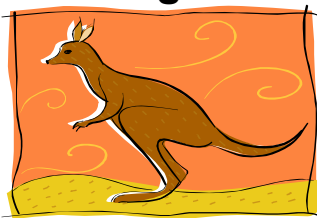


# The South East Neighbourhood Centre



## Safe Multicultural Out of School Hours Program SMOOSH Enrolment Form

### Child

Family Name:	First Name:
Gender:	DOB:
Address:	Telephone:
Suburb:	Mobile:
Languages:	Religion:
Aboriginal or Torres Strait Islander	Yes No
Country of Birth:	
Ethnicity	

### School

School:	Telephone:
Address:	Suburb:
Class/Teacher	

### Parents

Mother:	Father:
Address:	Address:
Suburb:	Suburb:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Date of Birth:	Date of Birth:
Work:      part time      full time	Work:      part time      full time
Family Living Situation	Single parent      Two parent

### Emergency Contacts

Name:	Name:
Address:	Address:
Suburb:	Suburb:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

**Child Collection (Who will collect your child from SMOOSH)**

Name:	Name:
Address:	Address:
Suburb:	Suburb:
Home Telephone:	Home Telephone:
Work Telephone:	Work Telephone:
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:

**Family Situation (Court orders, etc – please provide copy if necessary)**

**Attendance**

**My child will be a permanent booking/casual booking.**

Permanent bookings ensure your child's place but if your child is absent without notice, the day must be paid for. (Child Care Benefit will apply for 30 sick days per year)

Monday	Tuesday	Wednesday	Thursday	Friday
a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.

**Vacation Care**

First Term	Yes/No
Second Term	Yes/No
Third Term	Yes/No
Fourth Term	Yes/No

**Medical Information**

Immunisation	Yes/No
Medicare Number:	
Doctor's Name:	Telephone:
Address:	Suburb:
Private Health Fund Name	
Special Diet requirements:	

**SMOOSH - Special Needs Information Provision (SNIP)**

**Medical Information**

Medical Conditions	
Allergy Conditions	
Medications	

**Communication**

Verbal	Yes/No
Augmented	Yes/No
Method of Communication	

**Mobility**

Non-Assisted	Yes/No
Assisted	Yes/No
Mobility-Aid	Yes/No

**Function Level**

Low	Yes/No
Medium	Yes/No
High	Yes/No

**Spatial Awareness**

Low	Yes/No
Medium	Yes/No
High	Yes/No

**Behavioural**

Low	Yes/No
Medium	Yes/No
High	Yes/No
Management Plan	Yes/No      Please provide copy

**Other Service Providers**

Name of Service	
Address:	Suburb:
Telephone:	Fax:
Case Worker:	Service Type:
Name of Service	
Address:	Suburb:
Telephone:	Fax:
Case Worker:	Service Type:

In the event of an accident and/or illness requiring medical treatment every effort will be made to contact parents before such treatment is sought. However, should contact not be possible, it will be necessary for the treatment to be undertaken for the child's health and safety.

I,....., give permission for staff to seek medical attention for my child in the event of an accident and/or illness in an emergency. I understand that relevant information on this form will be passed on to the hospital and/or emergency services personnel only when necessary.

Name	
Signature	
Date	

I give permission for my child to participate in local excursions, short bus trips and outings with SMOOSH staff, either in term time or in vacation care programs

Name	
Signature	
Date	

I give permission for my child to be photographed participating in SMOOSH activities for newsletters or for use in learning games or displays in the centre. Photographs will not be given to any other person and no one but SMOOSH staff will be allowed to photograph your children

Name	
Signature	
Date	