

# DROUIN WEST PRIMARY SCHOOL

## OUT OF SCHOOL HOURS CARE

2017

# REGISTRATION FORM

Fees Before School Care \$12

After School Care \$15

# DROUIN WEST PRIMARY SCHOOL

## OSHC ENROLMENT FORM 2016

Before School Care 7am – 9am --- After School Care 3:15pm – 5:45pm

**\*\*A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority can be found on page 4.**

### CHILD'S PERSONAL INFORMATION:

Surname: _____		First Given Name: _____		
Second Given Name: _____		Preferred Name: (if applicable) _____		
Sex: (tick) <input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: (dd-mm-yyyy)    ___ / ___ / ___		
Grade in 2016: _____	Country of Birth: _____	Cultural Background: _____		
Home Phone number: _____	Home Address: _____			
Post Code: _____	Child's CRN: _____	Medicare Number: _____		
Is the child of Aboriginal or Torres Strait Islander origin? Please tick.	<input type="checkbox"/>	No, not of Aboriginal or Torres Strait Islander origin	<input type="checkbox"/>	Yes, Aboriginal origin
	<input type="checkbox"/>	Yes, Torres Strait Islander origin	<input type="checkbox"/>	Yes, Aboriginal and Torres Strait Islander origin
Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Please tick.				
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
Does your child have any cultural or religious needs? Please tick.				
Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		
If YES please provide details: _____				

What is the MAIN language spoken at home? \_\_\_\_\_

Do you require the services of an Interpreter? \_\_\_\_\_

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

\*\*\* this email address will be used for invoicing and sending of newsletters.

**PRIMARY FAMILY DETAILS Parents or Guardians:**

Mother	Father
<p>Name: _____ _____</p> <p>Date of Birth: _____ CRN: _____</p> <p>Address: _____ _____</p> <p>Telephone/s: Home _____ Work _____</p> <p>Mobile _____</p> <p>Does the child live with the mother? Please tick. Yes <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Telephone/s: Home _____ Work _____</p> <p>Mobile _____</p> <p>Does the child live with the father? Please tick. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Guardian (if applicable)	Guardian (if applicable)
<p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Telephone/s: Home _____ Work _____</p> <p>Mobile _____</p> <p>Does the child live with this guardian? Please tick. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Name: _____ _____</p> <p>Address: _____ _____</p> <p>Telephone/s: Home _____ Work _____</p> <p>Mobile _____</p> <p>Does the child live with this guardian? Please tick. Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**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 sight and a copy of the orders to attach to this enrolment form:
2. If these orders:
  - a. Change the powers of a parent/guardian to:
    - i. Authorise the taking of the child outside the service by a staff member of the service;
    - ii. In the case of a family day care service, the taking of the child outside the family day carer's residence or family day care venue by a family day carer,
    - iii. Consent to the medical treatment of the child;
    - iv. Collect the child from the service or family day care,  
And/or
  - b. Give these powers to someone else,

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

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**LAWFUL AUTHORITY**

**PARENTS:**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. It is not affected by the relationship between their 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 Education and Care Services National Law Act 2010 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 proprietor of the childrens service must ensure that 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 authorized by the parent or prescribed in the Childrens Services National Regulations 2012 (regulation 180 & 181)

**DETAILS OF AUTHORISED NOMINEES:**

Your consent is required for other people to collect the 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. There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the Children’s Service will notify one of the following people. This list may be added to or changed throughout the year. In the event that the child is not collected form the children’s service and the parents or guardians cannot be contacted, this list will be used to arrange a person to collect the child.

Name: _____	Name: _____
Address: _____	Address: _____
Telephone/s Home: _____ Work: _____	Telephone/s Home: _____ Work: _____
Mobile: _____	Mobile: _____
Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Address: _____	Address: _____
Telephone/s Home: _____ Work: _____	Telephone/s Home: _____ Work: _____
Mobile: _____	Mobile: _____
Relationship to child: _____	Relationship to child: _____
Name: _____	Name: _____
Address: _____	Address: _____
Telephone/s Home: _____ Work: _____	Telephone/s Home: _____ Work: _____
Mobile: _____	Mobile: _____
Relationship to child: _____	Relationship to child: _____

**CHILD'S IMMUNISATION RECORD:**

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

\*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 form 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 date of immunisations received. (book must be sighted by a member of the service staff)

Immunisation (valid from March 2008)	Birth	2 months	4 months	6 months	12 months	18 months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (type B)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12 – 24 months		18 – 24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

**OTHER INFORMATION:**

If there is anything else that the children's service should know about the child? (EG> excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)

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**CONSENT TO EMERGENCY MEDICAL TREATMENT:**

I, \_\_\_\_\_ (Print full name)

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

- Where the children service staff or their representative is unable to contact me, or it is otherwise impracticable to contact me.

\* to Consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

\*administer such first aid as the proprietor or in the case of a family day care, the family day care service may judge to be reasonably necessary.

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

**CHILD'S HEALTH INFORMATION:**

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_

\*Maternal & Child Health (MCH) Centre: \_\_\_\_\_

Does your child have a child health record? Yes  No  (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.

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

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION:**

Does your child have any dietary requirements/restrictions? Yes  No

If yes, please provide details of such requirements/restrictions.

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Does your child have any allergies or sensitivity? Yes  No

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

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**Anaphylaxis**

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

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

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

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

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 treating your child. This will be attached to your child's enrolment form. More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)

Does your child have any other medical conditions? (EG asthma, epilepsy, diabetes etc. that are relevant to the care of your child) Yes  No

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

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**ACCESS TO PREP TRANSITION STATEMENT:**

Do you consent to the information in the aforementioned child's Transition Learning and Development Statement being shared with the Out of School Hours Care service? (This applies to new Preps only) Please tick. Yes  No

**DECLARATION OF INFORMATION:**

We/I \_\_\_\_\_ (Print full name/s) as person/s with lawful authority of the aforementioned child.

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children service in the event of any change to this information, to ensure that it remains current.
- Agree to collect or make arrangements for the collection of the aforementioned child if she/he becomes unwell at the service.
- Agree that any personal property brought into the program by the aforementioned child, is that child's responsibility, Out of School Hours Care educators do not take responsibility for loss of, or damage to the property.
- Recognise that Out of School Hours Care educators may need to openly communicate with the principal, teachers or other professionals, in the interest of the aforementioned child's welfare, and authorise Out of School Hours Care educators to do so.
- Understand that in an emergency situation, where an evacuation drill is necessary, that the aforementioned child may need to leave the school premises under the direction and supervision of the Out of School Hours Care educators.
- Understand that a late fee of \$10 will apply if the aforementioned child is not collected by 5:45pm.
- Will be charged for an Out of School Hours Care session for which the aforementioned child has been booked into, even if they do not attend, unless a casual booking can cover the unattended booking.
- Understand that through claiming Child Care Benefit, you have 42 days allowable absences per child per financial year and I am liable to pay full fee if the aforementioned child is absent without supporting documentation.
- Understand fees are to be paid 1 week after receipt of the invoice which will be issued every 2 weeks, and that any fees falling behind will see suspension of care for the aforementioned child.
- Understand that any outstanding unpaid fees will be referred to School Council where a decision will be made as to the retrieval of the outstanding fees.

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## **Drouin West Primary School Outside School Hours Childcare (OSHC)**

Permission Form

### Photographs & Work Displayed

Our OSHC Program often displays work/photos for everyone to enjoy and also to promote the service through newsletters, noticeboards and local newspapers.

**I give permission for my child to have their photo displayed with the OSHC Program.**

Yes                      No

Please circle

### Videos

As part of our activities we may watch age appropriate videos. On occasions the video maybe rated PG.

**I give permission for my child to watch PG Videos/DVD as selected at the discretion of the OSHC Co-ordinator.**

Yes                      No

Please circle

**I would like to be informed of the Video being shown prior to the OSHC Session.**

Yes                      No

Please circle

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

This page has purposely been left blank for printing purposes. When printing please delete this statement but leave in the blank page.

When you close document **do not save the changes**, that way this message will be there for the next time.

**DROUIN WEST PRIMARY SCHOOL**

**OUT OF SCHOOL HOURS CHILD CARE PROGRAM  
BOOKING FORM**

Week beginning Monday: \_\_\_\_\_ 2016

Family Name: \_\_\_\_\_

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

**Before School Care**

	7.00	7.15	7.30	7.45	8.00	8.15	8.30	8.45
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

**After School Care**

	3.15	3.30	3.45	4.00	4.15	4.30	4.45	5.00	5.15	5.30	5.45
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											

Names of children attending: ..... Grade: .....

..... Grade: .....

..... Grade: .....

Signed: .....

**Examples:**

**Before School Care**

	7.00	7.15	7.30	7.45	8.00
Mon					
Tues		←			→
Wed		←			→

Example 1

**After School Care**

	3.15	3.30	3.45	4.00	4.15	4.30
Mon	←					→
Tues						
Wed	←			→		

Example 1

Example 2

**Family Assistance Office:** To claim Childcare Benefit ring 136150 tell them you would like your child to attend Drouin West After School Care. Our CRN being **555 019 281B**