**Annandale After School Centre Inc.**25 Johnston Street ANNANDALE NSW 2038

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**CHILD ENROLMENT RECORD**

**2025**

|  |  |  |  |
| --- | --- | --- | --- |
| Child  information | Child details | | |
| Full name: | | Date of birth: |
| Address: | | |
| Gender: | Medicare number: | |
| Cultural background: | | Language/s spoken at home: |
| Are there any cultural or religious considerations for your child? | | No Yes – please provide details |
|  | | |
| Does your child have an additional need? | | No Yes – please provide details |
| Are there any court orders, parenting orders or parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? | | No Yes – please attach a copy |
| Are there any details of any other court orders relating to the child’s residence or the child’s contact with a parent or other person? | | No Yes – please attach a copy |
| Parent/ guardian  information  \*Each known parent of the child must be included on  this enrolment record | Parent / guardian details | | |
| Parent / Guardian 1 (**Person Claiming CCS)** | | Parent / Guardian 2 N/A |
| Full name: | | Full name: |
| Relationship to child: | | Relationship to child: |
| Home phone: | | Home phone: |
| Work phone: | | Work phone: |
| Email: | | Email: |
| Address: | | Address: |
| Cultural background: | | Cultural background: |
| Emergency  Contacts and Authorised Persons  Information | Authorisations | | |
| Person 1 | | Person 2 |
| Name: | | Name: |
| Relationship to child: | | Relationship to child: |
| Address: | | Address: |

|  |  |  |
| --- | --- | --- |
|  | Home phone: | Home phone: |
| Work phone: | Work phone: |
| Mobile: | Mobile: |
| Authorised to be notified of an emergency  involving my child if any parent/guardian cannot be immediately contacted.  No Yes | Authorised to be notified of an emergency  involving my child if any parent/guardian cannot be immediately contacted.  No Yes |
| Authorised to collect my child from the service.  No Yes | Authorised to collect my child from the service.  No Yes |
| Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  No Yes | Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  No Yes |
| Authorised to consent to administration of medication to my child.  No Yes | Authorised to consent to administration of medication to my child.  No Yes |
| Authorised to authorise an educator to take my child outside the service premises.  No Yes | Authorised to authorise an educator to take my child outside the service premises.  No Yes |
| Authorised to authorise the education and care service to transport or arrange transportation of my child.  No Yes | Authorised to authorise the education and care service to transport or arrange transportation of my child.  No Yes |
|  | Person 3 | Person 4 |
| Full name: | Full name: |
| Relationship to child: | Relationship to child: |
| Address: | Address: |
| Home phone: | Home phone: |
| Work phone: | Work phone: |
| Mobile: | Mobile: |
| Authorised to be notified of an emergency  involving my child if any parent/guardian cannot be immediately contacted.  No Yes | Authorised to be notified of an emergency  involving my child if any parent/guardian cannot be immediately contacted.  No Yes |
| Authorised to collect my child from the service.  No Yes | Authorised to collect my child from the service.  No Yes |
| Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  No Yes | Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  No Yes |

|  |  |  |
| --- | --- | --- |
|  | Authorised to consent to medical treatment to my child, from a registered medical practitioner, hospital or ambulance service.  No Yes | Authorised to consent to administration of medication to my child.  No Yes |
| Authorised to authorise an educator to take my child outside the service premises.  No Yes | Authorised to authorise an educator to take my child outside the service premises.  No Yes |
| Authorised to authorise the education and care service to transport or arrange transportation of my child.  No Yes | Authorised to authorise the education and care service to transport or arrange transportation of my child.  No Yes |
| Authorisation for medical treatment  and transpor- tation by an  ambulance | I give consent for the approved provider, a nominated supervisor or educator to seek:   * Medical treatment for my child from a registered medical practitioner, hospital or ambulance service and * Transportation by an ambulance service.   Name:  Signature: | |
| Registered medical  practitioner or medical service Infor- mation | Health information | |
| Medical Practitioner/Medical service name: | Address: |
| Contact number: | |
| Medical  Conditions Details | Does your child have a specific health care need or medical condition? No Yes – please provide details  Does your child have any allergies? No Yes – please provide details  Has your child been diagnosed as at risk of anaphylaxis? No Yes – please provide details | |

|  |  |
| --- | --- |
|  | A copy of the medical management plan or anaphylaxis management plan to be followed with respect to my  child’s specific healthcare need, medical condition or allergy is attached?  No Yes – please provide details  Does your child have any dietary restrictions or preferences? No Yes |
| Immunisation details | Is your child fully immunised?  No Yes – please attach a copy of your child’s current [Immunisation History Statement](https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register/how-get-immunisation-history-statement). |
| For NSW Services  *For completion by the service*  Please specify which of the following documents confirming the child’s immunisation status has been provided at the point of enrolment and attached to this enrolment record in accordance with the requirements of section 87(1), (2) and (3) of the [Public Health Act 2010](https://legislation.nsw.gov.au/view/html/inforce/current/act-2010-127#sec.87):  Certificate(s) for immunisation or  Certificate(s) for exemption for the child, as required under section 87(1), (2) and (3) of the [Public Health](https://legislation.nsw.gov.au/view/html/inforce/current/act-2010-127) Act 2010  of New South Wales  Refer to [regulation 162(h)](https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653#sec.162) for more information  *Please note that section 87 the Public Health Act 2010 prevents an approved provider of an education and care service to enroll or allow the enrolment of a child into that service unless one of the above documents has been provided in regards to the child’s immunisation status.* |
| In the event of an accident or illness requiring emergency medical treatment every effort will be made to contact parents before such treatment is sought. Should contact prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. Parents/guardians are asked to complete and sign the following.  I, give permission for staff to administer First Aid to seek medical attention  or transportation by ambulance for my child in the event of an accident, or **any other means of transportation in case of an emergency**. I understand that relevant information on this form will be passed to hospital/medical staff if required. I accept liability for medical, dental, hospital, ambulance or other costs incurred.  To complete this enrolment, parents/guardians must complete and sign the following:  I am the parent/legal guardian of the child whose name appears on this form. I agree to abide by the policies and procedures of the Centre, a summary of which I have received, read and understood. I acknowledge that I am liable for all fees and charges that apply to the attendance of this child at the Centre. The information I have provided in this enrolment is to the best of my knowledge correct |
| and I am totally responsible for its accuracy. I will inform the Centre immediately in writing if there are any changes to the information provided by me.  Name of person completing the form: ........................................  Signature ..............................................Date: ............................. | |

Office Use Only:

Enrolment record completed in full? No

Immunisation History Statement provided?

Yes

No Yes

N/A (School aged child)

*Immunisation register updated (see* [*Immunisation toolkit*](https://www.health.nsw.gov.au/immunisation/Publications/immunisation-enrolment-toolkit.pdf)*)*

If applicable:

No

Yes

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Court Orders or Parenting plans received? No Yes

N/A

Medical Management Plan received?

No

Yes

N/A

Risk Minimisation plan developed in consultation with parent(s)/guardian(s)?

A communication plan is discussed with parent(s)/guardian(s)?

No

Yes

No Yes N/A N/A

A child health record for the child under regulation 162(g) has been sighted

No Yes N/A

A copy of the medical conditions policy has been provided to the child’s family?

No

Yes

N/A

A written authorisation given under regulation 102 for the service to take the child on regular outings? No Yes

N/A

A written authorisation given under regulation 102D(4) for the regular transportation of the child?

No

Yes

N/A

Name of Nominated Supervisor/Responsible Person/Family day care educator who checked the enrolment record and sighted the applicable documentation:

Signature:

Date:

**Photography/videos**

Our Centre takes photographs of the children only to provide visual documentation. Photographs might be posted on our HubHello platforms and as a slide show on the iPad near the sign in/out tablets which is accessible only for the parents/carers of this Centre.

 I consent to my child being photographed/videoed while they are at the Centre

# DVDs/Videos/Television

Video, DVDs and/or TV may be used as part of the Aftercare program, or during adverse weather conditions. Staff will ensure that material is suitable for children (especially younger children) and will supervise viewing. TV and videos/DVDs will only be viewed that have a G or PG rating.

 I give permission for my child to watch G and PG rated TV and videos/DVD

# First Aid / Sunblock

Staff may be required to administer first aid, including Band-Aids and Antiseptic cream. When required, staff will also provide sunblock to children before outdoor play activities.

* I give permission for my child to have Band-Aids and Antiseptic cream applied.
* I give permission for my child to have sunblock supplied to them.

# Notification of Arrival and Departure of children at the Centre

* I agree to have my child signed in and out on the appropriate documentation at the Centre on arrival and departure each day they attend the Centre
* I give permission for my child to be collected/delivered to or from another service within the Annandale Public School grounds (Pre-school/Kindergarten)
* I give permission for my child to attend music, drama, language or art lessons while at before or after school care, within the school grounds, at the discretion of the nominated supervisor or responsible person

# Changes to details provided in this enrolment must be made in writing

This form must be accompanied by:

* Annual registration fee of $15 per child (non-refundable)
* Fee bond of $50 per family (refundable at end of the year, subject to settlement of all fees)
* 2 weeks fees in advance (permanent bookings). Casual bookings must pay on the day of attendance.
* ​

To complete this enrolment, parents/guardians must complete and sign the following:

I am the parent/legal guardian of the child whose name appears on this form. I agree to abide by the policies and procedures of the Centre, a summary of which I have received, read and understood. I acknowledge that I am liable for all fees and charges that apply to the attendance of this child at the Centre. The information I have provided in this enrolment is to the best of my knowledge correct and I am totally responsible for its accuracy. I will inform the Centre immediately in writing if there are any changes to the information provided by me.

Signature of parent/guardian: ........................................………………… Date:…………………………………………. Name of parent/guardian (please print): ……………………………………………………………………………………………..

# YOUR CHILD’S LIKES, DISLIKES, PREFERENCES AND INTERESTS

In preparing the Aftercare program, we aim to accommodate the needs and interests of all children. We’d appreciate if you’d provide some additional information about your child to help us in our programming.

You may like to discuss this with your child, and for those that have attended Aftercare in the past, record any aspects of the program or activities that they particularly liked or disliked.

# Food

A nutritious snack is served every day at Aftercare (including fruit and vegetables), but we’re always looking for ideas for new menu items. Perhaps you have some suggestions?

# Art and craft activities

Does your child have a particular interest or skill that we should be aware of? Do you have any suggestions for new activities?

# Special occasions & family cultural background

We always try to acknowledge children who have birthdays at Aftercare, but there may be other occasions of cultural or other significance that we could include in our program.

# Other

Please provide details of any other likes or dislikes, as well as suggestions for new activities.

# PARENTS AND CARERS

Do you have any skills or knowledge that you’d be happy to share with the children at **Aftercare?**

If you have any skills or interests that you would like to share, we would love you to visit the Centre, e.g.– music, cooking, knitting,

painting, weaving, gardening, woodwork, photography, drama, sport, singing, language or cultural activity.