

**Kidzone OSHC Attendance Update Form**

**7 Mitchell Court, Romsey 3434**

**Ph: 03 5429 6327 Mobile: 0422 860 486 Service Hours Ph: 0481 212 047**

Please Note: This form is only for families that have filled out a full Enrolment Form for each child.

**Information about the child**

Child’s Name: ………………………………………. Usually called: …………………. Date of Birth: ……………..

Which School does your child attend? ………………………………………………….. Year Level: ………………

Has your address changed? Yes: …. No: …. If you answered yes, please print new address

……………………………………………………………………………………………………………………..

**Parent/Guardian Information**

Parent/Guardian: 2

Name: ……………………………………………………………………………

Relationship to child: …………………………………………………….

Address – as per child

Telephone: Home ………………………………………………………….

Work ……………………………………………………………………………..

Mobile …………………………………………………………………………..

Parent/ Guardian: 1 (Responsible for account)

Name: ……………………………………………………………………………..

Relationship to child: ………………………………………………………

Address – as per child

Telephone: Home …………………………………………………………..

Work ………………………………………………………………………………

Mobile ……………………………………………………………………………

Has your email change? Yes: …… No: …… If so, please print new email

……………………………………………………………………………………….

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**Other persons authorised to collect your child, or to be contacted in an emergency**

Name: ……………………………………………………………………

Relationship to child: …………………………………………….

Address: ……………………………………………………………….

……………………………………………………………………………..

Contact Number: 1 ……………………………………………...

Contact Number: 2 ……………………………………………….

This person is authorised to:

Collect my child: Yes ………… No …………..

Contacted in an emergency: Yes ………. No …………

Name: ……………………………………………………………………

Relationship to child: …………………………………………….

Address: ………………………………………………………………..

………………………………………………………………………………

Contact Number: 1 ……………………………………………….

Contact Number: 2 ……………………………………………….

This person is authorised to:

Collect my child: Yes ………… No ……………..

Contacted in an emergency: Yes …………. No …………

Permanent Booking: …………… Casual Bookings: …………….. School Holiday Bookings: ……………….

Before School Care:

 Monday: ……….. Tuesday: …………. Wednesday: ……….. Thursday: …………. Friday: ………….

After School Care:

 Monday: ……….. Tuesday: …………. Wednesday: ………… Thursday: ……….. Friday: ………….

**CHILDCARE REQUIRED**

**COURT ORDERS, PARENTING ORDERS OR PLANS RELATING TO THE CHILD**

Are there any Court orders or plans relating to responsibilities or access relating to your child?

No: ……………….. Yes: ……………

Please bring the original order/s, plan/s for staff to see and a copy to attach to this enrolment form if we don’t have it on file.

**Should this order or plan change in any way, please provide an updated version as soon as possible?**

**Child’s Medical Information**

**Does your child have any additional needs?**

(This could include: Developmental delays or disability including intellectual, sensory or physical impairment)

No: …………… Yes: ……………

If yes, please provide details of any additional needs and any management procedures to be followed: ……………………………………………………………………………………………………………………………………………………………

**Does your child have any medical conditions?**

(E.g. Asthma, Epilepsy, Anaphylaxis and Diabetes etc. that is relevant to the care of your child).

No: ………….. Yes: ………….

If yes, please provide details of any medical condition and provide a new action plan signed by your doctor.

(This has to be done every year. Medicine must be left at the Service).

Medical Condition: …………………………………………………………………………………………………………………………………………..

**Does your child have any dietary restrictions?** No: ………… Yes: ………….

If yes, the following restrictions apply: ……………………………………………………………………………………………..

**Does your child have any allergies or sensitivity?** No: ………….. Yes: ………….

If yes, please provide any allergies and an action plan signed from your doctor

Allergy or Sensitivity: …………………………………………………………… Action Plan Provided: No …….. Yes …..

**Permissions**

I give permission for my child’s photo to be taken for our reflection book, this will be displayed at

the service: Yes: ………….. No: ……………

I give permission for my child to watch PG/G rated movies. Yes: ……………. No: ……………

I authorise staff to apply Sunscreen to my child provided by the service. Yes: ………….. No: …………..

I will provide my own sunscreen for my child to be used at the service. Yes: ………….. No: …………….

Signature: ……………………………………………………………….. Date: …………………………………………………………

**St Mary’s School Pickup**

I give permission for my child to be Picked up from St’ Mary’s School at 3.15pm by Kidzone’s church bus. The bus will run on a Monday, Tuesday and Thursday afternoons. All care and safety procedures will be adhered to.

Yes: ……………………. No: ……………………. Signed: ………………………………………………..

**Authorisations and conditions of Enrolment**

 I consent to all Kidzone OSHC’s “Authorisations and Conditions of Enrolment” as per the original enrolment form that I *SIGNED.*

Signature: …………………………………………………………………. Date: ………………………………………………………

I declare that the information supplied in this enrolment form is correct. I will contact Kidzone immediately in the event any of these details should change. I fully understand the conditions of enrolment and agree to abide by them.

Name: ………………………………………………………………. Signed: …………………………………………………………..

Date: ………………………………………………………………..