

Uki Kids Club : OOSH

Enrolment Form

CHILD INFORMATION

Child's Surname: _____ First Name: _____

Sex: MALE / FEMALE

DOB: ---- / ---- / ----

Child's CRN: _____

Home Address: _____

Postcode: _____

Home Phone: _____ Mobile: _____

Child's Cultural Background: _____

Languages Spoken: _____

Is your child's immunizations up to date?

YES / NO

Proof of a child's vaccination status must be provided. We must have documented evidence that children are up to date with their vaccinations, or that they are on a recognised catch-up schedule, or that they have a medical contraindication to vaccination, or their parents have a conscientious objection to vaccination, before enrolling a child.

Does your child have asthma?

YES / NO

If YES, please fill in a separate treatment form.

Is your child ALLERGIC to anything (food, animals, medication etc)?

YES / NO

If YES, please fill in a separate treatment form.

Does your child have any other condition requiring ongoing treatment?

YES / NO

If YES, please fill out a separate treatment form.

Do you approve of homeopathic remedy use as first aid for your child.

YES / NO

Please see the separate form for further explanation.

Does your child have any past, or present, health, or other, problems that you feel staff should be aware of?

Is there any other information that you feel staff should be aware of regarding the well being of your child? (eg diet, custodial arrangements etc). If YES, please attach custodial documents.

FAMILY INFORMATION

CCB Registered Parent

Surname: _____ First Name: _____

*DOB: ____ / ____ / ____ *CRN of Parent: _____

Home Address: _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Place of Employment: _____

Work Phone Number: _____

*Mandatory for Child Care Benefit (CCB) discount

Other Parent

Surname: _____ First Name: _____

Address (if different to child's): _____

_____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Place of Employment: _____

Work Phone Number: _____

AUTHORISED COLLECTORS AND EMERGENCY PHONE NUMBERS

Please provide the names and phone numbers of people authorized to collect your child and who can be contacted in the case of an emergency, when the parent is unable to be contacted. Children will only be released to these nominated people and identification will need to be sighted before children are released.

Name: _____

Address: _____ **Home Phone:** _____

Work Phone: _____ **Mobile:** _____

Name: _____

Address: _____ **Home Phone:** _____

Work Phone: _____ **Mobile:** _____

Name: _____

Address: _____ **Home Phone:** _____

Work Phone: _____ **Mobile:** _____

Is your child registered for Child Care Benefit (CCB)? YES / NO

Do you have children in other care that you are receiving CCB for? YES / NO

Are you receiving JET? YES / NO

PARENT PERMISSIONS

I give permission for the appropriate medical care and attention to be given to my child in the event of an accident, injury or emergency.

Signature: _____ Date: ____ / ____ / ____

I give permission for my child to be photographed at Uki Out of School Hours Centre (OOSH) and for those photographs to be used in promotional and advertising material for the Uki OOSH Centre.

Signature: _____ Date: ____ / ____ / ____

I give permission for my child to go on supervised excursions, on foot, within 500 metres of the Uki Public School Students to staff ratios on these excursions will be 5 to 1.

Signature: _____ Date: ____ / ____ / ____

I agree to abide by the Policy Statements and Procedures of this centre, a summary of which I have received, read and understood – (the comprehensive Policies and Procedures can be viewed at the centre). I understand that casual care is subject to availability at the centre.

Signature: _____ Date: ____ / ____ / ____

All information is given in confidence and stored in a secure filing cabinet. It can only be accessed by Authorised Persons.

It is the Parents/guardians responsibility to notify Uki Kids Club (OOSH) of any changes to the above information as they occur.

Uki Kids Club now has a homeopathic medical box.

We need your permission to use the contents. Please read and sign below.

1. Emergency Bush Flower Essence Anxiety, shock, stress, overwhelm, panic attacks, and emotional upset including excessive crying.

Ingredients include a vibrational infusion of the flowers Angelsword, Crowea, Dog Rose of the Wild Forces, Fringe Violet, Grey Spider Flower, Sundew, and Waratah. 33% Brandy & 66% Purified Water.

2. Mulla Mulla Bush Flower Essence fever, burns and any heat related ailments, including burning sensations.

Ingredients include a vibrational infusion of Mulla Mulla essence. 33% Brandy, 66% Purified Water.

3 Aconite (Homeopathic sucrose pilules) used for stopping a cold or flu on the first signs of symptoms. The original substance comes from a plant known as monks hood

4 Apis (Homeopathic sucrose pilules) insect bites and stings, prickly heat and red swollen eruptions, especially on the lips and eyelids. The original substance comes from the honey bee.

5 Arnica (Homeopathic sucrose pilules) Used for every kind of wound or injury, especially bumps and bruising. The original substance comes from the flower Arnica Montana.

6 Nux Vomica (Homeopathic sucrose pilules) used for over indulgence of sugar, with symptoms such as headaches, lethargy, & indigestion.

7 Natures Healing Balm topical application for skin when dry, red, itchy, sore or inflamed

Ingredients: Beeswax infused with the herbs & essential oils of Calendula, Comfrey, Myrrh, Vitamin E, Lavender, Tea Tree, Bergamont, Chamomile Roman. Blended to provide an all round soothing balm.

8 Natures Relief Balm Topical application for insect bites, sore muscles, nausea, & decongestant.

Ingredients: Beeswax infused with the essential oils of Eucalyptus, Lavender, Tea Tree, Peppermint, Rosemary, Cedarwood, & Frankincense.

9 Arnica Balm Topical application for bumps and bruises. *Ingredients: Beeswax infused with 15% arnica oil*

10 Aloe Vera Gel Topical application for burns, & Sunburn. *Ingredients: Aloe Barbadensis Inner leaf, Carbomer 940, Triethanolamine, Propylene Glycol, Allantoin(A), Methylparaben, pyparaben.*

11 Green Clay (100% Calcium Bentonite) a withdrawal substance to assist with removing foreign objects such as splinters and tick heads etc.

12 Pure Lavender Oil, an essential oil used for its fragrance

The items included in the kit are designed to support the body's own healing system, and are not intended to treat, cure, or prevent a disease or ailment.

I _____ parent of _____
(Full name of parent) (List all children's names relevant to OOSH)

.....

have read and understand the contents of the Natures First Aid Kit and give my full consent to child care personnel to administer the following products on my child/children.

☐ **The Full Kit** (all items listed below)

☐ **Itemised Items** (Please circle below)

Arnica Apis Nux Vomica Aconite Emergency Essence Mulla Mulla Healers Balm Relief Balm
Arnica Balm Aloe Vera Gel Lavender Green Clay

Signed: _____ Date: _____