



OAKLEIGH PRIMARY SCHOOL and KINDERGARTEN

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OSHC 2017 ENROLMENT FORM

The Oakleigh Primary School and Kindergarten Out of School Hours Care Program operates between 7.30am -8.45am and 3.30pm-6.00pm every day of the school year unless otherwise advised. Fee relief is available for both programs for families who are eligible (contact the Coordinator or Family Assistance Office for more information). Families who have a child with additional needs in conjunction with the Service can also apply for Additional Needs Funding to assist with support while attending the Program (contact the Coordinator for more information).

An annual Enrolment Administration fee of \$20.00 per family will be charged (upon enrolment into the Program).

Please read and complete all applicable sections of this Enrolment Form and return to the Coordinator prior to your child attending the Program. This Enrolment Form is a requirement of the Children’s Services Act, Children’s Services Regulations May 2009 and the Department of Education and Early Childhood Development.

Elizabeth Crowe, OSHC Coordinator

The following questions are specific to Oakleigh Primary School and Kindergarten Out of School Hours Care Program.

YOUR CHILD:

Does your child need to do homework while in the program?	Yes / No
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CHILD CARE MANAGEMENT SYSTEM / CHILD CARE REBATE:

The below information is compulsory. Please tick which statement applies to your family:

- I do NOT want to claim Child Care Rebate
- I DO want to claim Child Care Rebate

The following needs to be completed for all types of claims – lump sum or progressive.

Parent Full Name <small>(this must be the name of the parent who sets up CCB)</small>	
Parent DOB	
Family CRN	

* It is the parent’s responsibility to register with Centrelink – phone number: 136 150. Please register for both Before and After School Care. The following details will need to be quoted to Centrelink:
After School Care: 1-631-4713 Before School Care: 1-631-6344

Name of Child	
Full Name	
Child DOB	
Child CRN Reference Number	

Who is responsible for payment of the account?

Name: _____

Phone: (H) _____ (W) _____ (Mobile) _____

POLICIES AND PROCEDURES:

1. I/We understand that I will be charged \$2.00 per minute for leaving my child at the Program outside operating hours (after 6.00pm)
2. I/We have received and read the Out of School Hours Care Parent Handbook.
3. I/We have read the Out of School Hours Care Behaviour Management Policy and agree to its terms and will cooperatively work with the Coordinator and Principal if any issues arise.
4. I/We understand that all personal/confidential information will be stored accordingly with the requirements set by the Children’s Services Act, Regulations and Privacy Statement.
5. I/We understand that “Signing In” and “Signing Out” my child in the attendance record located on the Parent’s desk in the OSHC room is a requirement when attending all programs.
6. I/We give permission for the OSHC Program to take photographs of my child spending time at the Program for display purposes only (room displays, newsletter, website etc).
7. I/We understand that I **MUST** contact the Program if I need a casual or permanent place for my child and can not arrive unexpected.
8. Do you give permission to have your child photographed to appear in videos, newspapers, school web page and other publications? First name only will be published. Yes / No
9. Do you allow sunscreen to be applied to your child at the Service? Yes / No
10. I have read and understood OSHC Policies and Fees

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

ENROLMENT DETAILS**Enrolment Date:**

A parent/guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of the form. *Questions marked with an asterisk * are not required by the Regulations but you are encouraged to answer these to assist the Service in caring for your child. The Education and Care Service must collect the information in this form as required by the Education and Care Services National Regulations (Regulations 173-175)*

Information about the child

Family Name: _____	Given Name(s): _____
Preferred Name: _____	Date of Birth: ____/____/____ Male/Female <small>please circle</small>
Home Address: _____	
Languages spoken at home: _____	Country of birth: _____
Is the child of Aboriginal and/or Torres Strait islander origin? <small>please tick</small>	
<input type="checkbox"/> No, not Aboriginal or Torres Strait islander	<input type="checkbox"/> Yes, Aboriginal
<input type="checkbox"/> Yes, Aboriginal or Torres Strait islander	<input type="checkbox"/> Yes, Torres Strait islander
* Does your child have a developmental delay or disability including intellectual, sensory or physical impairment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Cultural background of the child and, if applicable, the child's parents:	Any special considerations for the child (eg. any cultural, religious, celebrations or dietary requirements or additional needs):
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Information about the parents

MOTHER	FATHER
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Telephone (H) _____ (W) _____ (Mobile) _____	Telephone (H) _____ (W) _____ (Mobile) _____
Who does your child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both	Who does your child live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both
Email Address:	Email Address:
GUARDIAN (if applicable)	
First Name:	First Name:
Surname:	Surname:
Address:	Address:
Telephone (H) _____ (W) _____ (Mobile) _____	Telephone (H) _____ (W) _____ (Mobile) _____
Does your child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>please tick</small>	Does your child live with this guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>please tick</small>

Other persons to be notified in an emergency

There may be times when the child has an incident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the education and care service should notify one of the following people who are authorised to collect and care (including consent to medical treatment and requesting or permitting the administration of medication) for the child, after incident, injury, trauma or illness. They are also authorised to authorise an educator to take the child outside the education and care service premises.

First Name:	First Name:
Surname:	Surname:
Address:	Address:
Telephone (H) _____ (W) _____ (Mobile) _____	Telephone (H) _____ (W) _____ (Mobile) _____
Relationship to child:	Relationship to child:

Court Orders relating to the child

Are there any **Court Orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

- No – go to next section Yes - please complete the following:

1. Bring the **original** Court Order/s for staff to see and a copy to attach to this Enrolment Form.

2. If these Orders:

(a) Change the Powers of a parent/guardian to:

- authorise the taking of the child outside the Service by a staff member of the Service
- consent to the medical treatment of the child
- request or permit the administration of medication to the child
- collect the child from the Service AND/OR

(b) Give these powers to someone else

Please describe these changes and provide the contact details of any person given these powers:

Other People Authorised to Collect your Child (Authorised Nominee)

Authorised Nominee means a person who has been granted permission by a parent or guardian to collect your child from the education and care service (section 170(5) of the Law). Please list the details of those people who you have authorised to collect your child (your Authorised Nominee's) in the table below. This list may be added to or changed throughout the year. In the event that your child is not collected from the education and care service and the parents or guardians can not be contacted, this list will be used to arrange someone to collect your child.

First Name: Surname:	First Name: Surname:
Address:	Address:
Telephone (H) _____ (W) _____ (Mobile) _____	Telephone (H) _____ (W) _____ (Mobile) _____
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 60(3)(b)(iii))	<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 60(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg. 60(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg. 60(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 60(3)(b)(iv))	<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 60(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 60(3)(b)(iii))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 60(3)(b)(iii))
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 60(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 60(3)(b)(iv)&(v))
First Name: Surname:	First Name: Surname:
Address:	Address:
Telephone (H) _____ (W) _____ (Mobile) _____	Telephone (H) _____ (W) _____ (Mobile) _____
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 60(3)(b)(iii))	<input type="checkbox"/> Authorised to collect (Authorised Nominee) (Reg. 60(3)(b)(iii))
<input type="checkbox"/> Notification in the event of an emergency (Reg. 60(3)(b)(ii))	<input type="checkbox"/> Notification in the event of an emergency (Reg. 60(3)(b)(ii))
<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 60(3)(b)(iv))	<input type="checkbox"/> Authorised to consent to medical treatment (Reg. 60(3)(b)(iv))
<input type="checkbox"/> Authorisation for the administration of medication (Reg. 60(3)(b)(iii))	<input type="checkbox"/> Authorisation for the administration of medication (Reg. 60(3)(b)(iii))
<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 60(3)(b)(iv)&(v))	<input type="checkbox"/> Authorised to authorise an Educator to take the child outside of the premises (Reg. 60(3)(b)(iv)&(v))

Child's Health Information

Name of Doctor/Medical Group: _____ Phone: _____
Address of Doctor/Medical Group: _____
Family Medicare Number: _____ Number: _____
Current Ambulance Subscription: Yes No please tick Member Number: _____
Does your child have a Child Health Record? Yes No please tick
(Child Health Record means a record that documents a child's health and development assessments and immunisations).
If yes, please provide to the Service for sighting. *(Reg. 162(g))*
Name and position of person at the Service who has sighted the Child's Health Record:
Name: _____ Position: _____ Date: _____

Child's Medical Information

Does your child have any special needs: *(Reg. 162(c)(i)&(d))* Yes No please tick
If yes, please provide details of any special needs and any management procedure to be followed with respect to the special needs:

Does your child have any allergies or sensitivity? *(Reg. 162(c)(ii))* Yes No please tick
If yes, please provide details of any allergies or sensitivity and any management procedure to be followed with respect to the allergy or sensitivity: (attach a copy of any management plan if necessary).

Please ensure all questions are answered

Anaphylaxis *(Reg. 162(c)(ii)&(d))*
Has your child been diagnosed at risk of anaphylaxis? Yes No please tick
Does your child have an auto injection device (eg EpiPen)? Yes No please tick
If your child has an auto injection device, you must supply to the Service a device with a valid expiry date.

Has a Risk Management Plan been completed by the Service in consultation with you? Yes No please tick
Anaphylaxis Plan must be attached to this Enrolment Form

Does your child have any other medical conditions/allergies or sensitivity (ie asthma, epilepsy, diabetes, etc) that are relevant to the care of your child)? *(Reg. 9)* Yes No please tick
If yes, please provide details (attach a copy) of any medical condition and any management procedure to be followed with respect to the medical conditions: *(Reg. 90(1)(c)(iv))*

All Medical Plans must be attached to this Enrolment Form

Does your child have any dietary restrictions? *(Reg. 162(e))* Yes No please tick
If yes, please provide details of any restrictions to be followed with respect to the dietary restrictions:

Child's Immunisation Record

Has your child been immunised?

Yes No please tick

***If yes, provide the details by:**

- Attaching a copy of the Immunisation Record from the Child Health Record Book OR
- Attaching a copy of the Immunisation Record printout from Local Government OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- Completing the table below using the child's Immunisation Record to provide the dates of immunisations received

***Other Information**

Is there anything else that the Service should know about your child? (eg excessive fears, favourite activities, attending other Early Childhood Services or early Intervention Service, etc).

Please indicate festivals/celebrations your family celebrate and/or list below any cultural/religious issues that the Service staff need to be aware of:

Easter Christmas Birthdays Mother's Day Father's Day

Please list any others:

Declaration and Consent to Emergency Medical Treatment

I _____ (print full name) a person with lawful authority of the child referred to in this Enrolment Form: *(Reg. 161)*

- declare that the information on this Enrolment Form is true and correct and undertake to immediately inform the Service in the event of any change to this information.
- agree to collect or make arrangements for the collection of my child referred to on this Enrolment Form if he/she becomes unwell at the Service.
- Consent to the Co-ordinator of the Service to seek medical treatment for my child from a Medical Practitioner, hospital or ambulance service.
- I agree to abide by the terms and conditions established by the Out of School Hours Care Management Committee and outlined in the parent Handbook.
- I am responsible for any necessary expenses incurred during a medical emergency in relation to my child.

Signature: _____ Date: _____

I _____ (print full name) a person with lawful authority of the child referred to in this Enrolment Form: *(Reg. 161)*

- declare that the information on this Enrolment Form is true and correct and undertake to immediately inform the Service in the event of any change to this information.
- agree to collect or make arrangements for the collection of my child referred to on this Enrolment Form if he/she becomes unwell at the Service.
- Consent to the Co-ordinator of the Service to seek medical treatment for my child from a Medical Practitioner, hospital or ambulance service.
- I agree to abide by the terms and conditions established by the Out of School Hours Care Management Committee and outlined in the parent Handbook.
- I am responsible for any necessary expenses incurred during a medical emergency in relation to my child.

Signature: _____ Date: _____

Confidentiality of Enrolment Records

The approved provider of the Service must ensure that the information in the child's enrolment record is not divulged or communicated, directly indirectly, to another person other than as prescribed under Regulations 181 and 182 of the Education and Care Services National Regulations 2011. This includes, to the extent necessary for the education and care of the child or medical treatment of the child, or where expressly authorised, permitted or required to be given by or under any Act of law; or with the written consent of the person who provided the information.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their child that can be changed by a Court Order. The Children's Services Education and Care Services National Law Act 2010 and Regulations 2011 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A Court Order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A Guardian of a child also has lawful authority. A Legal Guardian is given lawful authority by a Court Order. The definition of "Guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no Court Orders. In these cases, the Guardian is the person the child lives with who has day-to-day care and control of the child.

Services are reminded of their requirement to comply with the Information Privacy Act 2000 which requires a Privacy Collection Statement to accompany any Enrolment form.

Please specify (by circling) which days you wish to

PERMANENTLY book your child into:

Before School Care

Monday

Tuesday

Wednesday

Thursday

Friday

After School Care

Monday

Tuesday

Wednesday

Thursday

Friday

Charges (current at the time of printing this Enrolment Form)

Before School Care \$14.50 (includes breakfast before 8.30am)

After School Care \$22.50 (includes snack and fruit)

Curriculum Day \$50.00 (plus cost of excursion/incursion if applicable)

Administration Fee \$20 annually upon registration

METHODS OF PAYMENT:

- ⊙ Cash
- ⊙ Cheque
- ⊙ EFTPOS (only at the school office)
- ⊙ Pay By Phone (Credit Card only)

It is very important that you include your family name in your description field to ensure that the payment is allocated to the correct family.

Account details for electronic payment:

Account Name: OAKLEIGH SCHOOL COUNCIL
BSB Number: 063 159
Account Number: 10072915
Description: "Family Name – OSHC Fees"

Definitions

Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a family member "to collect the child from the Service. (Education and Care Services National Law – Section 170 (5))

Family Member/s

"Family Member" as defined in the Education and Care Services National Law 2010; Section 5 "family member" in relation to a child, means:

- (a) A parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or
- (b) A relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- (c) A person with whom the child resides in a family-like relationship; or
- (d) A person who is recognised in the child's community as having a familial role in respect of the child

Parental Responsibility

The term "parental responsibility" is defined in the Family Law Act 1975 as "all duties, powers, responsibilities and authority which, by law, parents have in relation to children".

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". It is not affected by the relationship between the parents, such as whether or not they have live together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

OUT OF SCHOOL HOURS CARE PROGRAM

Oakleigh Primary School

Child's Name: _____

Below are a few questions regarding your child to help the staff of Out of School Hours Care Program get to know your child better:

What foods does your child like / dislike:

Like:

Dislike:

Is your child allergic to any food/nuts, milk, etc?

Please list:

Does your child like computer?

Yes No please tick

Does your child need restriction on the computer?

Yes No please tick

Does your child like doing crafts?

Yes No please tick

If so what:

What is your child's favourite sport? _____

Do you want staff to help with homework, listen to reading?

Yes No please tick

If so please list:

Any other suggestions:
