



KT OOSH Services

Quality Before & After School Care

ABN: 151 5490 3876

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

Phone: (02) 8814 7610

Fax: (02) 9672 6922

2015 Re-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	

We have tried our best to simplify the re-enrolment process with KT OOSH Services therefore the following 5 steps are all that is required to ensure a position is secured for your child/ren for the 2015 schooling year:

Step 1:

Complete all required information on the 2015 Re-Enrolment form, pages 3-8 including signatures from both guardians on page 8. The form can be downloaded and completed on your computer for all areas with a grey shaded box by ticking or typing. All other areas require signatures.

Step 2:

If your child is Asthmatic, Anaphylaxis or has an Allergic Reaction then you need to download the appropriate action plan from the forms tab on our website www.ktoosh.com.au (No other versions of these forms will be accepted) and they MUST be completed and signed by a medical practitioner. This is an annual requirement.

Step 3:

Confirm and complete the family contact/information sheet at the service, which is a copy of your current contact details etc. that are in our childcare database. You can gain this by asking any senior educator on site for your copy. All details must be correct and any missing information must be supplied.

Step 4:

Hand in all Re-Enrolment paperwork. Partial paperwork will not be accepted.

You must have the following to hand in:

- 2015 Re –Enrolment form
- New Action Plans for Asthma, Anaphylaxis or Allergies (if applicable)
- Any documentation regarding additional needs or support for your child from Specialists or GP's including Immunisation History Statement if you have not handed this in to date

Step 5:

All information will be checked and processed by Head Office who will send a confirmation email advising any special conditions if they apply and that your re-enrolment is complete and your position is secure for 2015.

Medical Information (1)

Does your child suffer with Anaphylaxis?			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 very 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"/>	

Does your child suffer with Asthma?			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"/>	

Does your child suffer from any other allergies?			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.

Medical Action Plans

A medical 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 under the KT OOSH Forms tab.

Medical/Behavioural Information (2)

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

Medical and / or Behavioural Conditions

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

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.

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

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

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

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:

.....

.....

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.

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Immunisation Records - Acknowledgement

A condition of enrolment with KT OOSH Services is that my 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.

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Immunisation

To get a copy of your child's immunization history you can call the ACIR (Australian Childhood Immunisation Register) on **1800 653 809** or online at www.medicareaustralia.gov.au/online

Exemption forms can be found on our website www.ktoosh.com.au under the 'KT OOSH Forms' tab.

* 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.

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.

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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

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.

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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.

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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 consent for **Sunscreen** as described above to be administered to my child whilst in the care of KT OOSH Services.

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

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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.

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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.

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Sessions Required for 2015

Will your child's sessions for 2015 remain the same as their current enrolment?

Yes ☐ No ☐

If NO, Please tick below what sessions you will require in 2015.

I would like **Permanent Care** 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 ☐

Fortnightly ☐

I would like permanent care to begin on

/ /

I would like to be registered for **Casual Care**

☐

I would like to be registered for **Emergency Care**

☐

I would like to be registered for **Vacation Care**

☐

Guardian Signature/s

By signing this form I agree to all acknowledgments, 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	/ /