IMMANUEL Gawler

LOCAL • GLOBAL • CONNECTED

A primary school of the Lutheran Church

IMMANUEL GAWLER OUT OF SCHOOL HOURS CARE

Family Name:

Student Name:

Year level:

ENROLMENT FOR ATTENDANCE

iGOSH

Immanuel Gawler
Lutheran Primary School
11 Lyndoch Road
Gawler
5118

T: (08) 8522 5740

E: katrinap@ilsg.sa.edu.au

☑ Flexible / Casual ☐ Fixed / Routine

Immanuel Lutheran School OSHC Gawler
Enrolment Form: Part 1

Ph: null or null
Fax: null

CHILD

Family Name: Gender: F / M
First Name(s): Known as:
Date of birth: __ /__ /____ CRN:
Address No. / Street: Town/ Suburb:
Postcode: Primary Language:
Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No

ELIGIBLE PARENT/GUARDIAN & BILLING DETAILS

Name:
Date of birth: __ /__ /____ CRN:
Relationship to child: Contact Priority: ☐ Primary Language:
Address: (h)
(w)
Phone: (h) (w) (m)
Email:

OTHER PARENT/GUARDIAN (if applicable)

Name:
Relationship to child: Contact Priority: ☐ Primary Language:
Address: (h)
(w)
Phone: (h) (w) (m)
Email:

PARENTING PLANS / ORDERS relating to this child

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: Contact Priority: ☐
Address: Relationship to child:
Phone: (h) (w) (m)

Name: Contact Priority: ☐
Address: Relationship to child:
Phone: (h) (w) (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

COLLECTION AUTHORITIES ONLY

Name:
Address: Relationship to child:
Phone: (h) (w) (m)

Name:
Address: Relationship to child:
Phone: (h) (w) (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

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Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATION

Has the child received all immunisations appropriate for her/his age? Yes / No

If no, please give details:

Has the child received the following immunisations? (please tick):

	10 - 15 years
Diphtheria	☐
Tetanus	☐
Pertussis (Whooping Cough)	☐
Human Papillomavirus (HPV)	☐

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities? Yes / No Effective date: __/__/____

If yes, please record specifics:

Has the child any special needs? Yes / No Effective date: __/__/____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods: Reaction / Medication:

Penicillin: Reaction / Medication:

Others: Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name: Phone No.:

Clinic name:

Address:

Usual Dental attendant

Dentist's name: Phone No.:

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number: Health Care Card number:

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Enrolment Form: Part 3

Child's Name: ____________

BOOKINGS

All iGOSH bookings are to be made online: http://www.carebookings.com.au/
You will need to register an account when booking for the first time. The booking code is **KTQQ3**.

Please note if you experience difficulties using the online system and you are using internet explorer as your browser, we ask that you please access the online system using Google Chrome, Mozilla Firefox or Safari etc as your web browser.

Bookings will remain active for parents to book, change or cancel bookings. The week ahead will be printed at 2pm each Friday. All bookings made before this time are classed as permanent bookings. All bookings made after this are classed as casual bookings.

IS THERE ANYTHING MORE WE NEED TO KNOW?

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

CONSENTS

Please initial next to each item to which you consent.

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program . ☐

I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate. ☐

I consent for Centre staff to apply sunblock to my child if required. ☐

I consent for Centre staff to apply insect repellent to my child if required. ☐

I give permission for staff of the Centre to administer panadol to my child if the need arises. ☐

I give consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury. ☐

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/ hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/ hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: ____________ **Date:** __/__/____

sighted a child health record (tick) ☐

Interviewed / Accepted by: ____________ **Date:** __/__/____

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About your Family

What does your family enjoy doing together?

What cultural or religious holidays do you celebrate at home?

Who would you say make up your immediate family? (eg Mum, Dad, Grandma, Grandpa and other siblings)

Does your family speak any languages other then English?
Y / N
If yes which languages?

As part of our OSHC Community we encourage families to share their background with the OSHC service. Please list any interests or expertise you would be willing to share with the centre (eg cultural, occupation, hobbies etc)?

About your Child

My child's favourite things to do are....

My child's favourite foods are....

5 words to describe my child...

Circle the things your child likes to do

Dance	Play Instruments	Listen to music	Make things	Try new food	Read	Play board games
Write stories	Imagine and Make Believe	Dress Up	Play Inside	Play outside	Be a leader	Play computer / ipad games
Do experiments	Play in the sandpit	Watch Movies	Make new Friends	Help Others	Do activities in groups	Cook
Do art and craft	Puzzles	Draw and Colour	Learn new things	Do activities by self	Play sport	Construct / build things
Play with playdough	Lego	Gardening	Sing	Solve Problems	Learn about countries	Play group games

Is there any other information about your child or family we should know to better cater to your needs?