

BLIGH PARK OUT OF SCHOOL HOURS CARE

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LOCATION: Bligh Park Children's Centre, Cnr Guardian Crescent and Alexander Street,
 BLIGH PARK, NSW, 2756
POSTAL ADDRESS: - 1 Guardian Crescent, Bligh Park, NSW, 2756
Email: bpoosh@blighpark.org.au

SECTION 1: CHILD'S DETAILS

Child's Full Name: _____ M / F

DOB: _____ Child's CRN: _____

Date to start: _____

What school does your child attend: _____

Class year on commencement: _____

Country of Birth: _____ Nationality: _____

Family Religion: _____

Aboriginal/Torres Strait islander: _____

Language/s spoken by child: _____

DAYS REQUIRED:

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
PLEASE TICK BOX	AM					
	PM					

OR Casual Care only Tick if applicable.

- A separate Booking form will be provided prior to each **VACATION CARE**.
- Please be aware that days booked must be paid for, whether the child attends care or not.

Does your child have any cultural, religious or dietary requirements or additional needs?

YES / NO, if **YES** please provide details:

(See also *Medical Conditions, Section 6.*)

SECTION 4: CUSTODY INFORMATION

Are there any court orders, parenting orders or parenting plans in relation to your child, or access to your child?

YES NO If **YES** please provide details:

NOTE: The centre cannot enforce custody issues without a copy of the relevant Court Order at the centre. Please discuss any custody issues with the Centre Coordinator before enrolment.

SECTION 5: INDIVIDUAL INFORMATION

This information assists staff in the daily care and education of your child(ren).

Does your child have any particular food dislikes? YES NO If **YES**, please provide details

Does your child fear anything in particular? YES NO If **YES**, please provide details

Are there any words that have special meaning to your child that we may need to know?

YES NO If **YES**, please provide details

Is your child attending another centre at the moment? YES NO If **YES** please give details

Please provide details about your child(ren's) interests, for example, hobbies, sport, books, games, art and craft, music, etc.

NOTE: Centre staff will also talk to your child(ren) about their interests on a regular basis and where possible these interests will be accommodated.

SECTION 6: MEDICAL INFORMATION

Family Doctor's name: _____

Address: _____

Telephone number: _____

Does your child have a diagnosed Medical or Psychological Condition; Disability or Behavioural Disorder? YES NO

if **YES** please complete "Additional Support Needs" form.

Does your child have any allergies (including asthma or anaphylaxis)? YES NO

if **YES** please provide details, including (if applicable) a copy of a medical management plan or risk minimization plan prepared by the child's doctor.

Does your child have any Additional Support Needs not covered above? YES NO

if **YES** please complete "Additional Support Needs" form.

Does your child require regular medication? YES NO

If **YES** please provide details:

NOTE: Medication will only be administered to a child in accordance with the Centre's Medication Policy.

Has your child ever been hospitalised? YES NO

If **YES** please provide details:

Immunisation

Has your child received the necessary immunisation for their age? YES NO

If **NO**, please detail reason:

Is your family a member of a Private Health Fund? YES NO

Name of Private Health Fund: _____

Private Health Fund number: _____

Family Medicare number: _____

Health record of the child/ren provided and sighted by supervisor? YES NO

Supervisor to initial and date if sighted: _____

Additional Needs Form Issued by _____ Return Due

Date: _____

SECTION 7: AUTHORISATION AND APPROVAL (PERMISSION)

NOTE: *Please read this section carefully. If you do not give your permission for any of the following, please cross it out and initial next to it. Please be advised that Points 8 and 9 are compulsory.*

1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the staff to take my child to a doctor or hospital to seek the following urgent treatments:

- Medical Dental Hospital
- Ambulance Service and transportation of the child by Ambulance.

2. PERMISSION TO CARRY OUT APPROPRIATE FIRST AID TREATMENT IN AN EMERGENCY.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate first aid treatments.

3. PERMISSION FOR STAFF TO ADMINISTER MEDICINE IN CASE OF EMERGENCY.

I hereby authorise the staff to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she have a fever, while awaiting my arrival to seek medical treatment.

4. PERMISSION FOR EXCURSIONS

I hereby give permission for my child to attend excursions or outings in the local area.

NOTE: If your child attends Vacation Care, separate permission forms may be given for specific excursions.

5. PERMISSION FOR THE APPLICATION OF SUNSCREEN

I hereby give permission for staff to apply sunscreen to my child before outdoor play activities.

6. PERMISSION FOR PHOTOGRAPHS/VIDEOS TO BE TAKEN

I hereby consent to my child being photographed/videoed while they are at the centre or on an excursion.

NOTE: There are a number of reasons the centre takes photographs/videos of the children, including:

- *Providing visual documentation for families to see what their child does throughout the day*
- *To assist with evaluations of the program*
- *To use as part of promotion and publicity for the centre*

8. NOTIFICATION OF ARRIVAL AND DEPARTURE OF CHILDREN AT THE CENTRE

I agree to have my child signed in and out on the appropriate documentation at the centre on arrival and departure each day they attend the Centre.

9. CHILD ABSENCE

I agree to notify the Centre if my child is absent from the Centre on a day that they are booked in. This may be done by a phone call to the Centre or a message can be written in the parent communication diary, which is situated near the sign in/out folder. If the Centre does not receive this notification a \$10.00 fee will be charged.

10. SCHOOL BUS PERMISSION

I hereby give permission to Bligh Park OOSH staff to board my child/ren on nominated school bus according to bus time table provided by me.

I have read the above information and agree to give my permission.

Signed: _____ Date: _____