

**APPLICATION ENQUIRY FOR THE ENROLMENT & OR WAIT LIST
BELAIR COMMUNITY OOSH CENTRE INC
2020**

The information provided on this application is for the use of staff / committee members at Belair Community OOSH Centre and will be treated as strictly confidential. Belair OOSH may refuse this enrolment if not completed correctly.

Child/ren's Surname:.....

Child Name:Sex:..... Year at school 2020:.....

DOB:.....

Child Name:Sex:..... Year at school 2020:.....

DOB:.....

Child Name :.....Sex:..... Year at school 2020:.....

DOB:.....

Home address:

.....Post code.....

Parent / Guardian Information

Mother/ Guardian

Father / Guardian

Name.....

Name:.....

Address.....

Address.....

.....Post code.....

.....Postcode.....

Home phone:

Home phone.....

Work phone:

Work phone.....

Mobile phone.....

Mobile phone.....

Email Address

Family Background Information

Please circle **all** related family Status (all information kept by Belair OOSH is strictly confidential)

Two parent family

One parent family

Both parents working

One parent working

Both parents studying/training

One parent studying/training

In accordance with regulations set by the Department of Education, Employment and Workplace Relations, there are 3 priorities of access categories.

1. A child at risk of serious abuse or neglect.
2. A child of a single parent or two parent families who satisfy the work / training / study requirement.
3. Any other child.

Medical Information

Does your child/ren have any allergies, illness and / dietary requirements or other medical conditions that staff need to be aware of? eg bee stings, penicillin, diabetes, peanuts, nose bleeds, asthma, anaphylaxis etc.

YES / NO

If yes please see staff to complete a **Risk Minimisation Plan**

prior to commencing any care & supply relevant practioner's reports or information once accepted .

Does your child/ren have any physical / sensory impairments that staff need to be aware of?

YES / NO

If yes please provide any relevant practioner's reports or information once accepted.

N.B If your child/ren requires medication an “**Administration of Medication**” form will need to be completed.

If your child has **asthma** please supply us with your child's asthma preventative/relief box and Action Plan.

If your child has **anaphylaxis** please supply us with your child's epi pen and Action Plan.

These requests will be required before commencement of any care.

- **Please Note :**

1. If your email address or contact numbers change in the mean time you must let the centre know otherwise we will be unable to contact when a position arises & the placement will forfeit to next on the wait list.
2. If contact has been made by the centre for any available positions & no answer is returned within the allocated timeframe the position will automatically be cancelled & offered again to the next family.

Parent / Guardian Authorisation

I have read and fully understand the above authorisations.

Signature.....

Parent/ Guardian

Date.....