GOOBURRUM OUTSIDE SCHOOL HOURS CARE (GOSHC)

GOOBURRUM SS PARENTS AND CITIZENS ASSOCIATION

14 GOOBURRUM ROAD, BUNDABERG. Q 4670
PHONE: TBA
Phone Gooburrum SS 41 557 999

Enrolment Form

(All details provided are strictly confidential)

GOOBURRUM PARENTS AND CITIZENS ASSOCIATION

GOOBURRUM OUTSIDE SCHOOL HOURS CARE
14 GOOBURRUM ROAD BUNDABERG Q 4670

Child Details

First Name : ____________________________ Middle Name: _________________________

Last Name: ____

Gender: ☐ Male ☐ Female

Date of Birth:__________________ Customer Reference Number: ______________________

Place of Birth______________________________________

Address:____

Suburb: ____ Post code: _______________

School: ______________________________

Languages spoken at home:____

Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

Other Siblings

Do you have other children attending another service? ☐ Yes ☐ No
If YES, how many? _______

Name and age:________________________ Name and age__________________________

Name and age:________________________ Name and age__________________________

Child interest/Hobbies:

____
____
____
____

Does your child have any special religious/cultural requirements? ☐ Yes ☐ No
Details:

____
____
____

Parent/Guardian 1:

First Name: ______________________ Second Name: _____________________________

Last Name: ____

Gender: ☐ Male ☐ Female

Relationship to child:______________________

Address: ____

Suburb________________________

Post Code _________ State: __________

Mailing Address: ____

Suburb________________________

Post Code _________ State: __________

Date of Birth: ________________________ Place of birth____________________________

Customer Reference Number (CRN): __________________________________

Email Address: ____

Home Phone Number: ____________________ Mobile: ____________________________

Employer: _________________________________Occupation: ______________________

Work Address: ____

Work Phone Number:_______________ Work Starts: ________ Work Ends:__________

Language/s spoken at home: _______________________

Bank Account Details': ☐Yes ☐ No

Preferred method of contact: ☐ Home Phone ☐ Work Phone ☐ Mobile ☐ Email

Aboriginal or Torres Strait Islander Descent: ☐ Yes ☐ No

Concession/ Health Care Card holder: ☐Yes ☐No Disability? ☐ Yes ☐ No

Primary care giver: ☐ Yes ☐ No

Parent/Guardian 2:

First Name: ______________________ Second Name: ____________________________

Last Name: _______________________________________

Gender: ☐ Male ☐ Female

Relationship to child:______________________

Address: ____

Suburb_______________________

Post Code _________ State: __________

Mailing Address: ____

Suburb_______________________

Post Code _________ State: __________

Date of Birth: ________________________ Place of birth___________________________

Customer Reference Number (CRN): _________________________________

Email Address: ____

Home Phone Number: ____________________ Mobile: ___________________________

Employer: ________________________________Occupation: _____________________

Work Address: ____

Work Phone Number:_____________ Work Starts: ________ Work Ends:__________

Language/s spoken at home: _______________________

Bank Account Details': ☐Yes ☐ No

Preferred method of contact: ☐ Home Phone ☐ Work Phone ☐ Mobile ☐ Email

Aboriginal or Torres Strait Islander Descent: ☐ Yes ☐ No

Concession/ Health Care Card holder: ☐Yes ☐No Disability? ☐ Yes ☐ No

Primary care giver: ☐ Yes ☐ No

Include in email communications? ☐ Yes ☐ No

Preferred method of receiving invoices ☐ email ☐ collect from GOSHC staff

Person responsible payment of invoices: _________________________

Third Party Billing? ☐ Yes ☐ No

Family Status

☐ Both parents at home ☐ Sole parent

☐ Shared custody ☐ other

Details:____

____

____

____

<u>Custody Arrangements</u>

If you are separated or divorced who has legal custody of the child?

☐ Parent 1 ☐ Parent 2 ☐ Both

Parent 1 access arrangements

☐ Full ☐ Limited

Details:____

____

____

____

____

Parent 2 access arrangements

☐ Full ☐ Limited

Details:____

____

____

____

____

- Are there any court orders, parent orders or parenting plans relating to the powers and responsibilities of the parents in relation to the child or access to the child?

  ☐ Yes ☐ No

- Copy of any court orders, parent orders or parenting plans given to the service?

  ☐ Yes ☐ No

NB: A copy of current Custody Orders MUST be kept on file at the Service.

Emergency Contacts and Authorisations

Name:____

Relationship to child: ____

Address:____

Home phone: ____________________ Work Phone:________________________

Mobile :_____________________________

This person has the authority to:-

- Collect/deliver child to GOSHC
  ☐ Yes ☐ No
- Consent to medical treatment for child
  ☐ Yes ☐ No
- Give permission for excursions out of the service
  ☐ Yes ☐ No
- Permit transportation of the child by an ambulance
  ☐ Yes ☐ No
- Request/permit medication to be given to the child
  ☐ Yes ☐ No
- If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child
  ☐ Yes ☐ No

Name:____

Relationship to child: ____

Address:____

Home phone: ____________________ Work Phone:________________________

Mobile :_____________________________

This person has the authority to:-

- Collect/deliver child to GOSHC
  ☐ Yes ☐ No
- Consent to medical treatment for child
  ☐ Yes ☐ No
- Give permission for excursions out of the service
  ☐ Yes ☐ No
- Permit transportation of the child by an ambulance
  ☐ Yes ☐ No
- Request/permit medication to be given to the child
  ☐ Yes ☐ No
- If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child
  ☐ Yes ☐ No

Medical Details

Doctor's Name:

____

Address:

____

Phone Number: ____

Medicare Number: __ __ __ __ __ __ __ __ __ __

Dentist's name: ____

Address:

____

Phone number:

____

Private Health Insurer ____

Do you give consent for GOSHC staff to seek medical treatment for your child from a registered medical practitioner, hospital or ambulance service?

☐ Yes ☐ No

If no, please give your chosen alternative:

____

Do you give consent for GOSHC staff to seek transportation for you child by an ambulance?

☐ Yes ☐ No

If no, please give your chosen alternative:

____

Has your child been diagnosed as at risk of anaphylaxis?

☐ Yes ☐ No

If yes, does your child have an auto inject device?

☐ Yes ☐ No

Has the anaphylaxis medical management plan been provided to GOSHC?

☐ Yes ☐ No

Do you agree to provide updated anaphylaxis plan every 12 months or if any changes to treatment plan?

☐ Yes ☐ No

Does your child have any allergies? ☐ Yes ☐ No

Details____

____

____

Does your child have any special dietary requirements? ☐ Yes ☐ No

Details:

____

____

Does your child have any problems with hearing, sight or speech? ☐ Yes ☐ No
Details____

____

____

Does your child have any health problems, operations or illnesses? ☐ Yes ☐ No
Details____

____

____

____

____

Does your child take any medication? ☐ Yes ☐ No
Details____

____

____

____

NB Medication forms are to be completed and handed in to the Co-ordinator or responsible person on duty should medication need to be administered.

Does your child have a physical disability or delay, including intellectual, sensory or physical impairment? ☐ Yes ☐ No
Details____

____

____

____

<u>Immunization Details:</u>

Is your child immunized? ☐ Yes ☐ No

Date of last immunization: _____________

Additional Contacts

Name:____
Relationship to child: ____
Address:____
Home phone: ____________________ Work Phone:________________________
Mobile :______________________________
This person has the authority to:-

- Collect/deliver child to GOSHC
   Yes No
- Consent to medical treatment for child
   Yes No
- Give permission for excursions out of the service
   Yes No
- Permit transportation of the child by an ambulance
   Yes No
- Request/permit medication to be given to the child
   Yes No
- If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child
   Yes No

Name:____
Relationship to child: ____
Address:____
Home phone: ____________________ Work Phone:________________________
Mobile :______________________________
This person has the authority to:-

- Collect/deliver child to GOSHC
   Yes No
- Consent to medical treatment for child
   Yes No
- Give permission for excursions out of the service
   Yes No
- Permit transportation of the child by an ambulance
   Yes No
- Request/permit medication to be given to the child
   Yes No
- If the parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving the child
   Yes No

Media

Permission for Publicity

I hereby give my permission for GOSHC to make use of photographs, audio and video recordings and work of my child to be used in all formats and medias, as representations, reproductions either complete or in part, alone or in conjunction with any wording or drawing, for all uses including Department, advertising and commercial purposes without need for further consent or permission from me.

☐ Yes ☐ No

OR

I hereby give my permission for GOSHC to make use of photographs, audio and video recordings and work of my child to be used only with in the service.

☐ Yes ☐ No

SIGNED: ____________________NAME: ________________________
DATE:__________________

Permission for Media Viewing

I hereby give permission for my child:__________________________________
to view G *and PG* rated media while at Gooburrum Outside School Hours Care.

☐ Yes ☐ No Movies (we normally do movies on rainy days)
☐ Yes ☐ No Play Station / X-Box games
☐ Yes ☐ No T.V Children's channels

SIGNED: __________________________________DATE:___________

Parent/Guardian name:___________________________

Your Child's Attendance at GOSHC:

1. ***Please provide the starting date from which your child will attend the service:***

   Date: ____________________

2. ***Please tick the boxes the days you would like your child to attend the service:***

Before School Care

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

After School Care

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Vacation Care

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Likely times for daily arrival and departure during Vacation Care:
(to inform staffing)

____

This service acknowledges the traditional owners and custodians of country throughout Australia and their continuing connection to land, waters and community.

We pay our respect to their cultures and to their elders' past, present and future.