

Jumbos OOSH

Re-Enrolment Form 2019



Hi Oosh Families,

Thank you for choosing us as your 2019 out-of-school-hours-care service. We take your child's care and safety seriously and it is important that we keep records current. This form plays a large part of the enrolment process, along with supporting documentation i.e. asthma plans and formal assessments, so we thank you advance for providing these. On a final note, please don't hesitate to contact Jules (0408 024327) to arrange a meeting to discuss any needs you may have and a big thank you once again for placing your child/ren in our care. We look forward to another great year.

Jules & Monique

Date Completed/...../.....

1. CHILD/REN DETAILS

Child 1 First Name and Surname: First Last

Child 2 First Name and Surname: First Last

Child 3 First Name and Surname: First Last

PARENT/GUARDIAN ONE'S Details

Parent 1: First Name and Surname First Last

Have any details changed for guardian role in the last 12 months? Yes No

If yes, provide details below

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PARENT/GUARDIAN TWO'S Details

Parent 1: First Name and Surname First Last

Have any details changed for guardian role in the last 12 months? Yes No

If yes, provide details below

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2. CHILD/REN'S RESIDENCE

Does the child/ren reside with Parent 1 Parent 2 Both
 Other

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3. EMERGENCY PERSON/S NOMINATED TO COLLECT YOUR CHILD FROM THE SERVICE

In case of emergency, Educators will make every attempt to contact Parent 1 or Parent 2. However, if this is unsuccessful please 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.

Did you want to add/remove emergency contacts to our service. Has your emergency contact changed his/her contact details?

Yes No

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4. UPDATED CUSTODY DETAILS

If yes, details and appropriate paperwork need to be provided to the service immediately. Have any custody details relating to your child changed in the last 12 months?

Yes No

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5. DOCTOR AND DENTIST EMERGENCY DETAILS

Please nominate your child/ren's Doctor and Dentist who can be contacted in emergency

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6. HEALTH AND MEDICAL INFORMATION CHANGES

Is there any medical requirements or information relating to your child/ren that has changed in the last 12 months? This includes any new information and may relate in the following table.

| | Child 1 | | Child 2 | | Child 3 | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No | Yes | No |
| Does your child have any allergies, intolerances or dietary restrictions, e.g. foods, medicines, grass, sunscreen etc? Current (less than 12 months old) Medical Action Plan Upload Below: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any medical conditions? E.g. asthma, diabetes, epilepsy etc. Current (less than 12 months old) Medical Action Plan Upload Below | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child been diagnosed as at risk of anaphylaxis? Current (less than 12 months old) (Anaphylaxis Action Plan Upload Below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child require inclusion support? Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Aspergers, behaviour etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any physical or gross motor delays? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child take any medication? E.g. Ventolin, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have speech or language delay condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your child have any behavioural concerns/conditions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

NB: An updated action plan where applicable is required to be produced every 12 months to the service.

If you have provided YES to the above, please provide further information.

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7. REQUESTED SESSIONS FOR 2019 (effective 1st day of school Term 1, 2019)

Are you changing care from Term 4 2018?

- I am NOT changing sessions (staying exactly the same as Term 4, 2018) (go to signature)
- I am NOT sure yet. Will let you know closer to 2019. (go to question signature)

2019 Before School Care

Is this a permanent or casual booking?

- Casual Booking Permanent Booking

Days Required

- Monday Tuesday Wednesday Thursday Friday

Start Date of Care M / T / W / T / F /...../.....

Is this care weekly or fortnightly?

- weekly fortnightly

2019 After School Care

Is this a permanent or casual booking?

- Casual Booking Permanent Booking

Days Required

- Monday Tuesday Wednesday Thursday Friday

Start Date of Care M / T / W / T / F /...../.....

Is this care weekly or fortnightly?

- weekly fortnightly

Signed: Dated/...../.....

Full Name: