



# ENROLMENT FORM

SCHOOL THAT YOUR CHILD ATTENDS \_\_\_\_\_

THIS FORM WILL NOT BE ACCEPTED IF ANY SECTIONS ARE LEFT BLANK. ALL FIELDS ARE REQUIRED ACCORDING TO THE NATIONAL LAWS AND REGULATIONS. YOUR BOOKED DAYS WILL CONTINUE EACH YEAR UNLESS WE ARE INFORMED OF YOUR INTENTION TO CEASE CARE. TWO WEEKS NOTICE IS REQUIRED FOR CANCELLATIONS.

CHILD'S FULL NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CUSTOMER REFERENCE NUMBER \_\_\_\_\_ Male / Female / \_\_\_\_\_

Address of child \_\_\_\_\_ Postcode: \_\_\_\_\_

Culture of child \_\_\_\_\_ Languages spoken at home \_\_\_\_\_

Are you or your child of Aboriginal or Torres Straight Islander Origin? YES / NO Child Australian citizen? YES / NO

GRADE THAT YOUR CHILD WILL BE IN AT SCHOOL WHEN THEY COMMENCE OOSH K 1 2 3 4 5 6

### 1. PARENT / GUARDIAN DETAILS: (The parent that child is linked to with Centrelink for CRN)

NAME: \_\_\_\_\_ Circle: Mother / Father / Guardian

CUSTOMER REFERENCE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Address \_\_\_\_\_ Mobile \_\_\_\_\_

Home number \_\_\_\_\_ Email Address \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiry \_\_\_\_\_

BSB \_\_\_\_\_ Account number \_\_\_\_\_ Name of Account \_\_\_\_\_

Please sign: I, \_\_\_\_\_ give permission for Mini Miracles to deduct any fees owing. I agree to the fees and charges explained and provided in the parent brochure, whether casual or permanent bookings, I am aware these may be subject to change, and agree to ensure fortnightly payment of my account. I agree to the operational times and fees of my booking so that ccs rebates can be paid on my behalf to my child's care service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. SECOND PARENT / GUARDIAN DETAILS:

NAME: \_\_\_\_\_ Circle: Mother / Father / Guardian

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_ Mobile \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Number \_\_\_\_\_

Address \_\_\_\_\_

SECONDARY BANK ACCOUNT PROVIDED IN THE EVENT THAT FEES FAIL TO DEDUCT FROM PRIMARY CARER ABOVE

BSB \_\_\_\_\_ Account number \_\_\_\_\_ Name of Account \_\_\_\_\_

Please sign: I, \_\_\_\_\_ give permission for Mini Miracles to deduct any outstanding fees owing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Days and Sessions required:** (Please circle)

Monday Tuesday Wednesday Thursday Friday Permanent ongoing / Casual  
AM / PM AM / PM AM / PM AM / PM AM / PM

Date you need to commence from \_\_\_\_\_ Will you be requiring Vacation Care? YES / NO

Does your child suffer from any **allergies**? YES / NO

If yes, please detail the foods or materials that must be omitted, and complete the attached medical risk assessment

Are there any foods that need to be omitted due to religious or cultural beliefs? If yes, please list below:

Are there any medical plans or does your child suffer from asthma or anaphylaxis? \_\_\_\_\_

If yes, Ventolin, a spacer / epipen **must** be provided and attached risk minimisation form completed with an action plan from GP.

Does your child have a diagnosed disability, or require assistance with any aspect in particular? If yes, please provide as much information below, or attach specialist records, so we can ensure staff are best equipped to assist.

Will your child require ongoing regular medication to be administered at OOSH? If yes, please provide details of child's medical condition so staff can better assist.

CONDITION AND MEDICATIONS: \_\_\_\_\_

Are there any custody orders or parenting plans YES / NO If yes, copies must be attached.

Has your child been fully immunised? \_\_\_\_\_ Copies of health records sighted by Educator \_\_\_\_\_

**EMERGENCY CONTACT 1** (MUST BE SOMEONE OTHER THAN THE PARENTS. PLEASE CIRCLE WHAT THEY ARE PERMITTED TO DO)

NAME \_\_\_\_\_ MOBILE \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

IS ABLE TO: a) Collect child from OOSH (Email required) b) Authorise medical treatment and ambulance transportation  
(CIRCLE) c) Administration of medication d) Authorise an educator to take the child outside the education and care premises  
e) Authorise the education and care service to transport the child or arrange transportation of the child

**EMERGENCY CONTACT 2** (MUST BE SOMEONE OTHER THAN THE PARENTS. PLEASE CIRCLE WHAT THEY ARE PERMITTED TO DO)

NAME \_\_\_\_\_ MOBILE \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

IS ABLE TO: a) Collect child from OOSH (Email required) b) Authorise medical treatment and ambulance transportation  
(CIRCLE) c) Administration of medication d) Authorise an educator to take the child outside the education and care premises  
e) Authorise the education and care service to transport the child or arrange transportation of the child

## TRANSPORTATION PERMISSIONS – MEDICAL, EMERGENCY AND GENERAL TRANSPORTATION

I authorise permission for Mini Miracles Staff to arrange transportation and medical treatment from a medical practitioner or paramedic. I authorise permission for the education and care service to organise an ambulance or any other transport to the hospital, in the event there is a medical emergency. I authorise permission for the education and care service to transport my child or arrange transportation of my child. I authorise the education and care service to organise bus transport, if required.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### MEDICAL PRACTITIONER (INFORMATION IS REQUIRED)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

MEDICARE NUMBER \_\_\_\_\_ REFERENCE \_\_\_\_\_

Do you give permission for photos of your child to be used in newsletter, **private** facebook group and day book ? YES / NO

Do you give permission for photos of your child to be used in advertising for the Mini Miracles OOSH Organisation? YES / NO



### MEDICAL RISK MINIMISATION PLAN

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WHAT IS THE MEDICAL CONDITION THAT THIS RISK ASSESSMENT ADDRESSES?

\_\_\_\_\_

DOES YOUR CHILD NEED DIETARY MODIFICATIONS? IF YES, PLEASE LIST FOODS TO BE OMITTED:

\_\_\_\_\_  
\_\_\_\_\_

WHAT ARE THE ISSUES AND/OR THE POTENTIAL SITUATIONS THAT COULD LEAD TO A MEDICAL EMERGENCY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**STRATEGY:** WHAT CAN BE DONE TO REDUCE THESE RISKS? WHAT RESOURCES ARE NEEDED?

\_\_\_\_\_  
\_\_\_\_\_

**WHO** NEEDS TO BE INCLUDED IN THIS PROCESS AND WHY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### ASTHMA, ANAPHYLAXIS AND ALLERGIES POLICY:

**How do Staff Know the Triggers?** Triggers and signs are listed in child's Action Plan, Upon enrolment, staff are briefed on which children have allergies, Comprehensive list in canteen / food prep area to remind staff

**How do all staff recognise the "at risk" children?** All staff aware of where asthma puffers are stored. Photos of children with Asthma and Anaphylaxis are included on the child's action plan or wall display, Responsible person to oversee the distribution of food.

## MEDICATION ADMINISTRATION POLICY

### Policy:

Staff are only able to give prescribed medication to a child whilst in our care at the Centre. This does NOT include Panadol or other brands of medicine designed to reduce the signs of fever or temperatures.

When a child has been prescribed medication by a doctor, he/she should be at home according to the doctor's instructions. The close proximity of many children, such as we have in the Centre, increases the risk of cross infection, not only between children attending, but also to visitors, including possibly newly pregnant mothers, very young babies, and staff members.

**Any child on ANTIBIOTICS** must not attend for a minimum of (24) twenty four hours when first taking the antibiotic. All medication must remain in the original bottle/tube/container.

### MEDICATION PERMISSION FORM

If your child requires:

**Oral medication** e.g. (cough medicine, eye drops, antibiotics, medication for additional needs, etc).

All medication that is given must be prescription medication prescribed by a Doctor. The medication must be clearly labelled with the child's name, date, dosage required. Medication Permission Form required.

**External medication** e.g. (cream)

These will require a Parent/Guardian to fill out a Medication Permission Form, as long as the cream is specifically prescribed for the child and is brought to OOSH in it's original packaging with the prescription label.

There will always be two educators present when a child is administered medication to check the dosage and time.

Please ensure **all medication** is handed to a staff member and not left in a child's bag. Child's name, dosage and times must be clearly labelled on the medication. Please also remember to collect the medicine from a staff member at the end of the day.

A medication form must be completed by parent/guardian PRIOR to any medication being administered. See service staff and they will provide the form for you to complete.

SIGNED BY PARENT: \_\_\_\_\_

DATE:

SIGNED BY THE RESPONSIBLE PERSON AT THE SERVICE: \_\_\_\_\_

DATE:

ALL ENROLMENT FORMS ARE PROCESSED BY THE NOMINATED SUPERVISOR. THE MEDICAL POLICY AND THE RISK MINIMISATION PLAN HAVE BEEN REVIEWED BY THE SERVICE'S NOMINATED SUPERVISOR UPON THE ENROLMENT START DATE WHEN THE ENROLMENT FORM HAS BEEN PROCESSED: YES

### **Medication Policies**

- a. A copy of the service's asthma management policy is made available to all families, enrolment form explains what is required when they note their child has any of these conditions before enrolment can commence
- b. Medication is NOT to be carried in child's bag. All families are asked to provide medication that is to be left at oosh in the event their child has a reaction. Medication is kept in our storeroom in labelled containers.
- c. All families are made aware of the policy that a child cannot commence / continue care until appropriate ventolin / spacer / epipen is provided.
- d. At least two staff are rostered on until close each session who have undergone appropriate first aid training in asthma / anaphylaxis in the event that a reaction occurs.
- e. Regular checks of the expiry date of medications are performed, with parents sent reminders to replace nearly out of date medications so care can continue.
- f. Ventolin / spacers / medications are always carried when OOSH leave the centre on excursions.

## Possible exposure scenarios and strategies, risk management check list

(Please tick relevant boxes according to your child's needs)

Scenario	Strategy	Tick if service is meeting	Who is responsible
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of the child and food is prepared according to parents instructions. Alternate meals are provided where an adaption can not be made		Staff, Parent
	Ensure separate storage of foods containing allergen		Staff
	Staff observe proper food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers.		Staff
	There is a system in place to ensure the child is served only the food prepared for him/her.		Staff
	The child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes.		Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.		Staff
	Children are supervised during eating.		Staff
Party or celebration	Give plenty of notice to families about the event.		Coordinator
	Ensure a safe treat box is provided for the at risk child.		Parent/ Staff
	Ensure the child only has the food approved by his/her parent/guardian.		Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent.		Coordinator
Protection from insect sting allergies	Specify play areas that are lowest risk to the child and encourage him/her and peers to play in the area.		Staff
	Decrease the number of plants that attract bees.		School
	Ensure the child wears shoes at all times outdoors.		Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the child during the period required to eradicate the insects.		Coordinator, Director
Latex allergies	Avoid the use of party balloons or contact with latex gloves.		Staff
Cooking with children	Ensure parents/ guardians of the child are advised well in advance and included in the planning process. Parents may prefer to provide the ingredients themselves or we can provide an alternate snack.		Staff
Children are displaying symptoms of a cold or the flu	Parents are aware that this scenario may be a trigger to the child's asthma and will advise staff accordingly.		Parents
	Staff will make the judgement about allowing the child to play outside if they feel that the weather will be detrimental to his/her health on that day		Staff

# Medical Communication Plan



Centre Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

I, (parent/Guardian name) \_\_\_\_\_ will communicate any changes in relation to my child's medical management plan and risk minimisation plan in writing to the nominated supervisor or responsible person immediately.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Actions to take for this child in an emergency</b>
<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> </ol>
Educators and families to review the risk minimisation plan upon the enrolment of each child, update the below table if any changes are communicated and review the plan after any incident or medical emergency.
Communication of changes to this child's medical management plan and risk minimisation plan will be recorded in the below table:

Date of Change	Details of Change or Update	Action Required	Actioned By	Communicated to relevant Educators

Are there any cultural, religious customs, dietary or additional needs considerations?  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any further information you can share with OOSH so we can assist in settling your child's transition?

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**Please read through the following points and sign below in recognition of these policies.**

**More detailed information on our Policies and Procedures can be obtained by asking at the service:**

1. Parents are expected to collect their child or make necessary arrangements with an emergency contact PRIOR to our closing time. **Late fees of \$5.00 per minute** will be charged, and your position may be cancelled, for parents who are habitually late collecting their child. Please read the parent brochure for opening and closing times at your centre.
2. Parents must contact the service if their child is to be away from OOSH on a day they are normally booked to attend so staff are not searching for them. Whilst every effort is made to locate your child, they have a responsibility to walk to OOSH, we cannot leave the premises to go look for a child who may have decided to catch the bus home. Kindy children are collected from their classrooms daily.
3. Statements are available for viewing via the Xplor APP. Upon enrolment you will receive an email prompting you to create a password for your account. Direct debit information will need to be entered to your xplor account to confirm your booking, this is the only payment option available.
4. Children exhibiting unsafe behaviour towards themselves or others may be placed on a behaviour contract to assist their ability to safely attend the service. In extremely rare cases, OOSH may not be the best environment for children with ongoing behavioural issues, and you may be asked to seek alternative child care arrangements.
5. Parents need to be aware that **all Mini Miracles OOSH services close for a 3 week period in december** . This means we are closed from the end of the last week of Term 4 each year, and re-open again for the last 2 weeks of the January School holidays. Not all our services operate Vacation Care, so please check with your Coordinator to see if Vacation Care is offered at your service.
6. If a parent has a complaint about anything that occurs at OOSH, they are to raise their concern either directly with the Service Coordinator or Regional Manager [lauraca94@icloud.com](mailto:lauraca94@icloud.com) (Sydney) [roxy\\_911\\_1989@hotmail.com](mailto:roxy_911_1989@hotmail.com) (Coast) More information on our grievance procedure can be found in the parent handbook that you received upon enrolment.
7. 2 weeks notice of cancellations is required, or normal fees apply. Casual bookings offer flexibility to choose different days each week. Once a casual booking is requested the charges will apply even if the child is absent on the day. Half fees applicable when children absent for three or more consecutive days during school term when absent from School AND OOSH, when at least 2 weeks notice is provided.
8. Families are only charged for days booked during vacation care. Absences and cancellations during school holidays will be charged at the normal rate. Families booking for Vacation Care and then cancelling in the last week of school term will STILL be charged as staffing, excursions, food, equipment orders, activities, buses etc have already been organised.
9. In the event of an emergency, children may need to leave the premises for the safety of all parties. During our 3 monthly emergency drills it is imperative that we follow our drills to the evacuation points, which may require leaving the school premises. If a parent disagrees with this, they will need to notify the OOSH staff upon enrolment.
10. Please join our private Facebook group for updates, news and feedback opportunities. It is against service policy for members of the group to post a picture of another child on their personal social media account. Please do not screen shot or repost pictures. If found, they will be reported to Facebook to be deleted and you will be removed from the group. **Hills Adventist College Parent Private Group:** Mini Miracles OOSH Hills Adventist College Parents & Community  
**Parklea Parent Private Group:** Mini Miracles OOSH Parklea Parents & Community  
**Mini Miracles Wallsend Mini Miracles Warnervale Mini Miracles Budgewoi**

*Our Service is rated Meeting Quality Standards*

*Form reviewed 08/02/2022*


*I have read the above policies and agree to abide by them. I am aware that further information can be obtained by speaking with staff at the service or contacting the Nominated Supervisor for further clarification. I have also received a copy of the Parent Handbook*

**Parent Signature:** \_\_\_\_\_


**Date:** \_\_\_\_\_

PLEASE COMPLETE WITH YOUR CHILD


## ALL ABOUT ME PROFILE




My Favourite Meal  
is:




My Favourite  
Activity is:



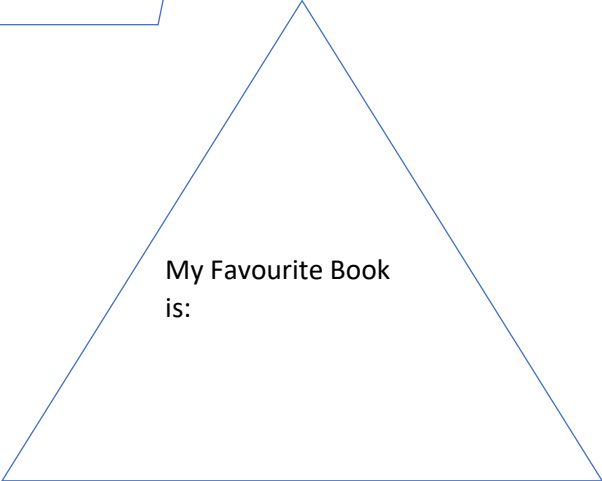
My Favourite Sport  
is:




The people and pets  
in my family:



My Favourite  
Cartoon Character  
is:



My Favourite Book  
is:



My Favourite Craft  
Activity is: