

Every answer is mandatory.

I require a translator when liaising with staff at Charlestown OOSH.
 I require all written communication between Charlestown OOSH and my family to be in a language other than English. **Y/N**
 Language required: _____

Personal Details about Your Child

Surname: _____

Given Names: _____

Date of Birth: ____ / ____ / ____

Sex (circle): Male Female

Childs address (lives at majority of time)

Child CRN (contact centrelink if unknown 9 digits and a letter): _____

School: _____

Year started School: 20 ____

Childs Parents Name/s: _____

Cultural Background (e.g. Australian, Indian etc): _____

Language that the Child speaks at home: _____

Are there any religious or cultural beliefs you would like us to respect? YES / NO

Please give details: _____

Does the child have siblings in care at another centre? YES / NO How many? _____

What other Centres has your family used for care, and why did you leave. (Please list)

Centre: _____ Phone: _____ Reason: _____

Centre: _____ Phone: _____ Reason: _____

Centre: _____ Phone: _____ Reason: _____

I understand that Charlestown OOSH has the right to contact past or future centres and agency's to receive or give any additional information they feel that they may require to care for my child to a high standard. This is under the new Children and Young Persons (Care and Protection) Act 1998 No 157. That states the 'exchange of information between government agencies and non-government organisations involved in the safety, welfare or wellbeing of children and young people' is allowed. Further information can be found on the Keep them Safe website.

Print Name: _____ Signature of Parent / Guardian _____

Date: ____ / ____ / ____

2012 Enrolment Forms

Medical Details:

Has your child ever been diagnosed with asthma, experienced asthma related symptoms or used asthma medication? YES / NO. *If yes please complete an asthma record form available at centre.*

Has your child been fully immunised? YES / NO

If no, please give details: _____

Immunisation Certificate attached: YES / NO

Any previous illnesses / accidents / operations please specify:

Individual Needs:

Does your child have any allergies? YES / NO

Please give details: _____

Does your child have any specific needs that need to be catered for: YES / NO *(if yes, please talk to staff so that we will be able to give your child the quality care that they deserve)*

Please give details of any special needs or additional needs regarding your child to help us provide high quality care: _____

Authorisations: (Yes must be circled for questions with *)

I authorise the staff of Charlestown OOSH to:

- * Apply First Aid to my child after any minor incidents that don't need trained medical practitioners.
YES / NO
- * Obtain medical treatment for my child/ren as necessary when parent or emergency contact cannot be contacted e.g. Ambulance (when a broken bone ect)
YES / NO
- To take photographs or videos of my child to use for publicity.
YES / NO
- To take photographs or videos of my child to use in the centre and accreditation purposes.
YES / NO
- Apply sunscreen or insect repellent on my child.
YES / NO
- * Transport my child in bus or private car when necessary.
YES / NO
- Allow my child watch PG movies at staff's discretion.
YES / NO

| |
|--|
| Is your child on any regular medication? YES / NO. Name of Medication: _____ Diagnosed Condition: _____ Name of Doctor: _____ Phone No: 02) _____ |
|--|

2012 Enrolment Forms

Comments: _____

I certify that the information supplied on these forms is correct at the time of completion. I agree to advise the centre in writing or in person of any changes to these details within 14 days of occurrence. I have read the Family Handbook and agree with its contents.

I have attached to the enrolment forms the following documents *(if not previously given)*:

- Copy of the child/ren birth certificate
- Copy of the child/ren immunisation records

Print Name: _____ Signature of Parent / Guardian _____

Date: ___/___/_____

Getting to know YOU!!!!


At Charlestown OOSH we have lots of activities but we want to know what you like. Please answer the following questions so we can help you have lots of fun. An adult can help you if you need to ask about some of the words.

FOOD 

What is your favourite food? _____

What is your favourite afternoon tea? _____

What is your favourite thing for dinner? _____

PLAY 

Do you play a sport? What sport do you play? _____

When you go home what do you love to do outside?

When you're at home what do you like to play inside?

Likes 

What music do you like to listen to? _____

What is your favourite Movie? _____

What is your favourite game to play? _____

Where do you like to visit?  _____

What is your favourite thing at school? _____

Charlestown OOSH Child Responsibilities

Charlestown OOSH has responsibilities that the children who attend the centre must follow.

- ☀ Treat Staff with respect.
- ☀ Follow the instructions of staff.
- ☀ Treat one another kindly (swearing, teasing, bullying is unacceptable).
- ☀ Stay within sight of staff at all times.
- ☀ Take Care of the centres equipment and other peoples things.
- ☀ Assist in cleaning up activities (even if you didn't play with the experience).
- ☀ Stay out of the Kitchen and office.
- ☀ WALK at all time in the centre.
- ☀ Sports equipment and running/kicking games are to be played/used outside only.

I _____ (*child's name*) understand that if I do not fulfil my responsibilities it can result any of the following consequences.

Consequences for not following the responsibilities are:

- sitting on the thinking chair for five minutes,
- doing jobs,
- parents being called and asked to pick you up early
- even suspension; if the responsibilities have been broken to many times or you have been violent towards another person.

Childs Signature: _____

Date: ___/___/_____

Signature of Parent / Guardian _____