



Mandurah Recreation Centres

...the perfect family fit

City of Mandurah OSHC Enrolment Form

Child/rens details

First name	Surname	M/F	DOB	CRN

Address: _____

School: _____

Language used in the child's home? _____

Parent/guardian

CRN _____

Name: _____ DOB: _____

Relationship to child: _____

Home ph: _____ Mob ph: _____

Address: _____

Email: _____

Place of Work: _____ Phone No: _____

Parent/guardian

Name: _____ DOB: _____

Relationship to child: _____

Home ph: _____ Mob ph: _____

Address: _____

Email: _____

Place of Work: _____ Phone No: _____

Emergency contact (not same as above)

First name: _____ Surname: _____

Relationship to child: _____

Home ph: _____ Mob ph: _____

Address: _____

Email: _____

Place of Work: _____ Phone No: _____

Authority to collect

Full name	Relationship to child	Contact ph.



Medical information

• Doctors Contact Details

o Name: _____ Phone Number: _____

• Medicare Number: _____

• Does your child take any regular medications? yes / no

o If yes, what for and when _____

• Does your child have any allergies? yes / no

o If yes, what to _____

o Do they have an anaphylactic reaction? yes / no

o If yes, please provide an emergency management plan with a current photo of your child, we can assist with this.

Always send your child in with required medication.

• Does your child suffer with asthma? yes / no

o If yes, please provide an emergency management plan with a current photo of your child, we can assist with this.

Always send your child in with required medication.

• Are your child's immunizations up to date? yes / no

o Immunization sighted? yes / no

Additional needs

• Does your child have any additional needs we need to be aware of? eg. Behavioural, developmental, special dietary requirements, cultural requirements, etc _____

• Is there any custody arrangements we need to be aware of? _____

Permissions (please circle yes or no)

I give permission for –

• My child/ren to be transported with City of Mandurah Recreation Centre staff by walking, public transport, private bus charter or private car yes / no

• City of Mandurah Recreation Centre staff to seek medical attention should the need arise. yes / no
Please note we will always endeavour to contact you first.

• Photographs to be taken of my child/ren for use within the centre, in printed form, not electronically transmitted yes / no

o Photographs of my child/ren to be used for promotional purposes, including electronically transmitted yes / no

• Sunscreen to be applied to my child/ren as deemed necessary by City of Mandurah Recreation Centre staff yes / no

• Insect repellent to be applied to my child/ren as deemed necessary by City of Mandurah Recreation Centre staff yes / no

Declaration

• The City of Mandurah's Recreation Centre staff will make every effort to ensure that the highest standards of care are offered to the children enrolled in each program, however, will not be liable for loss, damage or injury to property or person, occasioned as a consequence of the enrolment of any child/ren in any City of Mandurah Recreation Centre program or participation in that program, and I acknowledge the exclusion of liability accordingly.

• I am aware of the \$5 per 5mins per child charge, if my child/ren are not collected by 6pm

• I recognise that the City of Mandurah Recreation Centre reserves the right to remove a child from the program for any action by the child that may distract or hinder the program. This includes threatening action, inappropriate language or any behaviour deemed disruptive by the Centre staff.

• Due to unforeseen circumstances or inclement weather, it may be necessary for some aspects of the program to be modified at short notice.

Signed by parent/guardian: _____ Date: _____

How did you hear about this service?

Referral / Internal / Website / Newspaper / Facebook / Brochure / Radio / Other _____