



PCYC

Outside School Hours

Care

Enrolment & Orientation

Information

2018-19

Thank you for choosing PCYC Outside School Hours Care

“With PCYC you’ll be prepared to take on the world”

Welcome to Police Citizens Youth Club (PCYC) Outside School Hours Care. From North Queensland to the Gold Coast, our Outside School Hours Care services provide families the peace of mind of knowing their children are being cared for in a safe environment by enthusiastic, dedicated and qualified educators.

To assist us in booking your child into our service we ask that you complete the **Registration Forms** in this booklet and forward the whole booklet including the requested information indicated in the checklist below to the Coordinator or Responsible Person at the service. You are required to update your information with us at least every twelve months or as your details change.

We look forward to you and your family joining our PCYC Outside School Hours Care Community!

Checklist

To ensure a smooth transition into our service, please ensure that you have completed all the relevant information and provided supporting documentation (if applicable) as part of the below checklist.

All enrolments

I have included copies of the following:

- Yes Family Registration Form
- Yes Child Registration Form*
- Yes N/A Additional Child Registration Forms*

- Yes No Booking request form / CWA
- Yes N/A Current medical management plan (where applicable)
- Yes N/A Completed long term or short term medication form(s) (where applicable)
- Yes N/A Any documents relating to custody arrangements; including but not limited to: parenting plans; parental responsibility plans; residence orders and contact orders (where applicable)
- Yes N/A Documents regarding any additional support needs or diagnosed disability (where applicable)
- Yes No Completed Direct Debit Application
- Yes No Completed child’s/family PCYC Membership Application

- Yes N/A I have identified that my child has a medical condition and have been provided with a copy of the medical conditions policy

* Each child enrolled must have a separate **child registration form** completed – if you require additional forms please speak with the Coordinator.

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- A copy of printed enrolment document has been received? Yes No – Enrolment process cannot continue until this has been received.
- Each of the terms of child consent has been acknowledged? Yes No – Enrolment process cannot continue until this has been received.
- The parent/carer has signed and dated the bottom of the Registration form? Yes No – Enrolment process cannot continue until this has been received.

Please Return Entire Booklet – Do Not Remove Any Pages.

Document	3.7.2FEO	Version No	2.5	Created By	OSHC Policy Review Team	Approved By	Acting Ops Manager	Issue Date	Aug-2017	Review Date	Jun-18
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Welcome to PCYC Outside School Hours Care – Family Orientation

- ⇒ I have been introduced to the PCYC OSHC team members.
- ⇒ I have been provided with the service phone number and email address (Hardcopy Electronic).
- ⇒ I have been provided with my ChildCarers login and password information (Hardcopy Electronic).
- ⇒ I have been provided with a copy of the [PCYC OSHC Family Handbook](#) (Hardcopy Electronic).
- ⇒ I have been shown how to sign my child in and out of the service on the attendance register.
- ⇒ I have had the organisation [Complaints Policy](#) explained to me.
- ⇒ I have received a copy of the [Medical Conditions Policy](#) - where applicable.
- ⇒ I have provided a copy of my child's **medical management plan** including development of a risk minimisation plan and communication plan for my child's medical condition– where applicable.
- ⇒ I have had the service routine explained to me including meal times and transition to or from school.
- ⇒ I have received information regarding the development of the service menu.
- ⇒ I have received information regarding extra-curricular activities and the process for providing permission has been explained to me
- ⇒ I have received a copy of the [Fee management policy](#) and have been informed of session fees, additional fees such as the late collection fee, third party direct debit fees and methods of payment.
- ⇒ I have had the booking and cancellations procedures for vacation care and before and after school care explained to me including cancelation timeframes and relevant fees.
- ⇒ I have had the [Sun Protection Policy](#) explained to me
- ⇒ I have been informed of how I can provide feedback on service operations
- ⇒ I know where I can find community information and resources including the service newsletter
- ⇒ I have been shown the location of the [PCYC OSHC Policy and Procedures](#)
- ⇒ I have been shown the location of the [Education and Care Services National Regulations](#) and [Law Act](#)
- ⇒ I have been shown where information about the [Framework for SAC – My Time Our Place](#)
- ⇒ The Coordinator / Responsible Person has gone through each of the consent statements on the family details form with me and I am aware to what I am giving consenting.
- ⇒ Where my child is to be transported to or from the service by PCYC I have completed a vehicle escort form and the Code of Conduct for School Bus Travel has been explained to me.

I/We acknowledge my/our involvement in and understanding of the service enrolment procedure and all the elements above have been explained to me.

First parent/carer name: **Signature:** **Date:**

Second parent/carer name: **Signature:** **Date:**

Office Use: Details of person leading orientation

Name: Position:

Signature: Date:

All Information has been entered into CCSS software Date:// By:

If Applicable:

- ⇒ Parent has provided child's medical management plan Date Returned//
- ⇒ Medication has been received and medication forms completed Date Returned//
- ⇒ Parent provided with extra-curricular permission form Date Returned//

Document	3.7.2FEO	Version No	2.5	Created By	OSHC Policy Review Team	Approved By	Acting Ops Manager	Issue Date	Aug-2017	Review Date	Jun-18
----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Booking form / Complying Written Arrangement (CWA)

Organisation Details – Party to the Complying Written Arrangement (CWA)

Queensland Police-Citizens Youth Welfare Association

30 Graystone Street, Tingalpa QLD 4173

Family Details – Parties to the Complying Written Arrangement (CWA)

Parent/Carer 1 name:

Parent/Carer 2 name:

Postal address:

Postal address:

Suburb: Post code:

Suburb: Post code:

Phone number: Mobile:

Phone number: Mobile:

Children's routine (permanent) and / or casual booking requirements

Child 1

Full name: Date of birth:

BSC operates: ASC operates

I request a routine (permanent) booking as follows

Days routine (permanent) care is required:

Before School Care: Mon Tue Wed Thu Fri

After School Care: Mon Tue Wed Thu Fri

Care is required: Weekly – date commencing:

Fortnightly – First week date commencing:

Alternate week date commencing:

In addition to the above routine (permanent) booking I may also require casual care (subject to availability)

I request that my child only has a casual booking (subject to availability)

Child 2

Full name: Date of birth:

BSC operates: ASC operates

I request a routine (permanent) booking as follows

Days routine (permanent) care is required:

Before School Care: Mon Tue Wed Thu Fri

After School Care: Mon Tue Wed Thu Fri

Care is required: Weekly – date commencing:

Fortnightly – First week date commencing:

Alternate week date commencing:

In addition to the above routine (permanent) booking I may also require casual care (subject to availability)

I request that my child only has a casual booking (subject to availability)

Child 3

Full name: Date of birth:

BSC operates: ASC operates

I request a routine (permanent) booking as follows

Days routine (permanent) care is required:

Before School Care: Mon Tue Wed Thu Fri

After School Care: Mon Tue Wed Thu Fri

Care is required: Weekly – date commencing:

Fortnightly – First week date commencing:

Alternate week date commencing:

In addition to the above routine (permanent) booking I may also require casual care (subject to availability)

I request that my child only has a casual booking (subject to availability)

Child 4

Full name: Date of birth:

BSC operates: ASC operates

I request a routine (permanent) booking as follows

Days routine (permanent) care is required:

Before School Care: Mon Tue Wed Thu Fri

After School Care: Mon Tue Wed Thu Fri

Care is required: Weekly – date commencing:

Fortnightly – First week date commencing:

Alternate week date commencing:

In addition to the above routine (permanent) booking I may also require casual care (subject to availability)

I request that my child only has a casual booking (subject to availability)

Parent/Carer Agreement

- ⇒ I understand a copy of the fee schedule is available to me at the OSHC service where my child is enrolled to attend and I understand that these fees may vary from time to time, for which I will be notified in advance.
- ⇒ Where I have selected a routine (permanent) booking my child/ren will commence attendance at the service from the date listed above and will then attend on the days as indicated above.
- ⇒ I understand this booking will remain in place unless otherwise notified by me in writing to the service Coordinator / Responsible Person or until the service notify me of a booking end date, in the instance that the service implements an annual re-booking practice.
- ⇒ The information supplied is current and up to date.
- ⇒ It is my responsibility to notify the service of any changes to booking details, as per the Family Information Handbook.
- ⇒ I understand that by signing this **booking form / complying written arrangement (CWA)** that I am liable for all fees and charges incurred in the provision of sessional care for my child/ren.
- ⇒ I understand that no acceptance of a booking or confirmation of care will be provided to me by the service until I have authorised the booking schedule in my myGov account.

First parent/carer name: Signature: Date arrangement entered into:

Second parent/carer name: Signature: Date arrangement entered into:

OFFICE USE ONLY Application completed in full Yes No – Enrolment process cannot continue. Bookings received: /...../.....; at:am/pm Entered: /...../.....; By:

Document	3.7.2FEO	Version No	2.5	Created By	OSHC Policy Review Team	Approved By	Acting Ops Manager	Issue Date	Aug-2017	Review Date	Jun-18
----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Family Details Form

There are (number of children) included in this enrolment documentation.

Family name:

Name/s of children listed on this registration:

Do you require an interpreter? Yes No (Contact: 1300 308 983 or speak with your Coordinator/Responsible Person)

Are both parents at home? Yes No What language is spoken at home?

Will your accounts be paid by a third party? Yes No Provide details:

How would you like to receive your invoices or notifications? Emailed Hard Copy

What type of CCS arrangement will your child be enrolled under? Please discuss with the Coordinator if you are uncertain.

Complying Written Arrangement (CWA) Relevant Arrangement (RA) Arrangement with an Organisation

Care Arrangements (if applicable)


Name of primary carer(s):

Are there any current written care arrangements in place? Yes No Copy provided? Yes No  Attach relevant documents

Relevant written documentation may include: court orders, parenting plans; parenting orders; residence orders and contact orders

IT IS A LEGAL REQUIREMENT THAT IF A COURT ORDER IS IN PLACE A COPY IS TO BE PROVIDED TO THE SERVICE

Which child/ren is this order in place for.....

Is there any person legally denied access to the child? Yes No Copy provided? Yes No  Attach relevant documents

Person's name:..... Contact details if known:*Please discuss details with your Coordinator*

Parent/carer 1 - Registration Details

First name: Middle name: Last name:

Gender: Male Female Other D.O.B:/...../..... CRN (Customer Reference Number) (E.g. 302 476 398 X)

Place of birth: Physical address:

Suburb: P/Code: Occupation:

Home phone: Work phone: Mobile:

Email:

Place of work: Work starts: Work finishes:

Preferred method of contact: Home Phone Mobile Email Do you have a disability? Yes No Provide details below:

Cultural background

Do you identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other

Parent/carer 2 - Registration Details

First name: Middle name: Last name:

Gender: Male Female Other D.O.B:/...../..... CRN (Customer Reference Number) (E.g. 302 476 398 X)

Place of birth: Physical address:

Suburb: P/Code: Occupation:

Home phone: Work phone: Mobile:

Email:

Place of work: Work starts: Work finishes:

Preferred method of contact: Home Phone Mobile Email Do you have a disability? Yes No Provide details below:

Cultural background

Do you identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other

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----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Emergency Contacts / Authorised Nominees

Contact 1 – Name: **Relationship to child:** Grandmother; Grandfather; Godparent;

Stepmother Stepfather; Sister; Brother; Aunt; Uncle; Friend; Other

Address:

Home phone: **Work phone:** **Mobile:**

In relation to child/ren listed in the registration Contact 1 is authorised to: Collect child/ren from the service (Authorised Nominee)

Authorise the taking of the child outside the service premises by an educator, such as an excursion Be notified of an emergency involving the child

Consent to medical treatment being given Give permission for the child to travel by ambulance Give permission for/or request administration of medication

Contact 2 – Name: **Relationship to child:** Grandmother; Grandfather; Godparent;

Stepmother Stepfather; Sister; Brother; Aunt; Uncle; Friend; Other

Address:

Home phone: **Work phone:** **Mobile:**

In relation to child/ren listed in the registration Contact 2 is authorised to: Collect child/ren from the service (Authorised Nominee)

Authorise the taking of the child outside the service premises by an educator, such as an excursion Be notified of an emergency involving the child

Consent to medical treatment being given Give permission for the child to travel by ambulance Give permission for/or request administration of medication

Conditions, terms and consent

Conditions and terms of enrolment

- ⇒ I have read, understand and agree to abide by the conditions stated in the latest edition of the PCYC Family Information Handbook
- ⇒ I agree to familiarise myself with the programs and inform staff if I do not wish for my child/ren to participate in a particular activity
- ⇒ I agree to PCYC staff providing: a) first Aid; or where appropriate; b) administering such emergency medical treatment as is reasonably necessary (e.g. Salbutamol inhaler (Ventolin) or adrenalin (EpiPen)).
- ⇒ I agree to PCYC staff obtaining medical attention for my child from a registered medical practitioner, hospital or ambulance service.
- ⇒ I agree to PCYC staff obtaining transportation of my child by an ambulance service.
- ⇒ I agree to collect or make arrangements for collection of my child/ren if they become unwell at the service.
- ⇒ I agree to authorise all booking made with the service through my *myGov* account prior to my child/ren's first day of attendance.
- ⇒ I agree to pay all fees (including excursion fees) of the days my child is successfully enrolled, regardless of whether my child is enrolled but does not attend (unless I provide a medical certificate). I agree that 48 hours' notice of non-attendance for BSC and ASC 7 days for VAC must be given otherwise I will be charged for the booked sessions.
- ⇒ I understand that fees are due and payable in the week of attendance, and I may be required to enter into a payment plan using PCYC's prescribed third party company, if my fees are not paid or if my account is in arrears.
- ⇒ I understand that my child/ren's care can be cancelled if my fees fall into arrears by more than 7 days. PCYC reserves the right to refer any outstanding debt to its appointed external debt collection agency; and I will be responsible for all costs incurred.
- ⇒ I understand that in the event my child/ren is/are sent home with a suspected infectious illness that a medical clearance/certificate must be provided on return of my child/ren to the service.
- ⇒ I understand that my child/ren may be required to leave the service under federal government Priority of Access Guidelines as detailed in the Child Care Service Handbook (Australian Government, Dept. of Education, Employment and Workplace Relations) and the PCYC Family Information Handbook.

Consent statements

- ⇒ I give permission for my child to use 30+ sunscreen and if my child has an allergy, I agree to provide a suitable sunscreen for my child/ren Yes No
- ⇒ I give permission for my child to use insect repellent and if my child has an allergy, I agree to provide a suitable alternative for my child/ren Yes No
- ⇒ I give permission for my child/ren to watch G and PG rated movies as part of the educational program of the service Yes No
- ⇒ I consent for the service to share/obtain information with School Administration staff and teachers on issues pertaining to my child/ren Yes No
- ⇒ I consent for the Coordinator/responsible person to liaise with health care/medical professionals in relation to the care of my child/ren Yes No
- ⇒ I give permission for images/video of my child/ren to be taken that record important events and special activities as part of the program. Images/videos will be for internal use by the service only. Yes No
- ⇒ I give permission for images of my child/ren and group activities which may contain images of my child/ren to be attached to program documentation which will be available within the service Yes No
- ⇒ I give permission for images of group activities which may contain images of my child/ren to be attached to program documentation which will be posted to the service ChildCarers site and maybe emailed to other email addresses of parents whose children attend this service. Yes No
- ⇒ I consent to the sharing of information, relevant to the care of my child/ren (e.g. health, wellbeing and/or cultural requirements) amongst educators and/or support workers who are working within the OSHC program Yes No
- ⇒ I give permission for images/video of my child/ren to be used in PCYC Social Media and that these images/videos may appear in public groups and/or pages. Yes No

By signing below I agree with the conditions and terms of enrolment and acknowledge the consent statements as set out above as part of this enrolment application.

First parent/carer name: **Signature:** **Date:**

Second parent/carer name: **Signature:** **Date:**

Please note: Bookings will not be accepted without acknowledgement of conditions and terms

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Document	3.7.2FEO	Version No	2.5	Created By	OSHC Policy Review Team	Approved By	Acting Ops Manager	Issue Date	Aug-2017	Review Date	Jun-18
----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Child 1 Registration Form

Child Registration Details

Childs name: Middle name: Last name:
Gender: Male Female Other D.O.B: / / CRN (Customer Reference Number) (E.g. 302 476 398 X)
Place of birth: School attending: PCYC Membership Number:
Address: Suburb: P/Code:
Is your child attending another childcare service Yes No

Cultural background

Does your child identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
Other
Child's (first) language: Child's religion:
Are there any aspects of your families cultural, ethnic and/or religious background that you would like us to be aware of? Yes No
Please describe.....
Do you celebrate any cultural/religious traditions you would like the service to be aware of? Yes No

Medical Condition Information (Attach additional Information if needed)

Parents will be provided with a copy of the service Medical Conditions Policy where a child registering has a medical condition.

Has your child been diagnosed at risk of anaphylaxis? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with asthma? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with diabetes? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child being diagnosed with any other allergies e.g. food, medication, animals or insects? Yes No

Provide details:

Does your child take any regular medication? Yes No Provide details:

Additional Support Requirements (Attach additional Information if needed)

Does your child have any special dietary requirements? Yes No Provide details:
Does your child have any additional support needs? (E.g. physical, sensory (including hearing, sight or speech), intellectual or ADD/ADHD/Autism Spectrum Disorder) Yes No Provide details:
Does your child demonstrate challenging behaviours and behavioural or psychological disorders? Yes No

Provide details:

Does your child have developmental delays? Yes No Provide details:

Does your child have learning difficulties? Yes No Provide details:

Does your child have any additional health problems, illnesses or disabilities that may require additional support? Provide details:

Health Care Provider Information

Medicare number: Medical centre name: Doctor name:

Address: Suburb: Phone:

Dentist Name: Address: Phone:

Does this child have Private Health Insurance? Yes No Private Health Insurer:

Immunisation Details

What is your child's immunisation status at the time of enrolment – Current Not Current Child 1 NOT immunised?

Child health record has been sighted Yes No

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----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Child 2 Registration Form

Child Registration Details

Childs name: Middle name: Last name:
Gender: Male Female Other D.O.B: / / CRN (Customer Reference Number) (E.g. 302 476 398 X)
Place of birth: School attending: PCYC Membership Number:
Address: Suburb: P/Code:
Is your child attending another childcare service Yes No

Cultural background

Does your child identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
Other
Child's (first) language: Child's religion:
Are there any aspects of your families cultural, ethnic and/or religious background that you would like us to be aware of? Yes No
Please describe.....
Do you celebrate any cultural/religious traditions you would like the service to be aware of? Yes No

Medical Condition Information (Attach additional Information if needed)

Parents will be provided with a copy of the service Medical Conditions Policy where a child registering has a medical condition.

Has your child been diagnosed at risk of anaphylaxis? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with asthma? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with diabetes? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child being diagnosed with any other allergies e.g. food, medication, animals or insects? Yes No

Provide details:
Does your child take any regular medication? Yes No Provide details:

Additional Support Requirements (Attach additional Information if needed)

Does your child have any special dietary requirements? Yes No Provide details:
Does your child have any additional support needs? (E.g. physical, sensory (including hearing, sight or speech), intellectual or ADD/ADHD/Autism Spectrum Disorder) Yes No Provide details:
Does your child demonstrate challenging behaviours and behavioural or psychological disorders? Yes No
Provide details:
Does your child have developmental delays? Yes No Provide details:
Does your child have learning difficulties? Yes No Provide details:
Does your child have any additional health problems, illnesses or disabilities that may require additional support? Provide details:

Health Care Provider Information

Medicare number: Medical centre name: Doctor name:
Address: Suburb: Phone:
Dentist Name: Address: Phone:
Does this child have Private Health Insurance? Yes No Private Health Insurer:

Immunisation Details

What is your child's immunisation status at the time of enrolment – Current Not Current Child 1 NOT immunised?
Child health record has been sighted Yes No

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----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Child 3 Registration Form

Child Registration Details

Childs name: Middle name: Last name:
Gender: Male Female Other D.O.B: / / CRN (Customer Reference Number) (E.g. 302 476 398 X)
Place of birth: School attending: PCYC Membership Number:
Address: Suburb: P/Code:
Is your child attending another childcare service Yes No

Cultural background

Does your child identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
Other
Child's (first) language: Child's religion:
Are there any aspects of your families cultural, ethnic and/or religious background that you would like us to be aware of? Yes No
Please describe.....
Do you celebrate any cultural/religious traditions you would like the service to be aware of? Yes No

Medical Condition Information (Attach additional Information if needed)

Parents will be provided with a copy of the service Medical Conditions Policy where a child registering has a medical condition.

Has your child been diagnosed at risk of anaphylaxis? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with asthma? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with diabetes? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child being diagnosed with any other allergies e.g. food, medication, animals or insects? Yes No

Provide details:

Does your child take any regular medication? Yes No Provide details:

Additional Support Requirements (Attach additional Information if needed)

Does your child have any special dietary requirements? Yes No Provide details:
Does your child have any additional support needs? (E.g. physical, sensory (including hearing, sight or speech), intellectual or ADD/ADHD/Autism Spectrum Disorder) Yes No Provide details:
Does your child demonstrate challenging behaviours and behavioural or psychological disorders? Yes No

Provide details:

Does your child have developmental delays? Yes No Provide details:

Does your child have learning difficulties? Yes No Provide details:

Does your child have any additional health problems, illnesses or disabilities that may require additional support? Provide details:

Health Care Provider Information

Medicare number: Medical centre name: Doctor name:

Address: Suburb: Phone:

Dentist Name: Address: Phone:

Does this child have Private Health Insurance? Yes No Private Health Insurer:

Immunisation Details

What is your child's immunisation status at the time of enrolment – Current Not Current Child 1 NOT immunised?
Child health record has been sighted Yes No

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----------	----------	------------	-----	------------	-------------------------	-------------	--------------------	------------	----------	-------------	--------

Child 4 Registration Form

Child Registration Details

Childs name: Middle name: Last name:
Gender: Male Female Other D.O.B: / / CRN (Customer Reference Number) (E.g. 302 476 398 X)
Place of birth: School attending: PCYC Membership Number:
Address: Suburb: P/Code:
Is your child attending another childcare service Yes No

Cultural background

Does your child identify as (select more than one if needed) Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
Other
Child's (first) language: Child's religion:
Are there any aspects of your families cultural, ethnic and/or religious background that you would like us to be aware of? Yes No
Please describe.....
Do you celebrate any cultural/religious traditions you would like the service to be aware of? Yes No

Medical Condition Information (Attach additional Information if needed)

Parents will be provided with a copy of the service Medical Conditions Policy where a child registering has a medical condition.

Has your child been diagnosed at risk of anaphylaxis? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with asthma? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child been diagnosed with diabetes? Yes No Medical management plan provided? Yes No Attach relevant documents
Has your child being diagnosed with any other allergies e.g. food, medication, animals or insects? Yes No

Provide details:

Does your child take any regular medication? Yes No Provide details:

Additional Support Requirements (Attach additional Information if needed)

Does your child have any special dietary requirements? Yes No Provide details:
Does your child have any additional support needs? (E.g. physical, sensory (including hearing, sight or speech), intellectual or ADD/ADHD/Autism Spectrum Disorder) Yes No Provide details:
Does your child demonstrate challenging behaviours and behavioural or psychological disorders? Yes No
Provide details:
Does your child have developmental delays? Yes No Provide details:
Does your child have learning difficulties? Yes No Provide details:
Does your child have any additional health problems, illnesses or disabilities that may require additional support? Provide details:

Health Care Provider Information

Medicare number: Medical centre name: Doctor name:
Address: Suburb: Phone:
Dentist Name: Address: Phone:
Does this child have Private Health Insurance? Yes No Private Health Insurer:

Immunisation Details

What is your child's immunisation status at the time of enrolment – Current Not Current Child 1 NOT immunised?
Child health record has been sighted Yes No

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