



CONFIDENTIAL: RESTRICTED ACCESS

Flexible/Casual

Fixed/Routine

Woodleigh
11 Tobruk Tce, PO Box 185, Loxton SA 5333
Call (08) 8584 6501 Fax (08) 8584 5175
admin@loxtonchildrenscentre.com.au

OSHC
Pyap Street, Loxton SA 5333
Call 0421 154 502
loxtonoshc@gmail.com

Enrolment & Information Form

Emergency Contacts & Collection Authorities

Note: It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the parent's behalf to consent to medical treatment, or authorise administration of medication if neither parent can be located, or to pick up the child in an emergency and care for them until s/he can be returned home.

THIRD Emergency Contact:

Name: _____
Relationship to Child: _____
Address: _____
Phone: (h) _____ (w) _____ (m) _____

FOURTH Emergency Contact:

Name: _____
Relationship to Child: _____
Address: _____
Phone: (h) _____ (w) _____ (m) _____

Collection ONLY Authorities

Note: The people nominated here have been given **approval only to collect the child** and should **NOT** be contacted in case of an emergency.

FIRST Collection ONLY Authority Contact:

Name: _____
Relationship to Child: _____
Address: _____
Phone: (h) _____ (w) _____ (m) _____

SECOND Collection ONLY Authority Contact:

Name: _____
Relationship to Child: _____
Address: _____
Phone: (h) _____ (w) _____ (m) _____

Woodleigh Bookings

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival:					
Departure:					

From: _____ for: _____ weeks/or until: _____ or ongoing (tick)

OSHC Bookings

Select all that apply: Before School Care After School Care Vacation Care

Day/s (if known):	Monday	Tuesday	Wednesday	Thursday	Friday

Child Details

Family Name: _____ Gender: M F
First Name: _____ Middle Name/s: _____
Known as: _____ Primary Language: _____
Date of birth: _____ CRN: _____
Address: _____
Indigenous status: Aboriginal TS Islander

Parent/Guardian & Billing Details

FIRST Emergency Contact

Name: _____
Date of birth: _____ CRN: _____
Relationship to Child: _____
Primary Language: _____
Address: (h) _____
Address: (w) _____
Phone: (h) _____ (w) _____ (m) _____
Email: _____

Other Parent/Guardian Details

SECOND Emergency Contact

Name: _____
Relationship to Child: _____
Primary Language: _____
Address: (h) _____
Address: (w) _____
Phone: (h) _____ (w) _____ (m) _____
Email: _____

Parenting Plans/Custodial/Court Orders

Are there any court/parenting orders or plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child? Yes No

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? Yes No

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers at LDCC cannot enforce these orders or plans.

Child's Name:

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Medical & Health Information

Has the child received the following immunisations? (please tick)

	Birth	2 months	4 months	6 months	12 months	18 months	3.5 - 4 years	10 - 15 years
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertussis (Whooping Cough)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilus b (Hib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pneumococcal conjugate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotavirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varicella (Chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional immunisations for Aboriginal and Torres Strait Islander children: (please tick)

	12 - 18 months	12 - 24 months
Pneumococcal conjugate	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>

A copy of my child's current vaccination information has been provided: Yes No

Medical Information

Child's Medicare Number:

Doctor's Name: Phone Number:

Clinic Name:

Address:

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 this service attend my child. I acknowledge that I will be liable for any expenses incurred in the treatment of my child. Initial

Has the child any disabilities? Yes No Effective Date:

Has the child any additional needs? Yes No Effective Date:

Does the child usually require regular medication or additional aids? Yes No

If YES to ANY of the above please provide details (eg glasses, hearing aids etc):

Has/Does the child suffer any chronic medical condition that may re-occur? Yes No

If YES please specify (eg anaphalaxis, chronic ear infection, eczema, asthma etc):

Has/Does the child have any kind or allergic reactions or food intolerances? Yes No

If YES please record specifics:

Foods: Penicillin: Yes No

Other (insects, animals etc):

Reaction:

A copy of my child's current medication plan/allergy/intolerance form has been provided to the service Yes No

Special Considerations

Is there anything more we need to know about your child?
ie any personal, religious or cultural practices/prohibitions that you would like the service to know.

Consents & Acknowledgments - Please initial next to each item to which you consent

	Initial
I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program.	<input type="text"/>
I consent for Centre staff to apply sunscreen (30+ SPF or above) to my child if required.	<input type="text"/>
I consent for a staff member to drop off/pick up my child from the Loxton Preschool/Primary School when required.	<input type="text"/>
Photographs of my child may be used by or on behalf of the centre for advertising, promotional material, websites or publications.	<input type="text"/>
I consent for my child to be removed from the centre to safety in case of an emergency.	<input type="text"/>
OSHC ONLY - I consent for Centre staff to apply insect repellent to my child if required.	<input type="text"/>
WOODLEIGH ONLY - I understand that two weeks' notice is required if I wish to cancel my booking. Failure to do so will require parents to pay two weeks full fees. All accounts must be finalised by this time as any outstanding accounts will be forwarded to debt collection agencies.	<input type="text"/>

Agreements

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

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.

Parent/Guardian Signature: Date:

STAFF TO COMPLETE

Interviewed by:	Date:			
Entered by:	Date:			
	Immunisation Record/s	Parent CRN Letter/s	Medical Plan/s & Document/s	Court/Parenting Order/s
Documents Sighted/Attached				