

Macclesfield Primary School  
Out Of School Hours Care (OSHC Program)

## Enrolment Form

All documentation is held in the strictest confidence

### Child's Details

CRN: \_\_\_\_\_

Family Name: \_\_\_\_\_ Given Names \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

### Child Resides With:

Both Parents  Parent A  Parent B  Split Living Arrangements

Custody Restrictions: YES  (If Yes, please provide copies of current Court Orders) NO

Language spoken at home (if other than English)

Cultural Background: \_\_\_\_\_

Special Consideration: Child \_\_\_\_\_ Parent \_\_\_\_\_

### Parent/Guardian A Details

CRN: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

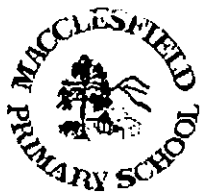
### Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_

### Authorised to:

Collect child  Consent to medical treatment  Request the administration of medications



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### Parent/Guardian B Details:

CRN: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

### Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_

### Authorised to:

Collect child  Consent to medical treatment  Request the administration of medications

### Emergency Contact 1

Full Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

### Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

### Emergency Contact 2

Full Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Address \_\_\_\_\_

### Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

### Authorised Nominees:

Collect Child  Consent to medical treatment  Request the administration of medications

1. Full Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

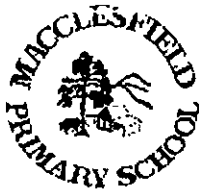
Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone numbers:

Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_



# Macclesfield Primary School Out Of School Hours Care (OSHC Program)

## Medical Information:

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Ambulance Member: YES  NO

Medicare Number: \_\_\_\_\_

Are all Immunisations up to date? YES  NO  (if no, please give details

below)

Date of last Tetanus Injection: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medical Conditions/Additional Needs/ Special Considerations

Cultural

Diet

Does your child suffer from:

Asthma

Anaphylaxis

Allergies

Other

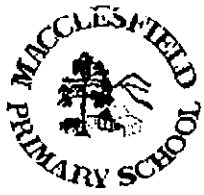
Details:

Signs/Symptoms:

Action Required:

Dietary Requirements/Allergies:

Other Relevant Information:



# Macclesfield Primary School Out Of School Hours Care (OSHC Program)

## Permission

Whilst my child is attending Macclesfield Primary School OSHC program I consent to the following:

- Permission to take and use photos
- Permission to use child's image in the OSHC DVD and displays
- Permission to use face paint
- Permission to watch PG movies
- Permission to attend incursions and excursions

I agree that Macclesfield P.S OSHC, its officers and its staff, are to be free and clear of all responsibilities whatsoever for any accidental damage or loss of property during my child's participation in the program. I authorise the staff in charge, where it is impracticable to communicate with me, to my child receiving such medical, surgical or dental treatment, including anaesthetic, hospital treatment, and transport by ambulance if deemed necessary and agree to meet any expenses attached there to.

I confirm that all the details listed above are correct at the time of signing.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



# Parent Survey



Childs Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

We would like to know more about your child. The more we know the better we can meet her/his wishes. Please answer the questions below. Remember this is from your point of view. Thank-you.

1. List 3-5 words that describe your child's character (cheerful, shy, competitive, ect)
2. What are your child's interests?
3. What are your child's strengths?
4. What motivates your child?
5. What goals do you have for your child this year?
6. Is there anything else you would like us to know about your child?

