



Emerald Community House

Incorporated A12381



PO Box 328, Emerald 3782 ♦ 354-356 Main Road, Emerald 3782
Phone: (03) 5968 3881 ♦ Fax: (03) 5968 6152 ♦ Email: emhouse@netspace.net.au

OUT OF SCHOOL HOURS CARE MEMBERSHIP, ENROLMENT & INDEMNITY FORM 2010

Childs Last Name..... **Childs** First Name.....

Date of Birth ... /...../..... Age Male/Female Language Spoken.....

Address P/C.....

Postal Address..... P/C.....

School Attended Grade

Parent/Guardian Name:

Mother..... Ph: Home..... Work..... Mobile.....

Date of birth ----/----/-----

Father..... Ph: Home..... Work..... Mobile.....

Date of birth ----/----/-----

CRN {from centrelink}.

Family CRN ___/___/___/___ Child CRN ___/___/___/___

PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES

Usual Doctor..... Phone

Medicare No

Ambulance Subscription: Yes No

Immunisations (tetanus etc)

Health History (allergies etc)

Reaction / Treatment {allergy}

Any medication used on a regular basis – Please specify

Any condition / problem which may affect child

Is your child at risk of an **Anaphylactic** reaction Yes No

Does he/she have an **Anaphylaxis plan** Yes No

If yes, do they have an **EPIPEN** Yes No

Signed Date

E M E R A L D C O M M U N I T Y H O U S E

Occasional Child Care ♦ Out of School Hours Care ♦ Short Courses ♦ Adult Literacy & Numeracy ♦ Health & Leisure

Does your child have Asthma **Yes** **No** Does he/she have a asthma plan **Yes** **No**
If yes, does he/she use Ventolin? **Yes** **No** Does your child keep the ventolin with them
and administering it themselves when required? **Yes** **No**
Signed Date

I {Parents Name}.....

DO / DO NOT Give my child permission to go into the Emerald Community House
computer lab. He / She **MAY / MAYNOT** Access the Internet.
{**Net Nanny** is installed on all computers} we have made up a book of web sites the
children may access
Comments _____

Can photos / video be taken of your child and be displayed throughout the Emerald
Community House and be used for advertising the program/ house in the local area.
Yes **No**

Comments _____

Are there any court orders / legal documents pertaining to this child **Yes** **No**
If yes you must provide a copy.

Does your child have a **mobile phone, Ipod MP3 player DS or any other electronic
games** that they maybe bringing to the OOSH program
Yes **No**

Do you give your child permission to use this whilst at the OOSH program?
Yes **No**

If **no** these items **must** be handed to the OOSH staff and **must not** be used at the
program. The OOSH staff will take care of these items until parents arrive.

If your child brings any of the above items from home it is one of our rules that they are to
share any toy with other children. If you don't wish this to happen please keep these items
at home

People other than parent who may bring or collect child:

Name.....phone.....

Name.....phone.....

Name.....phone.....

Name.....phone.....

24 hour emergency contact **other than parent** who may be contacted to collect child:

Name..... Phone.....

Relationship to child.....

Do both parents work full-time? Mother Yes No Father Yes No
If No are they seeking full-time work Mother Yes No Father Yes No

Please tick days when out of school hours care is required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

We are registered for 30 children. If no permanent place is available your child will be placed on the waiting list.

I (name)

Of (address)

Enrolling my son/daughter at the Emerald Community House Out of School Hours Care Program, agree to him/her taking part in activities planed. I agree that the Emerald Community House Committee of Management, its officers and representatives are free and clear of responsibility, whatsoever, for any accidents causing serious injury or illness during my child’s participation in the program, providing adequate and appropriate care has been taken.

I authorise the supervisor to obtain medical assistance if required, and agree to meet any expenses incurred. I give permission for an ambulance to be called if deemed necessary by the supervisor.

In the event of any emergency, I agree to any request deemed necessary by the supervisor. If I am not able to attend, I agree to arrange for an emergency person to attend in my place.

I give consent for my child to take part in supervised activities held on the Emerald Primary School Oval.

SignedParent/Guardian

DateThis organization respects your right to Information Privacy. Information we collect and hold on house members is kept in accordance with Information Privacy Laws. Contact us if you require further information or copy of the Emerald Community House Privacy Policy.

ANNUAL HOUSE MEMBERSHIP # \$7.00 (including GST) Individual
\$15.00 (including GST} Family

PAID Date _____ Receipt Number _____