



# KT OOSH Services

Quality Before & After School Care

ABN: 151 5490 3876

Our Lady of the Angels: [ola@ktoosh.com.au](mailto:ola@ktoosh.com.au)  
Ironbark Ridge Primary School [irps@ktoosh.com.au](mailto:irps@ktoosh.com.au)  
Rouse Hill Anglican College [rhac@ktoosh.com.au](mailto:rhac@ktoosh.com.au)  
Blacktown North Public School [bnps@ktoosh.com.au](mailto:bnps@ktoosh.com.au)

Phone: (02) 8814 7610

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## 2015 Enrolment Form

Child Name: \_\_\_\_\_

School: \_\_\_\_\_

Office Use Only

<input type="checkbox"/>	Form Updated in Qikkids	-	Staff Sign	
<input type="checkbox"/>	Confirmation Email Sent to Guardian	-	Staff Sign	
<input type="checkbox"/>	Asthma Action Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Anaphylaxis Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Allergic Reaction Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Additional Documentation	Req / Not Req	Staff Sign	

## Parent/Guardian Details

Guardian 1			
CRN			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Other
Surname			
First Name			
Relationship to Child	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other
Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street Address			
Suburb		Postcode	
Mobile		Home Phone	
Email Address			
Occupation			
Employer		Work Phone	
Work Address			
Suburb		Postcode	
Country of Birth			

*If you are unsure of your CRN (Customer Reference Number) please call the Family Assistance Office on 13 61 50.*

*Please note; Only one Guardian has the CRN details*

Guardian 2			
CRN			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Other
Surname			
First Name			
Relationship to Child	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other
Date of Birth			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Street Address			
Suburb		Postcode	
Mobile		Home Phone	
Email Address			
Occupation			
Employer		Work Phone	
Work Address			
Suburb		Postcode	
Country of Birth			

*Please write all information clearly and ensure all info is accurate - especially contact numbers and email.*

## Child Details

Child's CRN								
Surname								
Given names								
Date of Birth								
Gender	Male <input type="checkbox"/>			Female <input type="checkbox"/>				
School								
Address	Same as Guardian 1 <input type="checkbox"/>			Same as Guardian 2 <input type="checkbox"/>				
Child resides with	Guardian 1 <input type="checkbox"/>		Guardian 2 <input type="checkbox"/>		Both <input type="checkbox"/>			
Country of Birth								
Aboriginal	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Torres Strait Islander Yes <input type="checkbox"/>			No <input type="checkbox"/>
Primary language spoken at home				Other Languages Spoken				
The year your child started school								
2008 <input type="checkbox"/>	2009 <input type="checkbox"/>	2010 <input type="checkbox"/>	2011 <input type="checkbox"/>	2012 <input type="checkbox"/>	2013 <input type="checkbox"/>	2014 <input type="checkbox"/>	2015 <input type="checkbox"/>	

### Emergency Contact - If Parents cannot be contacted

*Person to be contacted, able to collect the child from the service, give authorization for medical treatment or administration of medication*

### Nominee - Person authorised to collect the child from the Child Care Service

#### Emergency Contact 1

Surname	First Name		Relationship to Child	
Address/Suburb & Postcode				
Form of ID		ID Number		
Phone 1		Phone 2		

#### Emergency Contact 2

Surname	First Name		Relationship to Child	
Address/Suburb & Postcode				
Form of ID		ID Number		
Phone 1		Phone 2		

#### Authorised Nominee (If not already listed above)

Surname	First Name		Relationship to Child	
Address/Suburb & Postcode				
Form of ID		ID Number		
Phone 1		Phone 2		

*If you are unsure of your child's CRN please call the Family Assistance Office on 136150.*

*Guardian 1 & Guardian 2 are automatically authorized collection & emergency people. Any authorized contact who is collecting a child from the service must show photo identification upon staff request.*

*In the case of an emergency we always attempt to contact Guardians first, followed by the emergency contacts.*

*A Drivers License number is an example of acceptable ID Number (ID Must include a photograph)*

# Sessions Requesting for 2015

*Please Note: A minimum of two weeks notice is required for a permanent change or cancellation of any permanent bookings. This is to be received in writing to the applicable email address for the service your child attends.*

I would like <b>Permanent Care</b> on (please tick)					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this care on a weekly or fortnightly basis? (please tick)					
Weekly <input type="checkbox"/>			Fortnightly <input type="checkbox"/>		
I would like permanent care to begin on			/ /		

## Requesting Care

*If enrolling for permanent care you automatically have access to use the service for casual, emergency and vacation care.*

I would like to be registered for <b>Casual Care</b>	<input type="checkbox"/>
I would like to be registered for <b>Emergency Care</b>	<input type="checkbox"/>
I would like to be registered for <b>Vacation Care</b>	<input type="checkbox"/>

## Child Care Benefit Information

Do you have other children attending <u>another approved childcare service</u> on a permanent basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many permanent days do they attend care each week?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
How many <u>other</u> children do you have attending child care?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

# Medical Information (1)

<b>Does your child suffer with Anaphylaxis?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever experienced an anaphylactic reaction?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is your child Allergic too? Please be <b>very</b> specific & provide details:			
.....			
.....			
.....			
Please describe symptoms your child displays if he/she comes in contact with the above. Be as detailed as possible:			
.....			
.....			
Severity of Reaction	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Date these allergies were last assessed by medical practitioner			
Anaphylaxis Action Plan		Yes <input type="checkbox"/>	

<b>Does your child suffer with Asthma?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please specify what causes your child's asthma & what may trigger an asthma attack. Be specific.			
.....			
.....			
Has your child been hospitalized due to asthma?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date asthma was last assessed by medical practitioner			
Asthma Action Plan Provided		Yes <input type="checkbox"/>	

<b>Does your child suffer from any other allergies?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the Product/Item your child is Allergic too?			
Please provide any relevant information regarding this allergy. Be specific. E.G Symptoms, How to manage/treat allergy.			
.....			
.....			
Date this allergy was last assessed by medical practitioner			

## Medication

*It is the guardian's responsibility to ensure all required medications are provided to the service upon enrolment and remain up to date at all times. This also applies to Epipen's and Asthma medication.*

## Allergies

*These may include allergies to food, medicines, pets, grasses and pollens, etc.*

## Action Plans

*Action Plan (with updated photo) MUST be provided upon enrolment.*

*Action Plans (including for Asthma) can be found on our website*

[www.ktoosh.com.au](http://www.ktoosh.com.au)

*The Action Plans on the website are the ONLY format the forms will be accepted in.*

**Action Plan are not be no more than 12Mths old**

## Medical/Behavioural Information (2)

Does your child have any <b>medical (including diabetes) and/or speech/language delays or conditions</b> that may require additional attention whilst at the service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please provide any relevant information and documentation. Be specific.

.....

.....

.....

Does your child experience any <b>physical or gross motor delays</b> that may require additional attention whilst at the service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please provide any relevant information and documentation. Be specific.

.....

.....

Does your child experience any <b>behavioural concerns or have a diagnosed behavioural condition</b> that may require additional attention whilst at the service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please provide any relevant information and documentation. Be specific.

.....

.....

<b>Is your child taking any regular medication?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please provide any relevant information and documentation. Be specific.

.....

.....

### **Medical and / or Behavioural Information**

*It is important to advise the service of any medical or behavioural conditions so the service is able to provide the best possible care for your child.*

*These may include developmental delays, intellectual disabilities such as autism, Asperger's, ADHD, ODD, etc.*

## Medical Information (3)

### Dietary Requirements

Are there any cultural, religious or other special requirements that you would like taken into consideration whilst at the service?

Yes ☐ No ☐

Please provide any relevant information. Be specific. Vague information may delay enrolment process:

.....  
.....

#### **Dietary Needs**

*A menu is visible at the service. If your child is unable to eat any items listed on the Menu then Guardians must provide any alternate meal / snack for your child.*

### Family Medical Details

Childs Doctor / Medical Centre	
Address/Suburb & Postcode	
Phone Number	
Childs Dentist / Dental Surgery	
Phone Number	

### Medicare and Private Health Fund Details

Medicare Card Number:			
Child's Number on Card:		Expiry Date:	

  

Private Health Fund:			
Card Number:			
Child Number on Card:		Expiry Date:	

### Custody Details

Are there any court documents or custody disputes regarding your child?

Yes ☐ No ☐

If yes, please provide any relevant information. (Court orders can be attached)

.....  
.....

#### **Custody**

*The service is unable to enforce any custody arrangements or instructions without a copy of the relevant court orders beina provided.*

## Contact Information - Acknowledgement

A condition of enrolment with KT OOSH Services is that I will ensure that my current contact information including emergency contact numbers is always up to date; any changes to these will be notified to KT OOSH Services in writing should they change.

By signing below I acknowledge I have read and understood the above.

.....

## Immunisation Records - Acknowledgement

A condition of enrolment with KT OOSH Services is that your child has been fully immunised OR an **Immunisation Exemption Conscientious Objection Form** or **Immunisation Exemption Medical Contraindication Form** has been supplied as per the NSW Immunisation Schedule. KT OOSH Services will be in contact with you via email if we do not have an up to date Immunisation History Statement or an Exemption Form for your child/ren.

By signing below I acknowledge I have read the understood the above.

.....

## Special Needs/Behavioural - Acknowledgement & Consent

A condition of enrolment with KT OOSH Services is that I acknowledge and understand that I will advise KT OOSH Services of any Specialist visits my child has attended and supply appropriate documentation for any visits/changes that has occurred within the last 12 months.

I understand that if KT OOSH Services feels the centre will require an additional educator above the required ratios on site to assist in caring for my child whilst at the service then I am happy to sign a consent form authorising for the service to apply for additional assistance.

By signing below I acknowledge I have read the understood the above in regards to Special Needs/ Behavioural and additional assistance.

.....

### Contact Details

*Guardians are to remember to update the service immediately if any contact information changes.*

### Immunisation

*To get a copy of your child's Immunization History Statement you can call the ACIR (Australian Childhood Immunisation Register) on 1800 653 809 or online at [www.medicareaustralia.gov.au/online](http://www.medicareaustralia.gov.au/online)*

*Exemption forms can be found on our website [www.ktoosh.com.au](http://www.ktoosh.com.au)*

*\* These forms will not be accepted unless signed by a medical practitioner.*

**IMPORTANT** – *Your child can not under any circumstances attend KT OOSH Services without a copy of their immunization history or one of the two exemption forms being on site in your child's file.*



## Sunscreen & Hand Sanitiser - Consent

I give permission for sunscreen and hand sanitiser to be administered to my child whilst they are in the care of KT OOSH Services. Sunscreen applied at KT OOSH Services is: **Coles Everyday Sunscreen Lotion SPF 30+** & Hand Sanitiser applied is: **Soap 2 Go**.

By signing below I am giving consent for **Sunscreen** as described above to be administered to my child whilst in the care of KT OOSH Services.

.....

By signing below I am giving consent for **Hand Sanitiser** as described above to be administered to my child whilst in the care of KT OOSH Services.

.....

## Photo Permission – Consent

I give permission for photographs of my child to be taken whilst they are in the care of KT OOSH Services. If photographs were taken, this would be for the purpose of observations (both individual and group) and promoting the service. These may be displayed throughout the centre and on our website [www.ktoosh.com.au](http://www.ktoosh.com.au)

By signing below I am giving consent for photographs to be taken of your child and used for the purposes as described above whilst in the care of KT OOSH Services.

.....

By signing below I **ONLY** give permission for photographs of my child to be taken whilst they are in the care of KT OOSH Services for the purpose of in house observations (both individual and group) and displaying them at the service.

.....

### **Sunscreen & Hand Sanitizer**

*If your child is allergic to any of these items, Guardians are to provide an alternate sunscreen & your child will be asked to wash their hands using soap and water in the bathrooms, instead of using Hand Sanitizer*

## Medical Treatment of a Child - Consent

In the event of an emergency, illness or accident I give consent for a representative from KT OOSH Services to seek immediate medical, emergency or dental attention for my child. I understand this consent may also include the transportation of my child by the NSW Ambulance Service and accept liability for any medical or ambulance expenses incurred. I understand the service will contact me and/or other authorised contacts after emergency services have been contacted.

By signing below I am giving consent for the above medical treatment and procedure to be carried out by a representative of KT OOSH Services. I understand this is a condition of enrolment with KT OOSH Services.

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## Medication Administration – Consent

A condition of enrolment with KT OOSH Services is that you give permission for staff to administer an age/weight appropriate dosage of paracetamol to my child if they develop a fever. I understand staff will attempt to contact me PRIOR but if this is not possible, staff will act in the best interest of my child. Paracetamol provided by KT OOSH Services is:

**Children’s Panadol Elixir 5-12yrs (Colourfree)**

Should your child be allergic to paracetamol then you will need to provide an alternative medication for the control of temperatures/fevers.

By signing below I am giving consent for paracetamol to be administered in the event my child develops a temperature or is unwell.

.....

### **Paracetamol**

*If your child is allergic to this Paracetamol, an alternate paracetamol is to be provided in case of an emergency.*

## First Aid Administration (Basic) – Consent

A condition of enrolment with KT OOSH Services is that you give permission for staff to apply basic First Aid as the First Aid Officer on site deems necessary. Below is a list of products used by KT OOSH Services, please tick YES acknowledging these products are fine to be administered by your child:

- |                                    |     |                          |    |                          |
|------------------------------------|-----|--------------------------|----|--------------------------|
| • Lucas Pawpaw Cream               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Stingoes Gel                     | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Bonjela                          | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Detol/Bepanthen Antiseptic Cream | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Detol Antiseptic Liquid Solution | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Reclens Saline Solution          | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Burn Aid – Burn Dressing         | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Standard Band Aids               | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Variety of Bandages              | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

By signing below I am giving consent for Basic First Aid to be applied to my child as deemed necessary by the First Aid Officer on Site and that the products above are fine to be applied.

.....

## Guardian Signature/s

By signing this form I agree to all the acknowledgements, consents and agreements as indicated in this document and outlined in KT OOSH Policies and Procedures.

Guardian One Signature:			
Print Name:		Date	/ /
Guardian Two Signature:			
Print Name:		Date	/ /

### First Aid

*This is a list of items KT OOSH Staff may use to administer your child with basic first aid treatment.*

### Signatures

*Forms can not be processed without signatures being provided*

## Guardian Checklist

Doubled check contact details are correct	<input type="checkbox"/>
CRN details provided (One for Guardian, one for child)	<input type="checkbox"/>
Medical Action Plans & Medication provided (If applicable)	<input type="checkbox"/>
Additional Specialist documentation supplied (If applicable)	<input type="checkbox"/>
Custody / Court Orders Provided (If applicable)	<input type="checkbox"/>
Immunisation History Statements OR Exemption Form Provided	<input type="checkbox"/>
Acknowledgements, consents and agreements signed	<input type="checkbox"/>
Ezidebit & AASC form Returned	<input type="checkbox"/>
Form Signed	<input type="checkbox"/>

## Next Step

This form, along with any other applicable forms, medications and information needs to be brought with you to the centre on the day of your interview with yourself and your child. This is so staff are aware of who your child is and an opportunity for you to discuss any concerns. Please contact our Head Office via the email address that relates to the service you are applying for to arrange a suitable time.

KT OOSH Services will then be in contact with you via email to confirm your enrolment with the service and advise your start date.

Please remember – KT OOSH Services need time to meet with you and enroll your child, so if you need care by a particular date you need to submit forms at least 2 weeks in advance.