



## Safe Multicultural Out of School Hours Program SMOOSH Enrolment Form

### 1. GENERAL INFORMATION

Child's Family Name:	Child's First Name:
Address:	Gender: M / F
Suburb:	Date of Birth:
Postcode:	Place of Birth:
School Attending:	Class/Year:
Aboriginal or Torres Strait Islander: Yes / No	
CRN Number:	

**SMOOSH Location:** Please tick the SMOOSH location your child will attend:

- Bankstown South Infants School
  Bankstown Public School
  Bankstown Public School vacation Care  
 Birrong Public School
  Campbelltown East Public School
  Eastlakes Public School  
 Eastlakes Public School VC
  Hampden Park Public School
  Hampden Park Public School VC

**PERMANENT DAYS ATTENDING:** Please tick the days

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

**CASUAL DAYS ATTENDING:** Please tick the days

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

### 2. FAMILY DETAILS

#### PARENT/CARER No.1

Family Name:	First Name:
Date of Birth:	Relationship to child:
Address:	Phone(Home):
Suburb:	Mobile:
Postcode:	Phone(Work):
Occupation or course of study:	
Employer or place of study:	
Business Address:	
CRN Number:	
Email:	

**PARENT/CARER No.2**

Family Name:	First Name:
Date of Birth:	Relationship to child:
Address:	Phone(Home):
Suburb:	Mobile:
Postcode:	Phone(Work):
Occupation or course of study:	
Employer or place of study:	
Business Address:	
CRN Number:	
Email:	

Cultural Background	Child	Parent/Carer No.1	Parent/Carer No.2
Country of Birth:			
Language/s Spoken:			
Religion (Optional):			

**Safety**

Are there any court orders which relate to your child? Yes / No

(If Yes, please ensure a copy of the relevant court order has been provided to the service. This will be attached to the enrolment record.)

Details of arrangements for contact with other parent or carer(if applicable):

**OTHER CHILDREN IN FAMILY**

Name:	Gender:	Date of Birth:
	M / F	
	M / F	
	M / F	
	M / F	

### 3. Authorisation for others to collect child and emergency contacts

**Please Note:** Please list at least two people authorised to collect your child and at least two people whom staff may call if you cannot be contacted in an emergency. You may list the same people for both purposes, if you wish. These two contacts must be in addition to Parent/Carer Information.

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

Full Name:	Full Name:
Relationship to child:	Relationship to child:
Address:	Address:
Suburb:	Suburb:
Postcode:	Postcode:
Phone(Home):	Phone(Home):
Mobile:	Mobile:
Phone(Work):	Phone(Work):
Emergency contact: Yes / No	Emergency contact: Yes / No
Authorised to collect child: Yes / No	Authorised to collect child: Yes / No
Medical consent: Yes / No	Medical consent: Yes / No
Excursion Permission: Yes / No	Excursion Permission: Yes / No

#### 4. HEALTH

Health	Please provide Details	
<b>Has your child had any serious illness in the past?</b>	Yes / No	
<b>Has your child ever been hospitalised?</b>	Yes / No	
<b>Does your child currently have a serious illness?</b>	Yes / No	
<b>Does your child have any additional needs?</b>	Yes / No	
<b>Does your child require any medical procedures/intervention to be performed on a regular basis?</b>	Yes / No	
<b>Is your child receiving regular medication?</b>	Yes / No	
<b>Does the medication have any side effects of which the staff needs to be aware?</b>	Yes / No	
<b>Does your child have Asthma?</b> If Yes, please attach a copy of your child's Asthma Management Plan.	Yes / No	
<b>Does your child have any allergies (including: allergies to sunscreens, antiseptics, etc.)?</b>	Yes / No	
<b>If yes to the above, is your child's allergic reaction likely to result in anaphylaxis?</b> If Yes, please attach a copy of your child's Anaphylaxis Action Plan.	Yes / No	
<b>Does your child have epilepsy?</b> If Yes, please attach a copy of your child's Epilepsy Management Plan.	Yes / No	

## 5. MEDICAL INFORMATION

Child's Medicare No:	Name of health fund:
Child's doctor's name:	Address:
Suburb:	Phone:
Religious/ Cultural requirement in case of accident / illness:	

### **IMMUNISATION RECORD** – Please attach a copy of your child's immunisation record.

If no record is provided, we need a letter from a GP or child will be excluded from SMOOSH if any infectious disease outbreaks occur.

## 6. FEES/CHILD CARE BENEFIT

Who is responsible for the child care fees? (Full Name): \_\_\_\_\_

Do you wish to receive your account statements via email? Yes / No

Have you or will you apply for Child Care Subsidy (Please tick applicable)

**Yes I am already registered**      or       **I will apply**

**No not registered and I will be paying full fee**

Do you have other NON school age children in approved child care services? (Under 5 years, in long day care, family day care etc)      Yes / No

## 7. CHILD INFORMATION

(The information provided will aid in the preparation of an inclusive program to meet the individual needs of your child/ren. If you require more space, please attach additional information on a separate piece of paper.)

Child Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Need	Please provide Details	
<b>Has your child previously attended a before/after school or vacation care program?</b>	Yes / No	
<b>Does your child require support to form friendships?</b>	Yes / No	
<b>Behavioural concerns</b> Such as shyness, aggressiveness or other issues.	Yes / No	
<b>How does your child show frustration or distress and what methods would you use to calm them?</b>		
<b>Interests</b> Please include activities that your child enjoys eg: music, art and craft, sports.		
<b>Dislikes, Fears and Concerns</b> Such as crowded situations, loud noises and the like.	Yes / No	
<b>Dietary Needs/Requirements</b> Such as allergic to peanuts, no meat products, halal or kosher etc.		
<b>Method of communication</b> Such as languages spoken at home, Auslan or others.		
<b>Toilet Ability and requirements</b>	Yes / No	
<b>Personal Care Assistance Required</b>	Yes / No	
<b>Level of physical Independence</b> Such as limitations to physical activities		
<b>Is there any other information about your child that would be helpful for staff to know?</b> Such as any religious or cultural beliefs that need to be considered, use of medical aid or equipment.	Yes / No	

## 8. PERMISSION FOR:

### A. Administration of Asthma First aid kit

If my child has difficulty in breathing whilst at the service, a staff member with a current First Aid Certificate, may administer medication from the service's Asthma First Aid Kit.

Parent Signature: \_\_\_\_\_

### B. Administration of Allergies and Anaphylaxis Emergency Kit

If my child has no known allergy but appears to be having an anaphylactic reaction whilst at the service, the Director/Coordinator will call an ambulance and a staff member with a current First Aid Certificate will follow the recommended treatment from the ambulance staff. This may involve the administration of an epipen from the service's Anaphylaxis Emergency Kit.

Parent Signature: \_\_\_\_\_

**C. Emergency Medical Assistance-** Your child's enrolment at the service will not be accepted unless you agree to the following:

I agree that if my child has been injured, or becomes ill whilst at the service, and if the approved provider Director/Coordinator/responsible person of the service thinks it is necessary, he/she will seek:

- medical treatment for the child from a registered medical practitioner, dental, hospital or ambulance service;
- transportation of the child by an ambulance service

Parent Signature: \_\_\_\_\_

### D. Excursions

I agree that my child to participate in local excursions, short bus trips and outings with SMOOSH staff, either during school term or in vacation care programs.

Parent Signature: \_\_\_\_\_

### E. Use of child's photographs and videos –

I agree that photographs and videos of my child taken at the service may be used by SENC/SMOOSH in its publications; on its website and internet; for educational displays and in presentations at professional development courses and conferences.

Parent Signature: \_\_\_\_\_

### F. Use of child's drawings, paintings and other art work –

I agree that my child's drawings, paintings and other artwork may be used by SENC/SMOOSH in its publications, on its internet for educational displays and in presentations at professional development courses and conferences.

Parent Signature: \_\_\_\_\_

## G. Payment of Fees

I understand and accept that I am responsible for paying all fees due SMOOSH for my child's attendance as outlined in the SMOOSH Parent/Carer Handbook.

I understand that a \$5.00 fee will be charged if the nominated bank account payment is declined. I authorise for my payments to be deducted by South Eastern Community Connect (SECC).

Parent Signature: \_\_\_\_\_

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

## H. Data Collection

SECC collects basic program statistics. The collection is for funding and reporting purposes. The collection never identifies individuals. The collection allows SMOOSH to monitor service usage patterns across the years. It also allows SECC to report to the Board of SECC and funding bodies. If you choose not to have this particular information passed on you are able to inform SMOOSH Management. You will still be able to receive services from SECC.

I consent to the collection of statistics for the purposes states above on the condition that any collection will not identify you personally? Please circle  
Yes / No

## I. Information:

Would you like to receive information about upcoming events and programs? Please circle  
Yes / No

**Please complete all of the information above and return the form along with any new information such as direct details to [smoosh@secc.sydney](mailto:smoosh@secc.sydney) or in person to the school office.**

**For further information please feel free to contact:**

**South Eastern Community Connect**

**(02) 8338 8506**

**Email address : [smoosh@secc.sydney](mailto:smoosh@secc.sydney)**

**Web address: [www.secc.sydney](http://www.secc.sydney)**



<b>Office Use Only</b>			<b>Staff Signature</b>	
Date Received:				
Date Copied:				
Registration Fee Paid:	<b>Yes / No</b>			
	<b>Copies Attached</b>	<b>Not Applicable</b>	<b>Comments</b>	<b>Staff initial</b>
Court Order:				
Immunisation Record:				
Asthma Action Plan:				
Epilepsy Action Plan:				
Anaphylaxis Action Plan:				
Allergy Plan:				