



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

2016 Enrolment Form

Child Name: _____

School: _____

Office Use Only

<input type="checkbox"/>	Updated in Qikkids, Bond Invoiced & Email Sent		Staff Sign	
<input type="checkbox"/>	Asthma Action Plan/Anaphylaxis Action Plan/Allergic Reaction Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Risk Management Plan	Req / Not Req	Staff Sign	
<input type="checkbox"/>	Immunisation History Statement		Staff Sign	
<input type="checkbox"/>	EziDebit Form		Staff Sign	
<input type="checkbox"/>	CCMS Enrol / Is School Age		Staff Sign	
<input type="checkbox"/>	Bond Added to Bonds Screen in Qikkids		Staff Sign	
<input type="checkbox"/>	Additional Documentation		Staff Sign	

Parent/Guardian Details

Mother's Details			
CRN			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Other
Surname			
First Name			
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

Father's Details			
CRN			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/> Other
Surname			
First Name			
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's Details

Child's CRN								
Surname								
Given names								
Date of Birth								
Gender	Male <input type="checkbox"/>			Female <input type="checkbox"/>				
School								
Address	Same as Mother <input type="checkbox"/>			Same as Father <input type="checkbox"/>				
Child resides with	Mother <input type="checkbox"/>		Father <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								
2010 <input type="checkbox"/>	2011 <input type="checkbox"/>	2012 <input type="checkbox"/>	2013 <input type="checkbox"/>	2014 <input type="checkbox"/>	2015 <input type="checkbox"/>	2016 <input type="checkbox"/>	2017 <input type="checkbox"/>	

If you are unsure of your child's CRN please call the Family Assistance Office on 13 61 50.

Child Care Benefit Information

Do you have other children attending <u>another approved childcare service</u> on a permanent basis? ie Siblings	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 childcare?	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>

Custody Details

Is there any court orders / custody arrangements regarding your child	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide any applicable paperwork	

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

Requested Sessions for 2016

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 <input type="checkbox"/>			Fortnightly <input type="checkbox"/>		
I would like permanent care to begin on			/ /		

I would like to be registered for Casual Care	<input type="checkbox"/>
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I would like to be registered for Emergency Care	<input type="checkbox"/>
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I would like to be registered for Vacation Care ONLY	<input type="checkbox"/>
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Two weeks written notice via email is required when changing or cancelling permanent care.

When enrolled with the service you are automatically enrolled to use the service for casual care, emergency care and vacation care

Person's Nominated to Collect your child from the service

Please list the details of any persons you authorise to collect your child from the service.

Nominee Contact 1

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

Nominee Contact 2

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

Emergency Person Authorisation

In case of an emergency Educators will make every attempt to contact Guardians. However, if this is unsuccessful you are asked to provide details below of any two persons who can act on your behalf. Person's below will be able to

1. **Give consent to the service to administer medications**
2. **Give consent to the service to seek medical treatment for your child**
3. **Collect the child from the service**

Emergency Authorised Person

As Above	Nominee Contact # 1 <input type="checkbox"/>	Nominee Contact # 2 <input type="checkbox"/>
Surname		First Name
Address & Suburb		
Relationship to Child		
ID Number		
Phone 1		Phone 2

Guardian 1 & Guardian 2 are automatically authorized to collect children from the service

Regulations require the service to have all requested contact information. Without an emergency nominated authorized person your enrolment will be unsuccessful

Any authorised 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 authorised person

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

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 hospitalised 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.

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

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 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.	

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.	

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.	

Is your child taking any regular medication?	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.

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 <input type="checkbox"/>	No <input type="checkbox"/>
Please provide any relevant information. Be specific. Vague information may delay enrolment process: 		

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.

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:	

Family Medical Details

Please nominate your child's Doctor and Dentist who can be contacted in an emergency.

Alternatively, you can tick if you consent to KT OOSH Services contacting the following local Medical & Dental Surgery in case of an emergency for your child

Rouse Hill Medical & Dental Centre (First available Doctor/Dentist) ☐
10-14 Market Lane, Rouse Hill NSW 2155, Australia
(02) 8889 8900

Don't forget the Doctor's Address! This is required due to regulations!

Childs Doctor / Medical Centre			
Address & Suburb			
Dr / Centre Phone Number			

Childs Dentist / Dental Surgery			
Dr / Surgery Phone Number			

Consents and Acknowledgements

Communication with the School - Consent

As a condition of enrolling with KT OOSH Services you are required to consent for KT OOSH Services to have open communication with your child's school should it be required to ensure your child's health, safety & wellbeing. By signing below you are acknowledging you understand this.

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.

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 and understood the above in regard to Special Needs/ Behavioural and additional assistance.

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

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.

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

Photo Permission - Consent

KT OOSH Services offer a secure online programming system. Educators use this system to upload photos of your child taken whilst at KT OOSH. This system also allows Educators to write observations of your child in an individual and group setting.

Guardians and Educators ONLY can access this system by using an individually allocated Username and Password. (These are emailed to Guardians). This system is NOT available to anyone other than KT OOSH approved persons (Educators and Guardians).

By signing below you are giving consent for the following:

1. Photos to be taken of my child and displayed within the KT OOSH Environment.
* Please be aware that other organisations within the community may have access to the same KTOOSH space and therefore may view these photographs whilst on the premises.
2. Individual Photos of my child to be taken. These photos are uploaded in the secure online programming website for Guardians only to view.
3. Group photos of my child to be taken. These photos are uploaded in the secure online programming website for ONLY the Guardians of the children in this group photo to view. In addition to viewing the group photo the same Guardians will be able to read the observation. This observation may have your child's first name and initial of their surname written in the observation.

Guardian Sign to consent to the above Photography permission:

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.

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.

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"/> |
| • 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 (To rinse eyes) | 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"/> |

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

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

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.

Forms cannot be processed without signatures being provided

Guardian Signature:			
Print Name:		Date	/ /

Guardian Checklist

Doubled check contact details are correct	<input type="checkbox"/>
CRN details provided (One for a parent & 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 form completed	<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 service 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 enrol your child, so if you need care by a particular date you need to submit forms at least 2 weeks in advance.