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# 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 2756

POSTAL ADDRESS:– 1 Guardian Crescent, Bligh Park, NSW, 2756

Email: bpoosh@blighpark.org.au

# PH: 4572 7119

# 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: Before & After School Care Only

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PLEASE**  **TICK BOX** | AM  PM | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |

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.)*

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**SECTION 4: CUSTODY INFORMATION**

|  |
| --- |
| Court Orders |
| Are there any Court Orders pertaining to custody or residence of your child/ren?  🞏 No 🞏 Yes (please provide copies of any Court Orders) |
| Are there any parenting Orders/Plans in place for your child/ren  🞏 No 🞏 Yes (please provide copies of any Parenting Orders/Plans) |

***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 Director/Responsible Person before enrolment.*

**SECTION 5: INDIVIDUAL INFORMATION**

*This information assists educators 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

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

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Are there any words that have special meaning to your child that we may need to know?   
YES ☐ NO ☐ If **YES**, please provide details   
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Is your child attending another centre at the moment? YES ☐ NO ☐

If **YES** please give details

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

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

**Privacy Disclaimer**

We acknowledge and respect the privacy of our families. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy

**SECTION 6: MEDICAL INFORMATION**

Family Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Does your child have a diagnosed Medical or Psychological Condition; Disability or Behavioral 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.

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***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:   
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***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:

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**Immunisation**

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

If ***NO***, please detail reason:

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***Is your family a member of a Private Health Fund?*** YES ☐ NO ☐   
Name of Private Health Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Private Health Fund number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance Cover member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Medicare No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Reference No: \_\_\_\_\_\_ Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_

Additional Needs Form Issued by:

Return Due Date:

**SECTION 7: AUTHORISATION AND APPROVAL (PERMISSION)**

*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 tick box to confirm you have read each point next to number point:**

**□1. PERMISSION TO SEEK MEDICAL ASSISTANCE IN AN EMERGENCY.**

That in the case of an accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for educators 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.
* ***Please note that any medical/emergency expenses incurred are the responsibility of the parent/care giver.***

**□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 EDUCATORS TO ADMINISTER MEDICINE IN CASE OF EMERGENCY:** I hereby authorise educators to administer an age/weight appropriate dose of a fever reducing agent to my child, should he/she has a fever, while awaiting my arrival to seek medical treatment.

**□4. PERMISSION FOR THE APPLICATION OF SUNSCREEN:**

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

**□5. PERMISSION TO APPLY TOPICAL INSECT Repellent:** I agree for Educators to apply topical insect repellent throughout the day if required.

**□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*

**□7. 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.

**□8. 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 family 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.

**□9. WALK MY CHILD/REN TO and/or FROM BLIGH PARK PUBLIC SCHOOL PERMISSION (if applicable):** I will acknowledge and sign the Safe Travel Agreement Form.

**□10. PERMISSION FOR AN EDUCATOR FROM BLIGH PARK OOSH TO WALK MY CHILD TO AND FROM THE DESIGNATED BUS STOP**: I will acknowledge and sign the Transportation To & From School Authorisation Permission upon enrolment (If applicable).

**□11. PERMISSION FOR SCREEN-TIME ACCESS and VIEW ING G/PG RATED MATERIAL:** I hereby consent to my child being offered Internet access and viewing of PG/G materials

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_