



Alf Faulkner Hall
Cnr Mary Crescent / Ivanhoe Street
Eden Hill, WA, 6054

Email: sparxeh@sparxelic.com.au PH: 0421 513 158

Child Details

First Name: _____ Last Name: _____

Preferred Name: _____ DOB: _____ Gender: _____

Home Address: _____ Postcode: _____

Childcare Benefit Information

Parent / Guardian CRN: _____ Child CRN: _____

Name a date of birth of parent claiming childcare benefit:

Name: _____ DOB: _____

Number of children currently in care: _____ Are you claiming CCS from another service? _____

Bookings / School Information

What School does your child attend? _____ Room Number: _____ Year level: _____

Please tick the days below that you require for your child.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Start Date: _____

Medical Information

Childs doctor / medical service: _____ Phone: _____

Medicare Number: _____ Do you have ambulance cover? Yes No

Name of private health insurer: _____ Private health number: _____

Does your child have any known allergies? Please specify

What action do we take if there is a reaction?

Is your child Asthmatic? Yes No

IF YOUR CHILD IS ANAPHYLACTIC OR ASTHMATIC, PLEASE BRING AN ACTION PLAN WITH A PHOTO OF YOUR CHILD TO KEEP AT THE CENTRE.



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Does your child take any medication on a regular basis? Yes No - If yes for what conditions

Does your child have any dietary restrictions or intolerances? – If yes please specify

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

Yes No Sign: _____ Date: _____

Additional needs

Does your child present with a disability, medical condition or any specific difficulties? (Autism, ADD)

If your child is accessing any specialist care, it may be useful to have this information in the centre. Please contact the Centre Director to ensure appropriate and consistent care for your child.

Any other relevant health management information (e.g., premature birth, speech delays)

Family background

Child's Country of birth: _____

Is your child indigenous or Torres Strait Islander? Yes No (if yes please specify) _____

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

What main language is spoken at home? _____

Has the family or child had a refugee experience? Yes No

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

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 attach any relevant documents.



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Immunisation Records

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

Parent Guardian Information

Parent/Guardian One

Title Mr Mrs Miss Ms Dr

First name: _____ Last name: _____

Relationship to child: _____ DOB: _____

Residential Address: _____ Postcode: _____

Mobile Number: _____ Home Number _____

Work Number: _____

Email Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Postcode: _____

Full Time

Part Time

Casual

FIFO

Parent Guardian Information

Parent/Guardian Two

Title Mr Mrs Miss Ms Dr

First name: _____ Last name: _____

Relationship to child: _____ DOB: _____

Residential Address: _____ Postcode: _____

Mobile Number: _____ Home Number _____

Work Number: _____

Email Address: _____

Occupation: _____ Employer: _____

Employer Address: _____ Postcode: _____

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Emergency Contacts

Please provide three emergency contacts (**these must be three different people other than the enrolling guardians**), if you are unable to provide three, please see the director.

Only the people mentioned below can 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: _____

Mobile Number: _____ Phone: _____

Address: _____

Contact 2

Name: _____ Relationship to child: _____

Mobile Number: _____ Phone: _____

Address: _____

Contact 3

Name: _____ Relationship to child: _____

Mobile Number: _____ Phone: _____

Address: _____

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.

Click to Acknowledge and Consent

Parents/ Guardians will be 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.

Click to Acknowledge and Consent

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. Local expeditions will include Mary Crescent Reserve and Sparx Long Daycare (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.

Click to Acknowledge and Consent

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

Click to Acknowledge and Consent



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I/We hereby consent Sparx OSHC to photograph myself and my child and use said photographs on newsletters/ websites / the services Facebook page and promotional material. Eden Hill 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.

Click to Acknowledge and Consent.

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

I/We agree to pay a \$50 admin fee 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.

I/We acknowledge that two weeks' notice is required for cancellation of care at Eden Hill OSHC.

Click to Acknowledge and Consent.

I/We give permission for my child to be transported to and from _____ Primary School using the service shuttle buses.

Click to Acknowledge and Consent.

My child attends Eden Hill Primary School and I/We give permission for our child to participate in the walking bus for after school care. Please note this is only if weather permits.

Click to Acknowledge and Consent.

Eden Hill 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.

Click to Acknowledge and Consent.

I/We give permission for staff of Eden Hill OSHC to apply sunscreen and insect repellent to my/our child before any outdoor play.

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

Click to Acknowledge and Consent.

I/We give permission for my child to view PG rated movies and play PG rated games.

Click to Acknowledge and Consent.

I/We have read and understand the Adventurous Play Policy.

Click to Acknowledge and Consent.

Eden Hill 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 Eden Hill 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 understand that the service does not accept responsibility for loss or damage of any property/items brought into the service from home.

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 will ensure that I will keep the centre up to date with any child related information or any changes to my/our details.

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 _____

ADMIN USE ONLY	
<input type="checkbox"/> Admin Fee Paid	Staff Signature _____
<input type="checkbox"/> Fees in Advance Paid	_____
<input type="checkbox"/> Birth Certificate Sighted	Date Enrolment Entered _____
<input type="checkbox"/> Enrolment Entered	_____