Please tell us a little about your child's strengths, interests, likes and dislikes**

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**Is there anything more we need to know?**

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or  
2. comments on homework, behaviour management etc. or 3. any suggestions or ideas for activities or outings  
or 4. any skills, hobbies or interests that you would like to share with the OSHC children?)

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**Consents (please circle)**

|  |          |
|--|----------|
| I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program .                         | Yes / No |
| I consent for my child to be photographed/videoed and for their image and name to be published in circumstances the Director deems to be appropriate | Yes / No |
| I give permission for my child to watch P & PG rated movies at the discretion of the Director  | Yes / No |
| I give permission for my child to access the internet in accordance with Modbury School's Cyber Safety Agreement                                     | Yes / No |
| I give consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury.                  | Yes / No |

**Agreements (please circle)**

|  |          |
|--|----------|
| I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.   | Yes / No |
| I agree that the staff of the Service may administer simple first aid to my child if the need arises.  | Yes / No |
| I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child. | Yes / No |
| I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.  | Yes / No |

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_