



**THE ESSINGTON  
INTERNATIONAL  
SCHOOL DARWIN**  
To Strive • To Seek • To Find

*Creating the Difference*

## Outside School Hours Care

# AFTER SCHOOL CARE ENROLMENT FORM



**Street Address:**

19 Chrisp Street  
Nightcliff NT 0810

**Postal:**

PO Box 42321  
Casuarina NT 0811

**Tel:** 08 8985 0100

**Fax:** 08 8948 1910

**Email:**

[enrolments@essington.nt.edu.au](mailto:enrolments@essington.nt.edu.au)

**Website:**

[www.essington.nt.edu.au](http://www.essington.nt.edu.au)

CRICOS No: 02041G



### Child's Information

Family Name

Child's Name  M  F  Date of birth  Age

Residing Address  Child's CRN

### Background Information

Is the child you are enrolling of Aboriginal or Torres Strait Island background? No  Yes

Is the child you are enrolling of Non English Speaking background? No  Yes  If yes, language used at home

Does the child you are enrolling have any Religious special considerations?  
 No  Yes  Please specify:

Does the child you are enrolling have any dietary requirements or restrictions?  
 No  Yes  Please specify:

### Culture

Please list the cultural background of the child

Please list the cultural background of each parent/guardian

Does the child you are enrolling have any Cultural special considerations?  
 No  Yes  Please specify:

### Family Background

Is the child you are enrolling involved in any Court Orders, Parenting Orders, or Parenting Plans relating to custody? If so, please supply a copy of the orders/plans for our records. No  Yes

Who has legal custody of the child? Both  Mother  Father  Other  Please Specify

OFFICE USE ONLY - A copy of relevant documentation is attached: Yes  No

### Parent/Carer Contact Information

Please ensure that names provided are consistent with those registered with the School.

PRIMARY Parent/Guardian   M  F   
First Name Family Name

Contact Details      
Mobile Phone Work Phone Home Phone Email address for correspondence

Home Address  Post Code

Postal Address  Post Code

Date of Birth  Country of Birth  Centrelink CRN

Is English your first language? Yes  No  If no, language used at home

Are you of Aboriginal or Torres Strait Island background? Yes  No

Do you work? No  Yes  Occupation  Employer

Employer Address  Post Code

OTHER Parent/Guardian   M  F   
First Name Family Name

Contact Details      
Mobile Phone Work Phone Home Phone Email address for correspondence

Home Address  Post Code

Postal Address  Post Code

Date of Birth  Country of Birth  Centrelink CRN

Is English your first language? Yes  No  If no, language used at home

Are you of Aboriginal or Torres Strait Island background? Yes  No

Do you work? No  Yes  Occupation  Employer

Employer Address  Post Code

### Non Parent Emergency Contact Information

You must provide TWO persons authorised to be contacted in an emergency or approved to pick up your child, other than the parent/guardian (MUST be 18 years +).

1) Full Name  Relationship to Child

Home Address

Mobile  Daytime Phone

Is this person authorised to sign in and/or sign out your child from care? Yes  No

2) Full Name  Relationship to Child

Home Address

Mobile  Daytime Phone

Is this person authorised to sign in and/or sign out your child from care? Yes  No

**Please list any Persons NOT Authorised to Pick up your Child**

### Medical Information

Doctor/Medical Centre Name:

Street Address & Suburb:

Telephone Number :

Family Medicare Number  Valid to Date:

**MEDICAL CONSENT:** In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact parents before seeking such treatment. However, should this prove impossible, it is necessary for authority to be given for treatment to be undertaken. Parents are asked to sign the following:

I HEREBY GIVE PERMISSION FOR THE STAFF OF THE ESSINGTON SCHOOL DARWIN TO SEEK MEDICAL ATTENTION AND/OR CALL AN AMBULANCE FOR THE ABOVE NAMED CHILD IN THE EVENT OF AN EMERGENCY:

CUSTODIAL PARENT'S SIGNATURE  DATED:

Has the child you are enrolling been immunised? (If enrolling for the first time, please provide a copy of immunisation record or exemption certificate). Yes  No

*OFFICE USE ONLY - A copy of relevant documentation is attached:* Yes  No

Has the child you are enrolling been diagnosed with a medical condition or health issues, eg asthma, fits/seizures, allergies, anaphylaxis, diabetes?

No  Yes  Please specify what medical condition or health issue, how it affects your child, and what managements plans (including risk minimization plans) are in place and any medication required:

Please note: if your child is medicated regularly, there is a separate form that you must complete (please ask for a form).

Does the child you are enrolling have behavioral conditions, eg ADHD, non-responsive, uncooperative?

No  Yes  Please specify what behavioural condition, how it affects your child, and what managements plans are in place including medication:

Please note: if your child is medicated regularly, there is a separate form that you must complete (please ask for a form).

Has the child you are enrolling been diagnosed with disabilities or are they undergoing diagnosis/assessment?

No  Yes  Please specify what kind of disability, how it affects your child, and what managements plans are in place including medication:

Please note: if your child is medicated regularly, there is a separate form that you must complete (please ask for a form).

**PLEASE NOTE: To enable the commencement of your enrolment, all supporting documentation such as behavioural management plans, medication and asthma plans, and any other important documentation MUST be provided to the School.**

OFFICE USE ONLY - A copy of relevant documentation is attached: Yes  No

Does the child you are enrolling have any additional needs?

No  Yes  Please specify:

### Authorisations and Consents

Please list any person who is authorised to consent to medical treatment for your child by a medical practitioner, hospital and/or ambulance service, and to authorise administration of medication.

1) Full Name  Relationship to Child   
Home Address   
Mobile  Daytime Phone   
2) Full Name  Relationship to Child   
Home Address   
Mobile  Daytime Phone

Do you consent to the transportation of your child by an ambulance service in the event of an emergency? Yes  No

Full Name  Signature

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises

1) Full Name  Relationship to Child   
Home Address   
Mobile  Daytime Phone   
2) Full Name  Relationship to Child   
Home Address   
Mobile  Daytime Phone

**I hereby give permission for my child to be involved in the following:**

To participate in local excursions by foot: Yes  No   
For staff to use any photos of the child to promote the School or in their publications: Yes  No

By enrolling my child in this service, I agree to abide by the conditions of enrolment stated on the Enrolment Information Sheet and in the School's Policies and Procedures Handbook (available from the Coordinator). I recognise the information contained within this form will be treated confidentially.

CUSTODIAL PARENT'S SIGNATURE  DATED:

### Details of Care

**EMERGENCY CARE:** Emergency bookings can be discussed with the OSHC Coordinator and will be subject to availability. Please indicate a start date and book in with School staff as required.

I require Emergency Care Dates:

**PERMANENT CARE:** When you require the same days every week. Whatever days you choose you will be invoiced each week.

I require Permanent After School Care Start Date

| Mon | Tue | Wed | Thur | Fri |
|-----|-----|-----|------|-----|
|     |     |     |      |     |

**Please note:** Full fees will apply regardless of public holidays or absent days.