

Enrolment Form

128 Ivanhoe Street Eden Hill WA 6054

PH: (08) 9377 3233

Email: sparxeh@bigpond.net.au

Child Details

Full name _____

Gender _____

DOB _____ CRN: _____

Residential Address _____

_____ Postcode _____

Birth certificate sited _____ Date _____

Full Time Part Time Other

Employer _____

Employer Address _____

_____ Postcode _____

Child Care Benefit Information

Parent/Guardian 1 CRN _____

Name and date of birth of parent claiming childcare benefit:

Name _____ DOB _____

Number of children currently in care: _____

Do you have children attending another service? If yes where:

Days required for your child

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Proposed start date: _____

What School does your child attend? _____

Parent/Guardian information

Parent/Guardian 1

Title Mr Mrs Miss Ms Dr

Full Name _____

DOB _____

Current address _____

_____ Postcode _____

Home Phone _____

Work Phone _____

Mobile _____

Email Address _____

Occupation _____

Parent/Guardian information

Parent/Guardian 2

Title Mr Mrs Miss Ms Dr

Full Name _____

DOB _____

Current address _____

_____ Postcode _____

Home Phone _____

Work Phone _____

Mobile _____

Email Address _____

Occupation _____

Full Time Part Time Other

Employer _____

Employer Address _____

_____ Postcode _____

Family information

What is the child's current living situation i.e. lives with both parents / shared custody

Are there any custody orders in place? Yes No

If yes please specify and attach any relevant documents

Medical Information

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the centre director to ensure appropriate and consistent care for your child

Childs' doctor/ medical service _____

Phone _____

Address of medical service _____

Postcode _____

Medicare number _____

Name of private health insurer _____

Does your child have any allergies? Please specify _____

If your child is anaphylactic or asthmatic please bring an action with a photo of your child to keep at the centre.

Does your child have any dietary restrictions, if yes please specify _____

If your child has any dietary restrictions or allergy's do you give permission for the service to display this information/health plans to ensure all staff aware of these restrictions or allergy's

Yes / No Sign: _____

Immunisation Records

You are required to supply the centre with an up to date copy of your child's immunisation records.

Copy of records supplied Yes No

Please sign below if have chosen NOT to have your child vaccinated.

I/we have chosen not to have my child vaccinated and understand that my child will be excluded for the period advised by the Public Health Unit during the outbreak of vaccine preventable diseases. I/we understand that fees will still be payable.

Name _____

Signature _____ Date _____

Special needs

Does your child have a disability, medical condition or any specific difficulties

If yes please specify _____

If your child is accessing any specialist care it may be useful it may be useful to have this information at the centre. Please contact

Emergency Contacts

Please provide three emergency contacts, if you are unable to provide three please see the director.

Only the people mentioned below are able to pick up your child from the centre, unless otherwise arranged. Photo ID will be required upon first arrival and subsequently thereafter. No persons under the age of 18 are permitted to pick up your child. In an emergency/ And or if your child is not collected at closing time and the centre is unable to get in contact with you these contacts will be used.

Contact 1

Name _____

Relationship to child _____

Address _____

Postcode _____

Phone _____ Work _____

Mobile _____

Contact 2

Name _____

Relationship to child _____

Address _____

Postcode _____

Phone _____ Work _____

Mobile _____

Contact 3

Name _____

Relationship to child _____

Address _____

Postcode _____

Phone _____ Work _____

Mobile _____

Family Background

Country of birth _____

Is your child indigenous or Torres Strait Islander? Yes No

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Is your child of a culturally or linguistically diverse background?
(please specify)

What is the main language spoken at home?

Are there any cultural or religious practices you wish to be included at the centre? (please specify)

Parental consents

Please note: if your child becomes ill during the day we will contact you immediately. Should your child develop a high temperature and you and your emergency contacts cannot be reached, it may become necessary to call an ambulance. If an ambulance is called a staff member will accompany your child to the hospital and continued effort will be made to contact you and your emergency contacts.

Initial _____ Date _____

Parents/ Guardians will responsible for all costs involved incurred from transportation or any medical treatment relating to their child while at the centre.

Any medical/hospital fee reasonably incurred by a member of staff from the centre, on your behalf, will be recovered from the parent as a debt.

I/we hereby consent to the director of his/her representative engaging the services of a doctor, dentist or ambulance in any emergency for my/our child.

If I cannot be contacted, I accept that emergency service would be the closest hospital or doctor.

Initial _____ Date _____

I/we hereby consent to the director of his/her staff escorting my/our child on walks or local expeditions outside the boundaries of the centre grounds on such occasions, as the director shall decide. (excursions requiring transport will require individual parent permission forms to be signed prior to the excursion) I understand that staff will notify me in writing prior to these excursions taking place.

Initial _____ Date _____

Our centre uses digital photographs as a record of information and documentation and it will be available to you on request. I/we give permission for my child's name and or photo to be used for centre displays and program documentation.

Initial _____ Date _____

I/we hereby consent Sparx OSHC to photograph myself and my child and use said photographs on promotion material/ websites. Sparx OSHC does not need to submit any promotional material to me for approval before distribution. I/we warrant that I/we are

the parental guardian of the named child and have the authority to grant the above consents.

Initial _____ Date _____

I/We agree to pay a weekly fee one week in advance for my child's attendance.

I/We agree to pay a \$50 bond on commencement.

I/We acknowledge that fees are still payable on all public holidays in which my/our child is enrolled as well as absent days.

Initial _____ Date _____

Sparx OSHC regularly provides ointments/band aids for minor bruises and abrasions. I/We hereby give permission for my/our child to receive ointments/band aids for any minor cuts and abrasions that my/our child has incurred. Please ensure to let the director know of any products your child may be sensitive or allergic to.

Initial _____ Date _____

I/We give permission for staff of Sparx OSHC to apply sunscreen to my/our child before any outdoor play.

If your child has allergies or sensitive skin please make the centre director aware.

Initial _____ Date _____

In completing and signing this form I/We agree to the following

Sparx OSHC will collect information about my family and my child. Most will be provided by me via the enrolment process. Some information may be provided by government departments or other agencies. Information collected by external sources will be checked with me to ensure they are correct.

Some information may be given to other organisations (such as government agencies), as required or authorized.

I have viewed Sparx OSHC and I consent to progressing to enrolling my child in service.

I acknowledge having received and read the parent handbook and I understand any changes to such will be displayed within the centre.

I have read and understand the centre's policies and procedures and agree to abide by them.

I understand that if I fail to pay my fees my child's care may be terminated

I am aware that my child will be excluded from the service if he/she contracts a contagious disease and will not be able to return without a clearance,

The centre reserves the right to terminate this agreement when, in its discretion, it considers that to do so would be in the interest of the centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any parents credit.

Signature _____

Date _____

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Director sign _____