



4947 8370
 hb@lakemacnewyoosh.com.au
 www.lakemacnewyoosh.com.au



OUT OF SCHOOL HOURS RE-ENROLMENT FORM 2021

PRIVACY

All information contained in this enrolment form is regarded as confidential and will be used for administration purposes. Information will not be disclosed to any other party other than Hillsborough OOSH Management

\$40 Annual enrolment fee is payable per family (Exempt for families enrolled before 2015)

NEW SIBLING	NEW SIBLING
CHILD'S FULL NAME:	CHILD'S FULL NAME:
PLEASE CIRCLE: MALE/FEMALE	PLEASE CIRCLE: MALE/FEMALE
DATE OF BIRTH:	DATE OF BIRTH:
CHILD'S CRN:	CHILD'S CRN:
ADDRESS:	ADDRESS:
COUNTRY OF BIRTH:	COUNTRY OF BIRTH:
CHILD'S NATIONALITY:	CHILD'S NATIONALITY:
IDENTIFY AS ABORIGINAL: YES/NO	IDENTIFY AS ABORIGINAL: YES/NO
IDENTIFY AS TORRES STRAIT ISLANDER: YES/NO	IDENTIFY AS TORRES STRAIT ISLANDER: YES/NO
CULTURAL BACKGROUND:	CULTURAL BACKGROUND:
LANGUAGES SPOKEN BY CHILD:	LANGUAGES SPOKEN BY CHILD:
CHILD'S SCHOOL AND GRADE:	CHILD'S SCHOOL AND GRADE:
DATE TO COMMENCE OOSH:	DATE TO COMMENCE OOSH:
VALUES AND BELIEFS & RELIGION:	VALUES AND BELIEFS & RELIGION:
WORDS THAT HAVE SPECIAL MEANING:	WORDS THAT HAVE SPECIAL MEANING:
FEARS:	FEARS:
ALLERGIES, DIETARY, MEDICATION & ADDITIONAL NEEDS	ALLERGIES, DIETARY, MEDICATION & ADDITIONAL NEEDS
ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO	ASTHMA (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO
IF YES DOES CHILD SELF ADMINISTER: YES/NO	IF YES DOES CHILD SELF ADMINISTER: YES/NO
ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO	ANAPHYLAXIS: (ACTION PLAN TO BE PROVIDED & MEETING WITH MANAGEMENT BEFORE COMMENCEMENT OF CARE) YES/NO
EPI-PEN REQUIRED: YES/NO	EPI-PEN REQUIRED: YES/NO
ALLERGIES: YES/NO	ALLERGIES: YES/NO
INTOLERANCES: YES/NO	INTOLERANCES: YES/NO
MEDICAL CONDITION: YES/NO	MEDICAL CONDITION: YES/NO
BEHAVIOURAL DIAGNOSIS: YES/NO	BEHAVIOURAL DIAGNOSIS: YES/NO



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CHILDREN'S NAMES:						
BOOKINGS						
BEFORE SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL
AFTER SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

PLEASE NOTE THAT AS PER OUR FEES, TERMS AND CONDITIONS PERMANENT BOOKINGS MUST BE PAID FOR WHETHER THE CHILD ATTENDS OR NOT. IN THE CASE OF A CASUAL BOOKING, AT LEAST 24 HOURS NOTICE MUST BE GIVEN TO CANCEL, OTHERWISE CHARGES WILL STILL APPLY.

MEDICAL

TO ENSURE WE HAVE THE MOST UP TO DATE INFORMATION ABOUT YOUR CHILDREN'S HEALTH AND DIETARY REQUIREMENTS PLEASE NOTE THEM BELOW.
 IT IS A MANDATORY REQUIREMENT TO PROVIDE OUR SERVICE WITH AN UP TO DATE ASTHMA AND ANAPHYLAXIS ACTION PLAN.

CHILD'S NAME	CURRENT MEDICAL/ALLERGY NOTES	OTHER NOTES

ADDITIONAL INFORMATION	
Does your family identify as Aboriginal or Torres Strait Islander?	YES/ NO
If circled yes, what is your Indigenous Country?	
Do you give permission for your child's photo to be displayed on our OOSH Facebook, website, in centre and newsletter?	Please circle which you agree to: Facebook Website In-centre Newsletter





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I confirm that there have been no further changes to my details unless written below.

Item of change	
E.g. Address Change E.g. Facebook Photo permission	123 OOSH Road, Fun Town NSW 1234 Yes/No

Do you have any suggestions or feedback you would like us to implement within our service?

SIGNATURE OF PARENT/GUARDIAN 1	SIGNATURE OF PARENT/GUARDIAN 2
PRINT FULL NAME & DATE	PRINT FULL NAME & DATE