

**Enrolment Out of Hours & Vacation Care**

**CHILD DETAILS**

Given Names: \_\_\_\_\_ Family Surname: \_\_\_\_\_

(At which address does the child predominantly reside?)

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ State: \_\_\_\_\_

Child CRN Number: \_\_\_\_\_ Grade/Class: \_\_\_\_\_ Male / Female

**PARENT/GUARDIAN 1**

**PARENT/ GUARDIAN 2**

CRN NUMBER: \_\_\_\_\_

CRN NUMBER: \_\_\_\_\_

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

\_\_\_\_\_ P/Code: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Phone Numbers:

Contact Phone Numbers:

(H) \_\_\_\_\_

(H) \_\_\_\_\_

(M) \_\_\_\_\_

(M) \_\_\_\_\_

(W) \_\_\_\_\_

(W) \_\_\_\_\_

**ETHNICITY**

Is the child Aboriginal and/or Torres Strait Islander origin? (Please circle)

**No**, not Aboriginal & Torres Strait Islander

**Yes**, Aboriginal & Torres Strait Islander

**Yes**, Aboriginal

**Yes**, Torres Strait Islander

Language/s spoken at home: \_\_\_\_\_

Cultural background of the child and parents

\_\_\_\_\_

Do you have a religious or cultural belief that we need to be aware of?

\_\_\_\_\_

**CUSTODIAL MATTERS**

Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child. Details of other court orders relating to the child's residence or the child's contact with a parent or other parent. **Yes / No**

**Authorized Nominees**

1. Any person who is notified of an **emergency** involving the child if any parent of the child cannot be immediately contacted.
2. Any person who has given permission by a parent or family member to **collect** the child from the education and care service.
3. Any person who is authorized to consent to **medical treatment** of the child or to authorize the administration of medication to the child.
4. Any person who is authorized to authorize an educator to take the **child outside the education and care service premises by transportation by bus.**

Please **indicate** name and contact details of any person who you authorise to collect the child from the education and care service.

**1.** Name: \_\_\_\_\_ **2.** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (Mob): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

**3.** Name: \_\_\_\_\_ **4.** Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Suburb: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Phone (Mob): \_\_\_\_\_ Phone (Mob): \_\_\_\_\_

<u>1. Emergency</u>	<u>1. Collection</u>	<u>1. Medical</u>	<u>1. Excursion &amp; Transport</u>	<u>2. Emergency</u>	<u>2. Collection</u>	<u>2. Medical</u>	<u>2. Excursion &amp; Transport</u>
<u>3. Emergency</u>	<u>3. Collection</u>	<u>3. Medical</u>	<u>3. Excursion &amp; Transport</u>	<u>4. Emergency</u>	<u>4. Collection</u>	<u>4. Medical</u>	<u>4. Excursion &amp; Transport</u>

**MEDICAL INFORMATION & AUTHORISATION**

**CHILD'S GENERAL PRACTITIONER**

Name of Doctor: - \_\_\_\_\_

Name of Clinic: - \_\_\_\_\_

Address of Clinic: - \_\_\_\_\_

Phone number of Clinic: \_\_\_\_\_

**PLEASE STATE YOUR MEDICARE NUMBER:** \_\_\_\_\_

**DO YOU HAVE AMBULANCE COVER**  
ambulance subscription number: \_\_\_\_\_

**Yes / No** If yes, please state your

**MEDICAL TREATMENT CONSENT** I hereby give permission to the OSHC Team in case of an accident or emergency (involving my child), to seek medical treatment a medical resisted practitioner, hospital or ambulance service. Transportation of a child by an ambulance service

Name:- \_\_\_\_\_

Signed: - \_\_\_\_\_ Date: - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Does your child have any healthcare needs, including medical conditions?** **Yes / No**

**Does your child have any allergies, including whether your child has been diagnosed as at risk of anaphylaxis? Yes / No**

**DOES YOUR CHILD SUFFER FROM ASTHMA? Yes / No**

If yes: - By law you must provide Mt. Evelyn Primary School OSHC with an updated medical management plan for Anaphylaxis or Allergy, complete all areas on the plan & ensure that it is signed by the child's treating General Practitioner. You must provide Mt. Evelyn Primary School OSHC with this plan before your child begins care with our service. Each time your child attends Mt. Evelyn Primary School OSHC, you must provide us with your child's prescribed medication according to the medical management plan. If you do not provide Mt. Evelyn Primary School OSHC with this information & medication on your child's arrival.

Medical Management plan: Yes No

Risk Minimization Plan to be developed with Parent.

**PLEASE LIST ANY OTHER ALLERGIES YOUR CHILD MAY SUFFER:**

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**IS THERE ANY OTHER MEDICAL HISTORY OR RELEVANT MEDICAL CONDITIONS OR INFORMATION WE SHOULD KNOW ABOUT?**

**Yes / No**

If yes, please provide details of the condition and relevant medical procedures: \_\_\_\_\_

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**ARE THERE ANY DIETARY restrictions THAT WE SHOULD BE AWARE OF FOR YOUR CHILD (FOR EXAMPLE ANY CULTURAL, RELIGIOUS OR DIETARY REQUIREMENTS:-**

**Yes / No**

If yes, please provide details:

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**IS YOUR CHILD/REN'S IMMUNISATIONS & TETANUS INJECTIONS UP TO DATE?** **Yes / No**

**Records supplied: -** **Yes / No**

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY ADDITIONAL NEEDS OR CHALLENGING BEHAVIOURS?** **Yes / No**

if yes, please provide any specialists reports, documents or diagnoses you have so that we can support your child effectively.

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**ENROLMENT CONDITIONS**

I agree to fees being paid 2 weeks in advance at all times, unless otherwise negotiated with the service. **Yes / No**  
I agree to my child being photographed by educators to be used in further planning, and displays within the OSHC room.  
**Yes / No**

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Viewing of 'PG' Rated Media

At times, teachers may wish to screen DVDs for students which support and enhance student learning. DVDs, which are 'G' rated, may be shown without parent consent, however viewing 'PG' rated DVDs requires written permission from parents/guardians. Consent to your child viewing DVDs in the 'PG' category will assist with classroom programs and planning across the school. Wherever possible you will be informed prior to your child viewing 'PG' rated movies.

Student Photos and Work for Displays, Media & Website

Photographs or digital footage of students involved in a range of curriculum programs and school activities is often recorded. Sometimes these images are selected for publication on our school website or Facebook page, in the school newsletter, displays in and out of the school, in the local media, or in external publications such as magazines.

If your child is included in photographs or other digital content recorded during school activities that is selected for public display, we seek your permission for it to be used to publicise our programs and promote our school. Students' full names are not published with photographs/footage.

I consent to my child viewing selected 'PG' rated films Yes / No

I understand and agree to my child's image/digital content to be included in:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | School website                                      |
| <input type="checkbox"/> | School Facebook page                                |
| <input type="checkbox"/> | School newsletter                                   |
| <input type="checkbox"/> | Displays in and out of school and OSHC              |
| <input type="checkbox"/> | External publications such as newspapers, brochures |

I agree to follow Mt. Evelyn Primary OSHC policies and procedures (which can be found within the OSHC room) Yes / No

I give permission for the educators to apply OSHC sunscreen to my child. Yes / No  
(If NO, you ARE OBLIGED to provide your own sunscreen)

I have read, understand and agree to the terms as outlined in this document.

PARENT / GUARDIAN: - Name \_\_\_\_\_

SIGNATURE: - \_\_\_\_\_ DATE: - \_\_\_\_/\_\_\_\_/\_\_\_\_

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I agree to my child being photographed by educators to be used in advertising internally and externally  
**Yes / No**

I agree to follow Mt. Evelyn Primary OSHC policies and procedures (which can be found within the OSHC room)  
I give permission for the educators to apply OSHC sunscreen to my child. **Yes / No**

(If NO, you ARE OBLIGED to provide your own sunscreen)

I have read, understand and agree to the terms as outlined in this document.

PARENT / GUARDIAN: - Name \_\_\_\_\_

SIGNATURE: - \_\_\_\_\_ DATE: - \_\_\_\_/\_\_\_\_/\_\_\_\_

**Confirmation of Childcare Agreement**

Parties to the Agreement

Between: Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

And: **Mt. Evelyn Primary School Combined OSHC** ABN: 91029712060 (Provider)

For the Care of: Child Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

By: Mt. Evelyn Primary School Combined OSHC (Service)

**Session and Fee Details**

<u>Day requirements of Care</u>	<u>AM Permanent</u> \$20.00 per session <u>6.30am -8.45am</u>	<u>AM Casual</u> \$25.00 per session <u>6.30am -8.45am</u>	<u>PM Permanent</u> \$30.00 per session <u>3.30pm -6.30pm</u>	<u>PM Casual</u> \$35.00 per session <u>3.30pm -6.30pm</u>	<u>Vacation Care</u> \$120.00 per session <u>6.30am -6.30pm</u>
<u>Monday</u>					
<u>Tuesday</u>					
<u>Wednesday</u>					
<u>Thursday</u>					
<u>Friday</u>					

As part of your enrolment at our service, we require you to confirm acceptance of the above placement in order to be able to receive Government Funding on your behalf. Acceptance of these items as well as some of the information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

**I confirm:**

- My details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service, understand the start, and finish times of these sessions of care.
- Care maybe provided on a casual or permanent basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and if applicable in other information, the service has given me (such as parent pack) which are subject to change over time based on advice from the provider and acceptance by me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_