



Dear Families,

We warmly welcome you to the Out of School Hours Care program.

We are happy to have your child/ren attending the program and will do all we can to provide them with a relaxed, happy engaging environment where they will have opportunities to play with friends and meet new ones.

The program operates out of the Multipurpose building.

Our opening hours are:

Before care 7.15-8.45 AM

After care 3.30-6.30 PM

Curriculum/Pupil Free Days 7.15-6.30 PM (If numbers warrant it)

An enrolment form along with any medical forms must be completed and returned the OSHC program or the school office before commencement.

Parents wishing to claim reductions are required to contact the Family Assistance Office on 136150 to obtain a CRN (Customer Reference Number).

We look forward to meeting you and your children soon and if you have any queries please feel free to contact me anytime.

I can be contacted on 9844 3537 or day.tara.m@edumail.vic.gov.au

Kind Regards

Tara Day

Warrandyte OSHC Program Coordinator.

Warrandyte Primary School O.S.H.C Enrolment Form 2018



Information about the child:

Family Name: _____ Given Names: _____

*Usually Called: _____ Date of Birth: _____ Sex: M F

Childs CRN: _____ Number of Children in Care: _____ Home Address: _____

Suburb: _____ Post Code: _____ Country Of Birth: _____

Language(s) Spoken in the home: _____ Primary Language Spoken: _____

*Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)
 No, not Aboriginal or Torres Strait Islander Yes, Aboriginal or Torres Strait Islander

*Language used at home _____

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes (Please tick)

*Cultural background of the child and if applicable, the parent _____

Information about the child's parents or guardians:

Mother/Guardian		Father/Guardian	
Family Name:		Family Name:	
Given Names:		Given Names:	
Date of Birth:	*CRN:	Date of Birth:	*CRN:
Country of Birth:		Country of Birth:	
Address – as per child or:		Address – as per child or:	
Suburb: _____ Post Code: _____		Suburb: _____ Post Code: _____	
Postal Address – as above or:		Postal Address – as above or:	
Suburb: _____ Post Code: _____		Suburb: _____ Post Code: _____	
Telephone/s		Telephone/s	
Home: _____ Work: _____		Home: _____ Work: _____	
Mobile: _____		Mobile: _____	
Email:		Email:	
Does the child live with the mother/Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)		Does the child live with the father/Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	

***Only the parent who has registered with Family Assistance Office will need to supply a family CRN and their date of birth to be eligible to claim for Child Care Benefit and Child Care Rebate.**

Emergency Contact Details: Persons authorised to be contacted and collect the child in the case of an accident, injury, trauma or illness when the parents or guardians cannot be contacted this person will also be authorized to administer medication if required. They are also authorized to permit the Educator to take the child from the Education and Care service.

Name:	Name:
Address:	Address:
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Home: _____ Work: _____ Mobile: _____	Home: _____ Work: _____ 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 the 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:

Details of people who you authorise to collect your child:

Your consent is required for other people to collect your child from the children’s service on your behalf. In the table below please list the details of those people you have authorised to collect the child. In the event that the child is not collected from the service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. *This person will also be authorized to administer medication if required. They are also authorized to permit the Educator to take the child from the Education and Care service. Identification must be produced when requested by staff.*

Name:	Name:
Address: _____	Address: _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Telephone/s	Telephone/s
Home: _____ Work: _____	Home: _____ Work: _____
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:
Name:	Name:
Address: _____	Address: _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Telephone/s	Telephone/s
Home: _____ Work: _____	Home: _____ Work: _____
Mobile:	Mobile:
Relationship to Child:	Relationship to Child:



Child's health information:

Name Doctor/Medical Service: _____ Telephone: _____

Address Doctor/Medical Service: _____

Medicare No: _____ Expiry Date: _____

Ambulance Cover: No Yes (Please tick) Member No: _____

Does your child have a child health record? No Yes (Please tick)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Has your child been immunised? No Yes (Please tick)

***If yes**, provide 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 the local government or
- Attaching the Child History Statement from the Australian Childhood Immunisation Register

Have you provided the school with a copy of these records? No Yes

Name and position of the person at the children's service who has sighted the child's health record.

Name: _____ Position: _____

*Any special considerations for the child (i.e Cultural, religious, dietary requirement or additional needs)

Child's medical information:

Does your child have any special needs? (e.g. ASD, intellectual disability) No Yes (Please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need:

Does your child have any allergies or sensitivity? No Yes (Please tick)

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy:

Anaphylaxis:

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

Does your child have an auto injection device (eg EpiPen®)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is who is treating your child. A copy of the medical management plan will be attached to your child's enrolment form.



Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) **If yes** please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

Does your child have any dietary restrictions? No Yes (Please tick)
If yes, the following restrictions apply:

Other information relating to your child:

Is there is other additional information that Warrandyte Primary OSHC should know about your child? (eg excessive fears, favourite activities, celebrations, or festivities you do or do not want your child to participate in, religious requirements, attending another service or early intervention service, etc)

I give permission for the service to take photographs of my child to be used in publications to promote the service? No Yes (Please tick)

I give permission for Warrandyte Primary OSHC to film my child No Yes (Please tick)

I give permission for the service to supply my child with 30+ Sunscreen No Yes (Please tick)

I give permission for my child to watch PG rated movies No Yes (Please tick)

Permanent Bookings:

Families can nominate to book their child in to the service on a permanent basis or access the service on a casual basis. Please note that families with a permanent booking have a priority of access to service. The service will have an attendance record of all children who are permanently booked in for each session of care. Casual bookings can be made in person with the Coordinator, over the phone/answering service or via email. Casual bookings cannot be made by any persons under the age of 18,nor can any child be collected/signed out by anyone under 18 years old.

Families can cancel or change their permanent booking in person with the Coordinator, over the phone, in person or via main office

Please tick the appropriate boxes to confirm your permanent booking requirements:

Before School Care:

7:15am-8:45am Monday Tuesday Wednesday Thursday Friday

After School Care:

3:30pm-6:30pm Monday Tuesday Wednesday Thursday Friday

Please tick if you would like to use Before and After School Care on a casual basis:

Declaration and Consent:



I, _____ (Print full name)

A person with lawful authority of the child referred to in this enrolment form, _____

- *Declare that the information on this enrolment record is true and correct and undertake to immediately inform Warrandyte Primary OSHC in the event of any changes to the information provided, including medical conditions or health information and booking requirements.*
- Agree that my child will not attend the program if they are unwell or suffering from an infectious illness; and will either collect or make arrangements of an authorised person to collect child if they are injured or become unwell at the service.
-
- Give consent for Warrandyte Primary OSHC staff to seek medical treatment for my child from a medical practitioner, hospital or ambulance service and that permission is given for the child to be transported by ambulance if required and that I will be responsible for any expenses incurred.
- *Agree to notify Warrandyte Primary OSHC if my child contracts any illness that could impact on the health and wellbeing of others accessing the service.*
- Have read, understand and agree to follow the policies and procedures in relation to the payment of fees payable to Warrandyte Primary OSHC. These fees are payable within 14 days of receipt, and understand failure to do so may jeopardize my booking
- *Give permission for my child to participate in all program based experiences offered. I agree to advise Warrandyte Primary OSHC in writing if I do not wish for my child to participate in particular activities.*
- Understand Warrandyte Primary OSHC is not liable for any personal injury; damage or loss of personal property incurred by any individual unless negligence is proven by the Regulatory Authorities.
- *Understand that Warrandyte Primary OSHC plans for excursions/incursions which I authorise for my child to attend and take part in when selected. Notification of planned excursions will be advised in writing and an excursion/incursion permission notice will need to be completed and signed by a parent/guardian before your child can attend or participate in the activity. I also understand that any planned/advertised excursion or incursion could change due to unforeseen circumstances. I understand a "Risk assessment form" will be completed before excursions.*
- Have received and read the Warrandyte Primary OSHC Family Handbook and understand that I can contact the OSHC Educational Leader or Administrator if I require further assistance in regards to accessing the service.

Parent/Guardian Signature

Date

Confidentiality of enrolment records:

The approved provider of the children's service must ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services Regulation 2012 (regulation 181)

Lawful Authority:

Parents

All parents have powers and responsibilities in relation to their children that can be changed by a court order. The powers and responsibilities defined as "lawful authority", they do not affect 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. It is essential that this form is fully completed and signed before your child attends the children's service. A parent or guardian who has lawful authority in relation to the child must complete this form and renew it annually.

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" 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.

Date Received:

Received By:

Date Entered:

Staff Signature:

Please attach any additional documents here:

