

Australian Anatolian Community Services Co-Op Ltd.

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ANA KINDERGARTEN LONG DAY CARE & OOSH OOSH ENROLMENT FORM

PH: 02 96431666 Email: ana@anatolian.org.au

Child Details

Surname:	Given Name:
Date of Birth:	Current Grade: School Attending:
Address:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Primary Language Spoken:
Nationality:	Cultural Background:
Date of last Tetanus Needle: / /	Religion:
General Immunization Status :	Child's CRN:

Surname:	Given Name:
Date of Birth:	Current Grade: School Attending:
Address:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Primary Language Spoken:
Nationality:	Cultural Background:
Date of last Tetanus Needle: / /	Religion:
General Immunization Status :	Child's CRN:

Surname:	Given Name:
Date of Birth:	Current Grade: School Attending:
Address:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Primary Language Spoken:
Nationality:	Cultural Background:
Date of last Tetanus Needle: / /	Religion:
General Immunization Status :	Child's CRN:

Tick the box you wish your child/ren to attend.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before					
After					

Permanent / Casual

Start Date: / /

Parent/ Carer Details

Parent/ Carer 1 (Parent 1 must be the registered parent for childcare Benefit / Rebate)
Name:
Address:
Date of Birth
CRN. No
Relationship to Child:
Home Phone Number:
Mobile:
Email:
Occupation:
Work Name:
Address:
Work Phone:

Parent/ Carer 2
Name:
Address:
Date of Birth
CRN. No
Relationship to Child:
Home Phone Number:
Mobile:
Email:
Occupation:
Work Name:
Address:
Work Phone:

Care Arrangements

Who is the primary carer(s)?			
Are there any written agreements/court orders affecting the child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Copy Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there anyone legally denied access to the child?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Copy Provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Full Name:	Address:		
Work Name & Address:	Work Phone:		

Do you have any other child/ children who attends approved children's education and care services?
If yes, Number of child/ Children:

Consent Statement

- I understand that it is my responsibility to ensure all information associated with my child/ren is current and up-to-date.
- I the undersigned, state that I have read the Policy/Parent Handbook of ANA OOSH and agree to follow the Centre policies.
- I agree that fees incurred will be paid one week in advance, and understand that failure to do so may jeopardize my enrolment.
- I understand that I must notify the centre in writing, if a person, who is not authorized to collect my child, will be collecting my child/children from the Centre.
- I understand that if my child is not collected by closing time (6.00pm) that I will incur a Late Fee penalty as specified in the policy/parent handbook.
- I understand that I am financially responsible for any willful damage of equipment or property by my child/ children.
- I understand that unacceptable behaviour displayed by my child/ children may result in a warning, and may eventually lead to suspension or expulsion.
- I have read the behavior management policy and acknowledge that every effort will be taken to ensure children are treated equally and fairly.
- I understand that information on this enrolment form may be provided upon request to either parent/ carer detailed above.
- I understand that if I provide false or misleading information on this form, my child's Enrolment with ANA OSHC will be cancelled immediately.

Parents/ Carer Signature: -----

Date: -----

Authorisation to Collect/ Emergency Contacts

Full Name:	Signature:
Address:	
Home Phone:	Mobile:
Work Name:	Work Phone:
Other Numbers:	Relationship to Child:

Full Name:	Signature:
Address:	
Home Phone:	Mobile:
Work Name:	Work Phone:
Other Numbers:	Relationship to Child:

Full Name:	Signature:
Address:	
Home Phone:	Mobile:
Work Name:	Work Phone:
Other Numbers:	Relationship to Child:

Full Name:	Signature:
Address:	
Home Phone:	Mobile:
Work Name:	Work Phone:
Other Numbers:	Relationship to Child:

Non Authorised Persons

The following people are NOT authorized to collect my child/ren:

1. _____ 2. _____

Please provide any other relevant information

Authorisation to Obtain Medical Attention

On enrolling my child/ children in ANA Outside School Hours Care program, I understand that the centre is unable to care for children who are sick or have a contagious illness. I further acknowledge that medical clearance is necessary before my child is able to return.

In the event of an emergency, illness or accident (when unable to contact Parents/Carer or authorized persons), I/we consent to medical or hospital attention being sought for our child/children.

In the event of my child receiving injuries requiring urgent medical attention, I authorize the centre's staff to obtain medical assistance at a suitable medical facility, and agree to pay all medical and transport costs incurred.

I further authorise a Qualified Medical Practitioner to administer Anaesthetic, Blood Transfusions, and perform surgical operations if the urgency requires such treatment.

Parent/ Carer Signature: _____ Date: ____/ ____/ ____

Medical Information

If your child suffers regularly from any of the following please provide details:

Allergies: Yes / No

Asthma: Yes / No

High Temperatures: Yes / No

Seizures: Yes / No

Any other Illness or Injury:

Does your child have any special needs of which the program coordinator may need to know to ensure quality care?

Does your child take prescribed medication on a regularly basis? Please provide details

Does your child have any particular religious or cultural requirements? Please outline

Child's Doctor:	Phone:
Address	
Child's Dentist:	Phone:
Address:	
Pediatrician:	Phone:
Medicare Number:	

Parent/ Carer Signature: _____ Date: ____/ ____/ ____

PHOTO PERMISSION

I give permission for Photographs / Video to be taken of my child/ren.

These images may be used for internal display at the services

Promotional material

Publicity

Photographs of children will not be posted on the website.

ANA OOSH Service is owned and operated by Australian Anatolian Community Services Co-Op Ltd.

