

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section (Emergency Contacts)

Yes please complete the following:-

1. Bring the **original** court order/s for staff to see and attach a copy to this enrolment form:
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - authorize the taking of the child outside the Service by a staff member of the Service;
 - consent to the medical treatment of the child;
 - request or permit the administration of medication to the child;
 - collect the child from the Service, AND/OR
 - b) give these powers to someone else,
please describe these changes and provide the contact details of any person given these powers:

Please list any Authorised Nominees/Emergency Contacts

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. (**Authorised nominee** means a person who has been given permission by a parent or family member to collect your child from the education and care service. Section 170(5) of the Law.) (Contacts other than parents must be 16 years of age or older):-

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/we (Parent/Guardian) _____ authorise the above Authorised Nominees to act in accordance, as indicated by tick boxes.

Signature/s _____ Date: _____

Do you have Ambulance Membership? No Yes Number _____
If you do not know your membership number, please call 1800 64 84 84 to obtain it

Private Medical Cover? No Yes Fund Name _____ Policy Number _____

Medicare No. _____

DOCTOR

Doctor's Name _____ Telephone No. _____

Practice Name _____

Address _____ Postcode _____

CCB and CCR

You may be entitled to ChildCare Benefit (income based) and the 50% ChildCare Rebate.

To claim CCB and CCR at Kharisma Kids, (Service Provider), you must contact the Dept. of Human Services for eligibility and to have your CCR "Paid to Service". Call 13 61 50 or visit <http://www.humanservices.gov.au/>

Is your CCR Paid to you or Paid to Service

Family Celebrations

Please indicate any festivals your family celebrates and/or list below any religious/cultural issues that staff need to be aware of:

Easter Chinese New Year Christmas Mother's Day Father's Day

Birthdays Greek Easter Others: _____

Parent Participation

We are keen to include parent's skills and interests into our program, so if you have time, and would be willing to participate in an activity for the children during the afternoon program please give further details below. This could also include giving a talk about your profession or your culture. The Director will contact you to organize a mutually convenient time.

I _____, would like to participate in the afternoon program, by _____

In signing this agreement, I understand that:

1. I will be charged for a session for which my child/children has/have been booked in for even if my child/children does/do not attend.
2. My child/children will be excluded from the program if fees due are not paid in full and that a Late Payment Fee, suspension, cancellation of placement or debt recovery may take place and any associated costs will be added to the account.
3. I agree that neither Kharisma Kids nor its officers and servants will be liable for lost property or any damage or injury howsoever or of whatsoever nature that may be incurred by any of my children in attendance at any program or any of the activities in connection with the said program.
4. I recognise that part of the program may be conducted at venues outside the school and give permission for my child/children to be transported to such venues.
5. I understand that it is my responsibility that my child/children should be covered by their personal insurance. E.g. Lifebroker, GIO.
6. I understand that through claiming ChildCare Benefit, I have 42 days allowable absences per child per year and after that I am to pay the full fee thereafter if my child/children is/are absent without supporting documentation.
7. I recognise that OSHC staff may need to openly communicate with principals, teachers or other professionals, in the interests of my child's welfare, and authorise for Educators to do so.
8. I understand that in an emergency situation or fire/evacuation drill is necessary that my child may need to leave the school premises under the direction and supervision of Educators and authorise them to do so.
9. Occasionally Educators may take the children off the premises for other purposes than stated above and I agree for this to occur and authorise them to do so. I will be notified as soon as practicably possible.
10. I understand that Educators can take photos of my child/children at and within the service and its events and activities for evidence for the National Quality Framework, observations, studies and record keeping purposes.
11. I understand that from time to time, console games and computers may be offered to the children through the program. I agree for my child/children to be involved.
12. I have read and understand the contents of the Family Handbook and agree to abide to the conditions.

I have read and understand all of the above and all information given is true and correct:

Signature of Parent / Guardian (Lawful Authority) : _____ **Dated:** _____

Thank you, for helping us to smooth the way for the inclusion of your child into Kharisma Kids Out of School Hours Services. The information supplied will be of great assistance to us in managing the health and safety of your child and in the planning of the daily programs.

WHO ELSE IS AN AUTHORISED NOMINEE?

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness. (*Authorised nominee means a person who has been given permission by a parent or family member to collect your child from the education and care service. Section 170(5) of the Law.*)(Contacts other than parents must be 16 years of age or older):-

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
Home Tel. _____	Work Tel. _____
Name & Address of Workplace _____	
Can this person be contacted in the case of an accident, injury, trauma or illness involving your child/ren? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is this person authorised to:	
Collect your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Postcode: _____
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Name & Address of Workplace _____	
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Is this person authorised to:	
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Consent to medical treatment of your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Consent to administration of medication to your child/ren?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/we (Parent/Guardian) _____ authorise the above Authorised Nominees to act in accordance, as indicated by tick boxes.

Signature/s _____ Date: _____