

OUT OF SCHOOL HOURS CARE ENROLMENT FORM

Please attach a passport size
photo of your child here.

=

Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Child Customer Reference Number (CRN)	
AIR Immunisation History Statement		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Parent Customer Reference Number (CRN) and date of birth		Copies of medical documents- Medical Management Plan, Risk Minimisation Plan, Communication Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Photo identification of all emergency contacts	

SERVICE INFORMATION

Service Name: Longreach Childcare Centre

Address: 5-7 Wompoo Road, Longreach Qld 4730

Phone: 4652 5300

Email: adminccs@longreach.qld.gov.au

OFFICE USE ONLY

Date received:

Received by:

CHILD DETAILS*Education and Care Services National Regulations - Regulation 160 (3a, e)*

Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			

ENROLMENT DETAILS

Child's start date		
Primary School attending :		Year level:

BOOKINGS: BEFORE SCHOOL CARE(BSC)

BOOKING TYPE:	CASUAL: <input type="checkbox"/> (no booking secured and will only be available if capacity)		PERMANENT: <input type="checkbox"/>		
DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BOOKINGS AFTER SCHOOL CARE(ASC)

BOOKING TYPE:	CASUAL: <input type="checkbox"/> (no booking secured and will only be available if capacity)		PERMANENT: <input type="checkbox"/>		
DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BOOKINGS – VACATION CARE (VAC)

BOOKING TYPE:	CASUAL: <input type="checkbox"/> (no booking secured and will only be available if capacity)		PERMANENT: <input type="checkbox"/>		
JANUARY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
12/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19/01/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APRIL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
06/04/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13/04/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JUNE/JULY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
29/06/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/07/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEP/OCT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
21/09/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28/09/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEC	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
08/12/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14/12/2026	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment of Fees Policy

Termination of Enrolment:

- A) Parents are to provide two weeks written notice of their intention to withdraw a child from the centre. Normal fees will continue to be charged for the two week notice period**
- B) If termination from the service is required without notification, families may lose their Child Care Subsidy, resulting in the payment requirement of full fees to be charged.**

Parent/Guardian 1 name:		Date:	
Parent/Guardian 1 signature:			
Parent/Guardian 2 name:		Date:	
Parent/Guardian 2 signature:			

CHILD CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?

No ☐ Aboriginal ☐ Torres strait Islander ☐ Both ☐

Does your child speak a language other than English at home?

Yes ☐ No ☐

If yes, what language (s) other than English are spoken at home:

County of birth

Child's residency status

What is your child's cultural background?

Please outline any cultural practices you would like followed:

(Cultural, dietary)	
Religion	
Relevant religious, cultural practices/celebrations you would like followed.	

PRIMARY PARENT/GUARDIAN DETAILS*Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)***[Primary Parent must also be the registered CCS claimant]**

Family name			
Given name		Date of birth	
Address			
Phone number/s	Home:	Mobile:	Work:
Email address			
Occupation			
Relationship to child			
Country of birth			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

CENTRELINK REFERENCE NUMBER (CRN)**Please note:** Parent and child have their own individual CRN number.

Parent CRN	
------------	--

SECONDARY PARENT/GUARDIAN DETAILS*Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)*

Family name			
Given name		Date of birth	

Address			
Phone number/s	Home:	Mobile:	Work:
Email address			
Occupation			
Relationship to child			
Country of birth			
Languages other than English spoken at home			
Please provide any relevant cultural background details			
Does the child normally live with you?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent CRN	
------------	--

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Please note- Without this documentation we cannot legally enforce the Order/s.

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Briefly outline court order requirements		

CHILD'S MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, i, j) and 162 (d, g)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed

condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.			
Child's Medicare number			
Medicare expiry date		Child's Medicare reference number	
Doctor's name			
Medical centre		Phone number	
Doctor's address			
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)			Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILD ALLERGIES/ANAPHYLAXIS*Education And Care Services National Regulations - Regulation 94*

Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other
---------------------------------------	--

Medical specialist or doctor currently treating your child for this condition	
---	--

Address		Phone	
---------	--	-------	--

Risk of Anaphylaxis	Yes <input type="checkbox"/> No <input type="checkbox"/>
---------------------	--

Has a doctor diagnosed this allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
--------------------------------------	--

Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

Does your child have a current ASCIA Action Plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>

If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).
--

Expiry date of the adrenaline autoinjector?	
---	--

I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/ Guardian 1 Signature	
	Parent/ Guardian 2 Signature	

Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER)*Education And Care Services National Regulations - Regulation 93 and 95*

Medical condition			
Has a doctor diagnosed this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child take any prescribed regular medication for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a current medical management plan (e.g. Asthma Plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	
		<input type="checkbox"/>	
A Medical Management Plan, Medical Risk Minimisation Plan and Medical Communication Plan has been completed for medical conditions (Regulation 90)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached	
		<input type="checkbox"/>	
I acknowledge medication will only be administered if: <ul style="list-style-type: none"> it is prescribed by a medical practitioner it is in the original container with the original label the label contains the child's name instructions and dosage can be clearly read expiry date or use by date is valid Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents or an authorised nominee on our "Administration of Authorised Medication" form.	Parent/Guardian 1 Signature		
	Parent/Guardian 2 Signature		

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs

Does your child have any special dietary requirements or restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
	Please see reception to create a Medical Management Plan for your child	<input type="checkbox"/>
Prohibited Food	Detailed information:	

IMMUNISATION DETAILS*Education and Care Services National Regulations - Regulations 160 (3a, i, j), 162 (f, h, i)*

Immunisation status of child at enrolment	<input type="checkbox"/> Fully immunised <input type="checkbox"/> Catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached
		<input type="checkbox"/>

DEVELOPMENTAL INFORMATION

Please provide any relevant information relating to your child's development

Does your child have any problems with hearing, sight or speech?	Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate
Is this the first time your child has been in OSHC?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the type of early education and care your child has experienced.

AUTHORISED NOMINEES*Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) and 161 (1a, i, ii, 1b)*

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT

Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:
Address			
Email address			

SECOND EMERGENCY CONTACT

Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:
Address			
Email address			

Can emergency contacts listed above be contacted to collect your child from the education and care service?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Emergency contact 2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Are emergency contacts listed above authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Emergency contact 1	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
[If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A]	Emergency contact 2	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Parent/Guardian 1 signature		
Parent/Guardian 2 signature		

AUTHORISATIONS- ILLNESS, ACCIDENT AND EMERGENCY TREATMENT*Education and Care Services National Regulations - Regulation 160 (3i) and 161 (1a, 1b, 1c)*

Do you authorise the nominated supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°C or higher as per <i>Incident, Injury, Trauma and Illness Policy</i> ? Your child must still be collected from the service and an <i>Administration of Medication Record</i> signed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

HEALTH AND SAFETY

Do you authorise educators to apply SPF50+ sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply Band-Aids® or sticking plasters when necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature	
Parent/Guardian 2 signature	

PHOTOGRAPHY AND VIDEO

I agree for photos and video footage to be taken using service issued digital devices to record and store images that are issued by the Service of my/our child for Service use and internal staff training purposes (footage will not leave the Service)

Yes ☐ No ☐

I agree for photos and video footage of my/our child used in observations, and photos taken within the observation to be shared with other families that attend the Service.

Yes ☐ No ☐

I agree for photos and video footage of my/our child to be used for student training purposes using Service devices only.

(Students are required to notify and obtain written permission prior to observing and recording of any photos or video footage of your child- photos and video footage will leave the Service for students to present to their RTO or University for viewing and marking)

Yes ☐ No ☐

I agree for photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation.

NOTE: These images will be in public domain and may be unable to be removed once used

Yes ☐ No ☐

Parent/Guardian 1 signature

Parent/Guardian 2 signature

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4) and 102D(4)

I acknowledge the Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for:

- regular outings (once every twelve months)
- an excursion that is not a regular outing

Parent/ Guardian
1 Signature

Parent/ Guardian
2 Signature

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, i, j)

I agree to inform the Service in writing immediately of any changes to the above information.

Yes ☐ No ☐

I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to keep my fees paid up to date, as per <i>Payment of Fees Policy</i> , and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to pay a late fee of \$20.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree to provide two weeks written notice to withdraw my child or reduce booked days.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Administration of Medication</i> form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the nominated supervisor deems the child well enough to attend Service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I give permission for my child to be involved with leisure activities offered at the OSHC Service.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have read the Family Handbook and am familiar with the Service's Policy Manual located will be available in Reception, on OWNA and the Council website . I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Parent/Guardian 1 name		Date	
Parent/Guardian 1 signature			
Parent/Guardian 2 name		Date	
Parent/Guardian 2 signature			

PRIVACY DISCLAIMER

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.