




BISy kids enrolment form		
Child's Full Name R160(3)(a)		
Gender R160(3)(e)	Male Female Other _____	
Date of Birth R160(3)(a)		
Country of Birth		
Language(s) used in the child's home R160(3)(f)		
Cultural Background R160(3)(g)		
Address R160(3)(a)		
Centrelink Customer Reference Number (this is different to Parent's number)	/	
Medicare Number		



Parent/ Authorised Person 1 - Account Holder R160(3)(b)(i)			
Full Name R160(3)(b)			
Relationship to child			
Cultural Background R160(3)(g)			
Home Address R160(3)(b)			
Date of Birth		Contact Number R160(3)(b)	
Email			
Enrolling Parent's CRN	/ (this is different to your child's CRN)		
Authorised to make/change bookings			
Authorised to collect the child		R160(3)(b)(iii)	
Authorised to authorise the education and care service to transport the child or arrange transportation of the child		R160(3)(b)(vi)	
Authorised to authorise an educator to take the child outside the education and care service premises		R160(3)(b)(v)	
Approved to consent to medical treatment of, or to authorise administration of medication to, the child		R160(3)(b)(iv)	



Parent/ Authorised Nominee R160(3)(b)(i)			
Full Name R160(3)(b)			
Relationship to child			
Cultural Background R160(3)(g)			
Home Address R160(3)(b)			
Date of Birth		Contact Number R160(3)(b)	
Email			
Authorised to make/change bookings			
Authorised to collect the child			R160(3)(b)(iii)
Authorised to authorise the education and care service to transport the child or arrange transportation of the child			R160(3)(b)(vi)
Authorised to authorise an educator to take the child outside the education and care service premises			R160(3)(b)(v)
Approved to consent to medical treatment of, or to authorise administration of medication to, the child			R160(3)(b)(iv)



Emergency Contacts and Persons Authorised to Collect your Child

- You must provide the person’s address and contact (we will use this information to check the person’s identity when collecting your child) R160(3)(b)
- You must provide a phone number for the signing in/our process
- Only one person per section
- You can make changes to these contacts at any time

Full Name R160(3)(b)			
Relationship to child			
Home Address R160(3)(b)			
Contact Number R160(3)(b)			
Authorised to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted		R160(3)(b)(ii)	
Authorised to collect the child		R160(3)(b)(iii)	
Authorised to authorise the education and care service to transport the child or arrange transportation of the child		R160(3)(b)(vi)	
Authorised to authorise an educator to take the child outside the education and care service premises		R160(3)(b)(v)	
Approved to consent to medical treatment of, or to authorise administration of medication to, the child		R160(3)(b)(iv)	



Full Name R160(3)(b)		
Relationship to child		
Home Address R160(3)(b)		
Contact Number R160(3)(b)		
Authorised to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	R160(3)(b)(ii)	
Authorised to collect the child	R160(3)(b)(iii)	
Authorised to authorise the education and care service to transport the child or arrange transportation of the child	R160(3)(b)(vi)	
Authorised to authorise an educator to take the child outside the education and care service premises	R160(3)(b)(v)	
Approved to consent to medical treatment of, or to authorise administration of medication to, the child	R160(3)(b)(iv)	
Attach additional emergency contacts as required		



Custody/ Access		
Please note: BISy kids can only abide by orders which the service has been provided.		
Are there any family court orders? R160(3)(c), R160(3)(d)	Yes, please attach a copy	No
Are there any restraining orders in relation to your child? R160(3)(c), R160(3)(d)	Yes, please attach a copy	No
Child's Medical Practitioner Details		
Your family's Doctor and/or Surgery Details must be provided		
Surgery/ Practice Name R162(a)		and/or
Doctor's Name R162(a)		
Address R162(a)		
Phone Number R162(a)		
Medicare Number R162(b)		



Additional Needs Medical Management Plans must be provided before attendance can commence		
Does your child have any other diagnosed support needs? R162(c), R162(d)	No	
ASD ADHD Anxiety Other		
<hr/> <hr/> <hr/>		
Are there any other particular behaviours or needs that Educators should be aware of in order to better provide your child with a safe and secure environment?	No	
If yes, please detail:		
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Are there any identifiable triggers to the behaviour?	No	
If yes, please detail:		
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Does your child have any diagnosed allergies? R162(c)(ii)	Yes You will need to supply a doctor's Allergy Management Plan R162(d)	No
Does your child have Diabetes?	Yes You will need to supply a doctor's Diabetes Management Plan R162(d)	No
Does your child experience Asthma?	Yes You will need to supply a doctor's Asthma Management Plan R162(d)	No



<p>Does your child have any specific dietary needs or food intolerances? R162(e)</p>	<p>Gluten Free Dairy Free Coeliac Vegetarian Vegan</p>	
<p>Intolerances: R162(c)(ii), R162(e)</p> <hr/> <hr/> <hr/>		
<p>Does your child have any other Medical Conditions? R162(c)(i)</p>	<p>No</p>	
<p>If yes, please detail:</p> <hr/> <hr/> <hr/>		
<p>Does your child require medication to be taken while at the service?</p>	<p>No</p>	
<p>If yes, attach the Medication Authority.</p>		
<p>Is your child's immunisation status up to date? R162(f) * Your eligibility to receive the Child Care Subsidy may be affected, contact the Dept. of Human Services. Ph:136150. Your child may not be able to attend the Service in the event of an outbreak of a vaccine preventable disease.</p>	<p>Yes Please provide a copy of your child's immunisation record</p>	<p>No</p>
<p>I authorise the approved provider, a nominated supervisor or an educator to seek medical treatment for my child if required from a medical practitioner, hospital or ambulance service¹⁵⁶. If required, I authorise the transportation of my child via an ambulance service¹⁵⁷.</p>		
<p>Signature of Parent 1/ Account Holder Note: this person must be approved to consent to medical treatment of, or to authorise administration of medication to, the child</p>		
<p>Signature of Parent 2/ Authorised Nominee Note: this person must be approved to consent to medical treatment of, or to authorise administration of medication to, the child</p>		

¹⁵⁶ R161(1)(a)(i)

¹⁵⁷ R161(1)(a)(ii)



<p>List all provided health records/ medical management plans</p> <hr/> <hr/> <hr/> <hr/>	<p>R162(g)</p> <p>sighted by approved provider/nominated supervisor/educator attached</p> <p>sighted by approved provider/nominated supervisor/educator attached</p> <p>sighted by approved provider/nominated supervisor/educator attached</p> <p>sighted by approved provider/nominated supervisor/educator attached</p>
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Additional Information

<p>Does your child identify as Aboriginal or Torres Strait Islander?</p>	<p>Aboriginal, but not Torres Strait Islander</p> <p>Torres Strait Islander, but not Aboriginal</p> <p>Both Aboriginal and Torres Strait Islander</p> <p>Neither Aboriginal nor Torres Strait Islander</p>
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Are there any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs that BISy kids needs to be aware of?
R160(3)(h)



If available, I would like to claim the Child Care Subsidy	Yes	No
<p>As a part of your enrolment at our service we require you to confirm acceptance of the following items in order to be able to receive Government funding on your behalf. Acceptance of these items as well as some of the other information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below</p>		
<ul style="list-style-type: none"> ● I/We agree to notify the Nominated Supervisor of any change to information provided on the enrolment form. ● I/We have read and understand the OSHC Fee Schedule and agree to pay all childcare fees incurred. ● I/We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees. ● I/We understand that I/we must link my/our child/ren to the service, provide my/our date of birth and provide family and child Customer Reference Numbers. ● I/We acknowledge that it is my/our responsibility to read the Parent Handbook which is provided at enrolment, or available for viewing at the service or on SchoolStream and agree to abide by the rules, policies and procedures of the service. ● I/We have read the Enrolment Policy and understand that if necessary I/we may lose my/our bookings. ● I/We understand that it is necessary to personally sign child/ren out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/our child/ren, I/we agree to notify the Coordinator in advance and in writing to this effect. ● I/We agree to inform BISy kids of any absence of my child/ren as soon as possible and understand that there may be fees associated with changing bookings as per the Fees Policy. ● I/We agree to keep my/our child/ren from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). ● I/We accept that the Coordinator will enforce the NHMRC “Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases”. ● I/We authorise all BISy kids staff to provide any required first aid and further to ensure that appropriate medical attention is provided in an emergency. ● I/We give permission for BISy kids to obtain at my/our cost medical, hospital and ambulance service in the case of an accident or emergency involving my/our child/ren. ● I/We give permission for staff and students to observe my/our child/ren to assist in developing activity programs. ● I/We give permission for BISy kids OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information. ● I/We give permission for OSHC staff to liaise with my/our child/ren’s school administration staff to obtain contact details in an emergency. ● I/We give permission for OSHC staff to liaise with my/our child/ren’s teacher when relevant to the well-being of my child/ren. ● I/We agree to pay any relevant additional charges including, but not limited to, late 		



fees, cessation of care and incursion/excursion fees as per the fee schedule.

- I/We give permission for a staff member/educator to sight my child's health record if identified of the need

Additional Permissions

I/We give permission for my/our child/ren's name and/or photograph to be used in the service.

I/We give permission for my/our child to have sunscreen applied when outdoors.

Parent/ Authorised Person 1			
Signature		Date	
Parent/ Authorised Person 2			
Signature		Date	