

GORDON EAST OSHC CENTRE

Enrolment Form

Child's Given Name _____ Child's Family Name _____

M/F _____ DOB _____ Address _____

Home Phone _____ Bill Fees to _____ Religion _____

Primary Language _____ Cultural Background _____ Legal Guardian _____

Is there anyone prohibited from having contact with or collecting the child?

Start Date req'd _____

Mother's given Name _____ Mother's Family Name _____

Phone (H) _____ Phone (M) _____

Address _____

Work Details Mother Employer _____

Phone (W) _____ Hours _____ Occupation _____

Father's given Name _____ Father's Family Name _____

Phone (H) _____ Phone (M) _____

Address _____

Work Details Father Employer _____

Phone (W) _____ Hours _____ Occupation _____

Email contact details Would you like Centre information to be sent to you via email?

Medical Details Is your child on any regular medication or have any disabilities, food sensitivities or allergies we should know about? Yes/No

If Yes, give details _____

Is there any other information you wish us to know about your child?

Has your child had any of the following	Measles	German Measles	Ear Infection	Hepatitis	Other
	Mumps		Throat Infection	Chicken Pox	

Medicare No. _____ Private Health Particulars _____

Emergency Details

Doctors Name _____ Phone No _____ Contact Doctor Y/N _____

Address _____

Dentist Name _____ Phone No. _____ Contact Dentist Y/N _____

Religious Requirements in case of Accident _____

Using the boxes below, list at least 2 people authorised to collect the child and at least 2 people that we may call if we cannot find you in an emergency. These may be the same people for both

Person's Name	Relationship to child	Phone (H)	Phone (W)	Phone (M)	Emerg. Release Y/N	Daily pick up Y/N
Home Address _____						
Work Address _____						
Home Address _____						
Work Address _____						
Home Address _____						
Work Address _____						
Home Address _____						
Work Address _____						

In the event of an emergency, illness or accident concerning my child and the teacher being unable to contact me or other persons so authorised by me, I consent to the Centre seeking on my behalf medical, dental, hospital and ambulance attention for my child and I accept liability for medical, dental, hospital and ambulance as may be incurred.

PRIORITY OF ACCESS GUIDELINES

Under our agreement with The Australian Commonwealth Government for Childcare Benefit approval we must offer places first to parents/carers who meet the priority of access guidelines stipulated. To assist us to determine your "need" for childcare support, in accordance with this access system, please indicate the following:

whether your childcare needs are work/study related. **Y N**

Aboriginal/Torres Strait Islander family **Y N** A disabled person in the family **Y N**

Lower income **Y N** Non English speaking background **Y N** Socially isolated **Y N** Single parent **Y N**

I have read and understood the Centre Information Booklet and agree to abide by the Policies, procedures and conditions described there in.

I consent for the use of my child's photograph in professional journals and for Centre publicity materials (no names will be given):

Signed:

Date:

Office use only

Office use only

Office use only

Office use only

Office use only

Office use only

Office use only

Orientation Visit conducted:

Date:

Sign: