



Out of School Hours Care 2018 ENROLMENT FORM

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

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

This form must be completed by a parent or guardian with parental responsibility in relation to the child as outlined below. This Enrolment Form is a requirement of the Children's Services Act, Children's Services Regulations May 2009 and the Department of Education and Training. Questions marked with an asterisk* are not required by the Regulations, however, answers you provide will assist the Service in educating and caring for your child. Please return to the Coordinator prior to your child attending the Program.

Elizabeth Crowe, OSHC Coordinator

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 or the family day care educator (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 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 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.

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 or 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 under any Act or law; or with the written consent of the person who provided the information.

Approved Providers are reminded of their requirement to comply with the Privacy Act/s relevant to their State/Territory Jurisdiction in the collection, use and disclosure, storage and disposal of information.

CHILD INFORMATION

Family Name: _____ Date of Birth: ____/____/____

Given Name(s): _____ Gender: Male Female

Preferred Name: _____

PRIMARY FAMILY HOME ADDRESS

Address: _____

Suburb: _____ State: _____

Post Code: _____ Child CRN: _____

Customer Reference Number (CRN) from the Family Assistance Office www.familyassist.gov.au or 136 150

Is the child of Aboriginal and/or Torres Strait islander origin? (please tick)

No, not Aboriginal or Torres Strait islander

Yes, Aboriginal

Yes, Aboriginal or Torres Strait islander

Yes, Torres Strait islander

Country of Birth: _____ Religion: (if any) _____

Languages spoken at child's home: _____

Cultural background of the child and, if applicable, the child's parents:

Any special considerations for your child (eg. cultural, religious, celebrations or or additional needs):

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

- Australia Day Birthdays Christmas Diwali Easter Edi Al-Adha
 Father's Day Hanukkah Moon Festival Mother's Day Name Day NAIDOC Week
 New Year Orthodox Easter Ramadan Tet Winter/Summer Solstice

Please list any others and attach any specific information related to the above:

ADDITIONAL INFORMATION

Please provide any other relevant information about your child eg. abilities, interests, likes, dislikes, family traditions, home routines, parenting strategies etc.

Do you allow your child's photo to appear in videos, websites, newspapers and other publications? Yes No

Do you allow sunscreen to be applied to your child while in the care of the Service? Yes No

CHILD'S HEALTH INFORMATION

Registered Medical Practitioner/Medical Service Name: _____

Registered Medical Practitioner/Medical Service Name Address: _____

Registered Medical Practitioner/Medical Service Phone Number: _____

Medicare No: _____ Expiry Date: ____/____/____

Ambulance Subscription No: _____ Expiry Date: ____/____/____

Healthcare Fund No: _____ Expiry Date: ____/____/____

CHILD'S IMMUNISATION STATUS

Has your child been immunised as set out in the Australian Immunisation Schedule (Reg. 162(f)) Yes No

If **yes**, provide the details by selecting one of the options below:

- Attaching the Child History Statement from the Australian Childhood Immunisation Register: OR
- Attaching a copy of the Immunisation Record printout from local government: OR
- Attaching an Immunisation Status Certificate from an immunisation provider, indicating the child is age appropriately immunised

VIC ONLY: If **NO**, provide the details by selecting one of the options below:

- Attach a catch up schedule provided by an immunisation provider: OR
- Attaching a grace period eligibility assessment form OR
- Attach an up to date Immunisation Status Certificate from an immunisation provider, listing any the child is medically unable to have

COURT ORDERS IN RELATION TO THE CHILD

Are there any:

1. **Court Orders, Parenting Order or Parenting Plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
2. **Other Court Orders** relating to the child's residence or the child's contact with a parent or other person

No - go to next section

Yes - please complete the following:

If you answered YES to the above:

1. Bring the **original** Order/s for educators to sight and a copy to attach to this Enrolment Form;
2. Please describe the Orders and provide the contact details of any person given these powers, duties, responsibilities or authorities:

Contact Name: _____ Contact No: _____

CHILD'S MEDICAL INFORMATION

ANAPHYLAXIS (Reg. 162(c) (ii) &(d))

Has the child been diagnosed at risk of anaphylaxis? Yes No

If so does your child have an auto immune adrenaline device? Yes No

If your child has an auto injection device, have you supplied to the Service an in date device? Yes No

Has a Risk Management Plan been completed by the Service in consultation with you? * Yes No

Has the Anaphylaxis Medical Management Plan been provided to the Service? Yes No

SPECIFIC HEALTHCARE NEEDS (Reg. 162(c) (i) & (d))

Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? (e.g. asthma, epilepsy, diabetes, etc.) Yes No

If yes, please provide details of any specific healthcare need/s or medical condition and any Management Plan/s or Risk Management Plan/s to be followed with respect to the specific healthcare need/s medical condition/s. Attach a copy of any Plan/s or additional pages if necessary.

ALLERGIES (Reg 162 (c) (ii))

Does your child have any allergies? Yes No

If yes, please provide details of any allergies and any Management Plan/s or Risk Management Plan/s to be followed with respect to the allergy. Attach a copy of any Plan/s or additional pages if necessary.

ASTHMA

Does your child have asthma? Yes No

If yes, please provide details of any allergies and any Management Plan/s or Risk Management Plan/s to be followed with respect to the allergy. Attach a copy of any Plan/s or additional pages if necessary.

DIETARY RESTRICTIONS (Reg. 162(e))

Does your child have any dietary restrictions? Yes No

If yes please provide details of any dietary restrictions:

If the Service is aware that your child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the Service's Medical Conditions Policy been provided to the parent or guardian of the child (Reg 91)? Yes No N/A

Has a Communications Plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the Medical Conditions Policy, the medical management plan and Risk Minimisation Plan for the child and (b) the child's parent can communicate any changes to the Medical Management Plan and Risk Minimisation Plan for the child? Yes No N/A

*Please ask OSHC staff for a Risk Management Plan template.

PARENT OR GUARDIAN INFORMATION

The "Primary" family is "the family or parent the student mostly lives with". For additional family forms please speak to the OSHC Coordinator.

PARENT/GUARDIAN 1 (Primary Carer)
Name: _____
Date of Birth: ____/____/____
Address – as per child or: _____ _____ _____
Phone (H): _____
Phone (W): _____
Mobile: _____
Email: _____
Relationship to child: _____
Does the child live with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/GUARDIAN 2 (leave blank in not applicable)
Name: _____
Date of Birth: ____/____/____
Address – as per child or: _____ _____ _____
Phone (H): _____
Phone (W): _____
Mobile: _____
Email: _____
Relationship to child: _____
Does the child live with this parent <input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORISED EMERGENCY CONTACTS

Please list below the details of those people who you have authorised as emergency contacts for your child. This list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding the collecting of your child, in the event of an emergency involving your child, consent to medical treatment or administration of medication, or to authorise an Educator to take your child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisation.

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

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

POLICIES AND PROCEDURES

1. I understand that I will be charged \$20.00 per 15 minutes or part thereof for leaving my child at the OSHC Program outside operating hours (after 6.00pm).
2. I have received and read the OSHC Parent Handbook.
3. I have read the OSHC Behaviour Management Policy and agree to its terms and will cooperatively work with the Coordinator and Principal if any issues arise.
4. I 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 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 the Service.
6. I give permission for the Service to take photographs of my child spending time at the Program for display purposes only.
7. I understand that I **MUST** contact the Service if I need a casual or permanent place for my child and cannot arrive unexpectedly.
8. I have read and understood OSHC Policies and Fees.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

AUTHORISATION & DECLARATION

I, _____ (print full name)

A person with parent responsibility of the child referred to in this Enrolment Form (Reg. 161):

1. Authorise the OSHC Coordinator, Nominated Supervisor or educators to seek
 - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
 - transportation of the child by the ambulance service; and
 - if relevant, an authorisation given under Regulation 102 for the Service to take your child on regular outings.
2. Agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
3. Agree to collect or make arrangement for the collection of your child if he or she becomes unwell;
4. Understand that in an emergency situation or where evacuation is necessary that the child may need to leave the under the direction and supervision of the OSHC Coordinator, Nominated Supervisor or educators
5. Have read and understood the Service's policies including the "Payment of fees";
6. 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

Signature: _____ Date: _____

CHECK LIST - Please return this form along with copies of:

Birth Certificate

Immunisation Certificate or Immunisation Catch-Up Schedule

Legal Order (where applicable)

Medical Management Plan (where applicable)

CHARGES (current at the time of printing)

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

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

Curriculum Day \$55.00 (plus cost of excursion/incursion if applicable)

Administration Fee \$20.00 annually upon registration

Late Pick Up Fee \$20.00 per 15 minutes or part thereof

METHODS OF PAYMENT:

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

It is very important that you include the student's surname 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: "Student Surname – OSHC Fees"

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

OUT OF SCHOOL HOURS CARE PROGRAM

Oakleigh Primary School

Child's Name: _____ Grade: _____

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 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 or other school work? Yes No please tick

If so please list:

Any other suggestions:
