



ASHDALE OSHC ENROLMENT 2026

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ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission

Child's birth certificate/identity documents		Parent & Child CRN & DOB	
AIR Immunisation History Statement		Social Media Permissions	
Photo identification of all emergency contacts		Copies of medical documents— Action plans, Risk Minimisation & Management Plan	
Copies of any family law or other relevant court Orders and/or legal documents		Added to allergy charts and dietary tags made for kitchen	
Photo of child provided		Added to Story Park	

PRIMARY PARENT/GUARDIAN DETAILS

Primary Parent must also be the registered CCS claimant

Family name			
First given name		Date of birth	
Address			
Phone number/s	Home:	Mobile:	Work:
Email address			
Parent CRN			
Occupation			
Relationship to child			
Does the child normally live with you?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

SECONDARY PARENT/GUARDIAN DETAILS

Education and Care Services National Regulations - Regulation 160 (3b, f, g, h)

Family name			
Given name		Date of birth	
Address			
Phone number/s	Home:	Mobile:	Work:
Email address			
Occupation			
Relationship to child			
Does the child normally live with you?	Yes <input type="checkbox"/>		No <input type="checkbox"/>

CHILD DETAILS			
Family name			
First given name		Second given name	
Preferred first name			
Date of birth		Gender	
Child's home address			
Child normally lives with			
Child CRN			

TYPE OF CARE REQUIRED—CIRCLE CHOICE	
Flexible (recommended)	with option of additional casual care (any change of booked days need to be put into writing to the service following the service policy)
Routine	Care that can only occur on the specified days that have been agreed to, there is no flexibility for changing this type of care
Casual only	Casual only (all casual bookings must be put through writing to the service)

DAYS OF CARE REQUIRED					
Child's requested start date:	If your child will be attending fortnightly or a schedule that differs week to week— please attach a monthly calendar highlighting the rotation etc				
Days attending (please circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

CHILD CULTURAL CONSIDERATION	
Is your child of Aboriginal or Torres Strait Islander origin?	No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres strait Islander <input type="checkbox"/> Both <input type="checkbox"/>
Does your child speak a language other than English at home?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what language (s) other than English are spoken at home:
County of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed: (Cultural, dietary)	
Religion	
Relevant religious, cultural practices/celebrations you would like followed:	

FAMILY LAW, AVO'S OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Please note- Without this documentation we cannot legally enforce the Order/s.

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Have photographs and names of unauthorised people been attached to this form?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
Briefly outline court order requirements:		

CHILD'S MEDICAL INFORMATION

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Doctor's name			
Medical centre		Phone number	
Doctor's address			

ADDITIONAL NEEDS

Supporting Every Child's Unique Journey

At Landsdale OSHC, we celebrate the uniqueness of every child. As part of our commitment to providing tailored care and inclusive learning environments, informing us with any information that may help us better support your child's development and wellbeing.

If your child has a diagnosis that has not been stated on this enrolment or has a diagnosed neurodiverse condition (such as Autism, ADHD, Sensory Processing Disorder, Speech Delay, etc.), is currently undergoing assessment, or if you have any concerns or would like support exploring potential differences in learning or behaviour, we are here to support all families and children.

Please tick if applicable:	<input type="checkbox"/> My child has a current diagnosis (please specify if comfortable): _____ <input type="checkbox"/> My child is undergoing assessment <input type="checkbox"/> I would like support or information from the service regarding neurodiversity/development <input type="checkbox"/> I prefer to discuss this privately with a member of the leadership team
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ALLERGENS / SENSITIVITIES

Provide details of child's allergies.	e.g., nuts, eggs, peanuts, animals, latex, medication or other		
Medical specialist or doctor currently treating your child for this condition			
Address		Phone	
Risk of Anaphylaxis		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a doctor diagnosed this allergy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen® or Anapen®?)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have a current ASCIA Action Plan?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Expiry date of the adrenaline autoinjector if answered yes above?			
I acknowledge that in the case of an anaphylaxis or asthma emergency, the nominated supervisor or other educator may administer medication to your child without making contact. Educators will notify the child's parents and/or emergency services as soon as possible.	Parent/ Guardian Signature		

DIETARY REQUIREMENTS – Intolerances (e.g. lactose free, gluten, sulphites), vegetarian, cultural and religious beliefs

Does your child have any special dietary requirements or restrictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason:	Medical <input type="checkbox"/> Religious <input type="checkbox"/> Preference <input type="checkbox"/>
Prohibited Food	Detailed information:

MEDICAL CONDITIONS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES OR OTHER)

Medical condition			
Has a doctor diagnosed this condition?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child take any prescribed regular medication for this condition?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does your child have a current medical management plan (e.g. Asthma Plan)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
			<input type="checkbox"/>
A <i>Medical Management Plan, Medical Risk Minimisation Plan and Medical Communication Plan</i> has been completed for medical conditions (Regulation 90)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
			<input type="checkbox"/>
Medication name/s			
<p>I acknowledge medication will only be administered if:</p> <ul style="list-style-type: none"> - it is prescribed by a medical practitioner - it is in the original container with the original label - the label contains the child's name instructions and dosage can be clearly read - expiry date or use by date is valid <p>Any verbal or written instructions provided by the medical practitioner must be provided by the parent/s</p> <p>Any medication, including non-prescription medication paracetamol, must be authorised by parents or an authorised nominee on our "Medication" form.</p>		Parent/ Guardian Signature	

IMMUNISATION DETAILS

No child can be enrolled in an Early Childhood Education and Care service unless evidence is provided of up-to-date vaccination from the Australian Immunisation Register (AIR).			
Immunisation status of child at enrolment		<input type="checkbox"/> Fully immunised <input type="checkbox"/> Catch up schedule	
AIR Immunisation History Statement or AIR Immunisation History Form is provided and has words 'up to date' recorded.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
			<input type="checkbox"/>
AIR Immunisation History Statement Medical Exemption Form is provided recording medical contraindication/natural immunity.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
			<input type="checkbox"/>
Air Immunisation History Form is completed by a GP/nurse when the AIR does not have a record of immunisations and a 'catch up' schedule has been initiated.		Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached <input type="checkbox"/>
			<input type="checkbox"/>

FAMILY INFORMATION

Does your child have any siblings attending our Service?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their names and ages
Does your child have other siblings at home or attending school?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their names and ages
Does your child have any other close relations attending the Service?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide their names and ages

DEVELOPMENTAL INFORMATION

Please provide any relevant information relating to your child's development

Does your child have any problems with hearing, sight or speech?	Hearing <input type="checkbox"/> Sight <input type="checkbox"/> Speech <input type="checkbox"/> If any ticked, please elaborate on their needs
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Does your child require additional support for learning because of disability?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate on their needs
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate
Is your child able to toilet unassisted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this the first time your child has been in care?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate the type of early education and care your child has experienced
Is your child used to being with other adults and children?	Yes <input type="checkbox"/> No <input type="checkbox"/>

TRANSITION TO SCHOOL

Do you give the Service permission to exchange and communicate information with the school to assist your child's transition to and from school?	Parent/ Guardian signature	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

AUTHORISED NOMINEES

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

FIRST EMERGENCY CONTACT

Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:

SECOND EMERGENCY CONTACT

Full name			
Relationship to child			
Phone number	Home:	Mobile:	Work:

Can emergency contacts listed above be contacted to collect your child from the education and care service?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can emergency contacts listed above be contacted to give consent for medical treatment or to authorise for a nominated supervisor or educator to administer medication to the child in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can emergency contacts listed above be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted?	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Can emergency contacts listed above give authorisation for the Service to take the child on regular outings ? This includes the authorisation for your child to access all areas within the gates of the school.(with an educator)	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are emergency contacts listed above authorised to authorise the education and care service to transport the child or arrange transportation for the child? [If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A]	Emergency contact 1	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Emergency contact 2	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Parent/Guardian signature				

AUTHORISATIONS—ILLNESS, ACCIDENT AND EMERGENCY TREATMENT

Do you authorise the nominated supervisor or other educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the nominated supervisor, or other educator to administer paracetamol or ibuprofen in the event my child registers a temperature of 38°C or higher as per <i>Incident, Injury, Trauma and Illness Policy</i> ? Your child must still be collected from the service and a "Medication form/ Illness Record" signed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian signature	

AUTHORISATIONS—EMERGENCY EVACUATIONS and excursions ?

I acknowledge in the event of an emergency my child may be required evacuate the Service premises under the supervision and care of educators.	Parent/ Guardian signature	
Do you provide authorisation for your child to participate in regular emergency evacuation rehearsals where they will walk with Service educators and staff to the predetermined external assembly point identified within the Emergency Management Plan. I understand that ratios will be maintained at all times during the rehearsal. A risk assessment has been conducted and will be reviewed prior to any drill/evacuation and is available at all times, upon your request.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent/Guardian signature		

AUTHORISATIONS—HEALTH AND SAFETY

Do you authorise educators to apply SPF sunscreen to your child prior to sun exposure (If not, please provide a letter releasing the Service of any liability)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply medical plasters/ dressings when necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply anti sting, gels, creams and first aid lotions when necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise educators to apply Insect Repellent to my child as required (supplied by parents)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you authorise the administration of paracetamol/ibuprofen should your child have an increased temperature?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian 1 signature	

AUTHORISATION—PHOTOGRAPHY AND VIDEO

I agree for photos and video footage to be taken using devices to record and store images that are issued by the Service of my/our child for Service use and internal staff training purposes (footage will not leave the Service)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree for photos and video footage of my/our child used in observations , and photos taken within the observation to be shared with other families that attend the Service. Note: only families of the service will be able to access any photos of your child	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree for photos and video footage of my/our child to be used for student training purposes using Service devices only. (Students are required to notify and obtain written permission prior to observing and recording of any photos or video footage of your child- photos and video footage will leave the Service for students to present to their RTO or University for viewing and marking)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I agree for photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in resources for this organisation NOTE: These images will be in public domain and may be unable to be removed once used	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian signature	

AUTHORISATION—TRANSPORTATION

I acknowledge the Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: regular outings (once every twelve months) an excursion that is not a regular outing	Parent/ Guardian signature	
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AUTHORISATION—EXCURSIONS/ REGULAR OUTINGS

Annual Local Outings & Adjacent Areas Authorisation <p>As part of our educational program, Ashdale OSHC offers regular local outings (short walks and play sessions at Ashdale park and may use adjoining outdoor spaces not included in the licensed premises however still within Ashdale Park, Landsdale. To streamline permissions and maintain compliance, please complete this annual authorisation for your child to attend the outings and adjacent areas at the back of this enrolment form</p> <p>I/We, the parent/authorised guardians, authorise Ashdale OSHC to include my child in regular local outings (as defined under Regulation 102 of the Education and Care Services National Regulations 2012) for a period of 12 months from the date of signing, unless revoked in writing earlier. On the first day of each year we will provide families with updated excursion/regular outing permission forms for the upcoming year.</p> <p>Child's name: _____</p> <p>Date of birth: _____</p> <p>For more information please speak to the service director.</p>	Parent/ Guardian signature <hr/> Date: <hr/>	<input type="checkbox"/> Yes , I authorise my child to participate in non-licensed on-site areas and regular local outings and will sign the attached authorisation form. <input type="checkbox"/> No , I do not authorise my child to participate in these areas or regular local outings. (No further signature required.)
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PARENT AGREEMENT

	I agree to inform the Service in writing immediately of any changes to the above information.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I agree to pay the Service enrolment fee of <u>\$35</u> prior to my child starting and am aware that the enrolment fee is non-refundable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I agree to keep my fees paid up to date, as per <i>Fees & Statements Policy</i> . I understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all bookings are paid for even when my child is absent due to sickness or on holidays.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contact/authorised nominee to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as emergency contact/authorised nominee will be called by Service staff to collect my child. After all contacts have been exhausted the service may be required to contact the police and other relevant authorities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I agree to pay a late fee of \$1 per minute and after 3 late pick ups, \$5 per minute after closing time. In the event that a child is left at the Service after the scheduled closing time, the staff will attempt to contact parents and emergency contacts/authorised nominees. If parents or emergency contacts/ authorised nominees are unavailable or uncontacted, the service may need to contact the police and other relevant authorities. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the regulatory authority.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I agree to provide two weeks written notice to cancel or reduce booked days. All booking requests and changes are to be done in writing to the service director.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's <i>Medication</i> form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details, I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a <u>General Practitioner</u> stating the name of and reasons for the medication, and only then, if the nominated supervisor deems the child well enough to attend Service.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I hereby give permission Ashdale OSCHC to administer ibuprofen and /or Paracetamol in liquid form for the temporary relief of pain or fever. Dosage shall be in accordance with instructions printed on the relevant bottle used. I understand the centre will make every effort to contact parents or guardians before administering the medication and I will sign the necessary authority form. If a parent, guardian, or emergency contact are uncontactable, Panadol will be administered and I must collect my child.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<u>I will advise the staff if my child has been administered any medication prior to drop off. I understand that if the medication is masking an illness, I will be asked to collect my child as soon as symptoms arise.</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I have read the Family Handbook and am familiar with the Service's Policy Manual located in administration and digitally upon request. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions that I can make this suggestion in person to a staff member or anonymously in the suggestion box.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Should your child/s and or guardian behaviour put the above mentioned service/educators at risk, the enrolment of your child/s will be terminated effective immediately.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If my CCS has not been confirmed at the time my first payment is due, I am aware I am liable for the full fees and should Centrelink reimburse me, this will be credited to my account.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I understand that my child must attend the first and last day of their booking with the service. If they do not attend these days, and any absences before or after, Child Care Subsidy will be removed from these days and full fees will be required to be paid. I understand this is outside of the services control.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PARENT AGREEMENT—CONTINUED

<p>I understand that fees are deducted the week before care commences and will be kept two weeks in advance. understand that my child/ren position at the service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holiday. If I do not meet the requirements and I am overdue, I agree to pay any expenses, cost etc. incurred by recovering or attempting to recover any outstanding monies and fees. If fees are overdue a \$10 account fee will be added for every week it occurs. If accounts are not paid as required, legal proceedings will begin with any court/legal costs being paid by the account holder. I will complete a credit card or direct debit authority for to maintain regular payments on a weekly, fortnightly or monthly schedule.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>All parties understand that bookings may change, families must put these changes in writing to the office as your complying written arrangement (CWA).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Both parents / guardian's on the enrolment form are responsible for the account of the child enrolled at the service.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>All permanent bookings are on a continuous and regular basis unless otherwise stated and all causal bookings must be notified in writing. Casual bookings cannot be cancelled unless 7 days' notice is given. Casual bookings cannot be cancelled within the same week of booking.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>My child must be personally handed over to a staff member and signed in on arrival and must be signed out and a staff member notified before my child can leave the centre</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I understand all booked days are paid for. Fees are payable for sickness and non-attendance days including public holidays and local emergencies to ensure your child's place.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Additional excursion costs are to be debited to your account.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>My child will not be accepted into the centre with any illness which may be contagious and require exclusion of care.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I agree to provide two weeks written notice to cancel or reduce booked days. All booking requests and changes are to be done in writing to the service director.</p>	
<p>I understand that my child will not be allowed to leave the service with a minor (under age of 16) or anyone not on the enrolment form unless prior written notice is given.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I understand if I bring medication into the service it will be physically handed to an educator and medication form completed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>These conditions of the enrolment may change but I understand that I will be notified of any changes if my child is enrolled at the centre.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I give permission for the Responsible Person of the service to sign my child in and out. If you have not done upon arrival or departure.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>I understand and agree that any changes to the Terms and Conditions may be made throughout the calendar year and will be sent to me via email. If I wish to object, I will do so in writing within 7 days of receiving the update. Otherwise, I accept the changes as part of the updated Terms and Conditions, which are also reviewed annually.</p>	<p>Initial: _____</p>

I have read and understood all parts of this enrolment and acknowledge it is a requirement of the primary contact/s to inform the service.

Parent/Guardian name		Date	
Parent/Guardian signature			

PRIVACY DISCLAIMER

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

MY CHILD—FAMILY BLUEPRINT

This form has been created to strengthen the collaboration between our educators and families, with your child's wellbeing and development at the centre of our approach. By completing this form, you will help us gain valuable insights that support meaningful and positive interactions, provide opportunities for growth, and set your child up for success in reaching their developmental milestones. It also helps us nurture important life skills such as emotional regulation, a sense of autonomy, independence, personal safety, and a strong sense of security while in our care. Please fill out the form as thoroughly as possible, so our dedicated team at Ashdale OSHC Learning can develop thoughtful, strategic plans to best support you and your child during their learning journey with us.

Childs Name: _____	DOB: _____ Age: _____
How can we work together to ensure your child has a happy and positive experience with us?	Does your child prefer solitary/independent play, parallel play, small group experiences or being involved in large groups?
Are there specific cultural, family, or community traditions you'd like to see reflected in your child's learning experiences?	Do you or a family member share a special talent, hobby that you would be interested in sharing with our service? e.g. a policeman, a chef, enjoy gardening, a dance teacher, or simply would like to read to the class
What are some things your child enjoys doing or seems to feel confident about?	Are there any specific skills you're excited to see your child achieve this year?
What qualities or values are most important to you for your child to develop at this stage?	What types of activities or topics does your child show the most interest in
Are there any specific skills you've noticed your child is naturally developing or particularly enjoys practicing	Are there any areas of learning where you'd like to see your child grow or gain confidence?

ENROLMENT/ORIENTATION SURVEY

Were you given the opportunity to ask questions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was there adequate time made for you and your child for orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the service feel welcoming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you thoroughly shown the whole service/rooms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you provided with enough information prior to orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was there adequate time made for you and your child for orientation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you shown the location of the program and day journal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you provided with an information book/parent handbook?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you find the information in the book useful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FEEDBACK

Do you have any suggestions on how we can improve your experience with our service?

UNDERSTANDING EXCURSIONS & REGULAR OUTINGS

What is an Excursion?

An excursion is any planned experience that takes children off the service premises to engage in learning beyond the everyday environment. Before any excursion, the service must:

- Conduct a risk assessment (Reg. 100) identifying potential hazards and control measures.
- Obtain written authorisation from a parent/authorised nominee (Reg. 102).
- Include details such as purpose, destination, activities, transport method, duration, supervision, and confirmation that a risk assessment has been prepared.
- Comply with transport-specific regulations (Regs. 102B–102D) if using vehicles.

What is a Regular Outing?

A regular outing is a frequent excursion to the same location under substantially the same circumstances (for example, a walk to a nearby park).

- Written authorisation is required once every 12 months (Reg. 102).
- A risk assessment is reviewed annually or when circumstances change (Regs. 100–101).
- Families can revoke consent at any time in writing.

Before Any Outing We Will:

1. Conduct/Review a Risk Assessment outlining hazards (e.g., road crossings, weather, supervision boundaries) and control measures. This will be available for families to view at the service.
2. Ensure Ratios and Supervision Plans are compliant with regulations.
3. Carry Emergency Equipment including first aid kits, contact information, and medication.
4. Inform Families in advance where practicable (kidsoft).
5. Complete Attendance & Headcounts before leaving, during, and on return.
6. Document and Reflect on each outing to improve safety and learning outcomes.

What Your Authorisation Covers:

- Allows your child to participate in regular local outings
- Covers educational experiences in non-licensed adjoining areas (such as the veggie patch or car park nature strip) under direct supervision.
- Valid for 12 months unless withdrawn.
- Does not apply to excursions outside this area or involving transport—these will require separate written authorisation.
- You may withdraw consent at any time.

Our Responsibilities:

- We remain responsible for your child's safety and wellbeing.
- We will comply with Education and Care Services National Regulations (Regs. 100–102, 168, 170).
- We will always follow our Excursion and Supervision Policies.

Regulatory References:

- *Reg. 100: Risk Assessment must be conducted before an excursion.*
- *Reg. 101: Requirements for risk assessment content.*
- *Reg. 102: Authorisation for excursions and regular outings.*
- *Regs. 102B–102D: Transport-related excursions.*
- *Regs. 168 & 170: Services must have and follow excursion policies and procedures.*

REGULAR LOCAL EXCURSIONS—PERMISSION SLIP

I/We, the parent(s)/authorised nominee(s), authorise Ashdale OSHC to include my/our child in regular local outings (as defined under Regulation 102 of the Education and Care Services National Regulations 2012) for a period of 12 months from the date of signing, unless revoked in writing earlier.

DETAILS OF EXCURSION	
Destination / Area	Ashdale Park and all of the grounds located at Ashdale Primary school
Purpose / Activities	Nature-based play, walks, games, community engagement, and educational experiences
Method of travel	By foot, in accordance with supervision protocols
Expected duration:	Typically 30–60 minutes per outing
Supervision / Ratios	Educators will follow or exceed required ratios and maintain active supervision at all times
Risk assessment	A current risk assessment has been completed under Regulations 100–101 and is available at the service
Notification	Families will be notified in advance where practicable via Kidsoft. This standing authorisation applies to short-notice local park visits within the defined area.
Medical / Emergency	I/We consent to educators carrying a first aid kit, emergency contacts, and any required medication for my/our child.
Withdrawal / Revocation	I/We may revoke this authorisation at any time by providing written notice to the service.

I have read and understood the service's Excursion / Local Outings Policy.	
I understand I can request to view the relevant risk assessment.	

CONSENT	
Parent / Authorised Nominee name	
Signature	
Date	