

2025 MOSH Re-Enrolment Form

MOYHU PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

Child Details:

Family Name		Given name	
Preferred first name		D.O.B	

Details of Medical Conditions (including allergies):

Medical Condition						
Risk of Anaphylaxis	Yes/No	Current Action Management Plan attached (including Risk Management and Communication Plan)	YES		NO	
Does your child take any prescribed regular medication for this condition? (Including a prescribed adrenaline autoinjector)			YES		NO	

Booking Requirement for 2025:

Do you require care for 2024	YES	Complete your required booking session
	NO	Complete the withdrawal notice

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				N/A

Withdrawal Notice:

My child will be attending formal schooling		YES		NO	
What School will your child be attending					
My child's last day at the Service will be					
Other: (Please explain your reason for withdrawing from the Service)					

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Parent/Guardian Details (NB: Primary Parent must also be the registered CRN number holder):

	Parent/Guardian (Primary)	Parent/Guardian
Full Name		
Address		
Relationship to child		
Home phone number		
Work phone number		
Mobile number		
Email Address		
Occupation		
Place of employment		
Hours of work		

Family Law, AVOs or other relevant Court Order:

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	YES		NO		N/A	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	YES		NO		N/A	

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Emergency Contacts:

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please provide information about two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A

Second Emergency Contact- Authorised Nominee:

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Email Address			
Can this person be contacted to deliver/collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	If your service does not offer, or arrange transportation of children as part of your education and care service- mark N/A
		Parent 2 Signature	

Fee Information:

Our fee schedule before Child Care Subsidy (CCS) has been applied are \$12.00 per session.

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.