

# OAK PARK PRIMARY SCHOOL



## Out of School Hours Care 2021 ENROLMENT FORM

FAMILY NAME:

The Oak Park Primary School Out of School Hours Care (OSHC) Program operates between 7.00am -8.50am and 3.30pm-5:55pm every day of the school term unless otherwise advised. Childcare Subsidy is available for both programs for eligible families (contact the OSHC Coordinator or Family Assistance Office for more information).

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.

Julie Andrews, OSHC Coordinator

Phone: 93003412

Email: oshc.oak.park.ps@education.vic.gov.au

### **DEFINITIONS:**

#### **Authorised Nominee/s**

Authorised Nominee means a person who has been granted permission by a family member\* to collect the child from the Education and Care 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 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 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 Education and Care 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 by or 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**

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Family Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Given Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_

**PRIMARY FAMILY HOME ADDRESS**

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_

Post Code: \_\_\_\_\_ Child CRN \_\_\_\_\_

Customer Reference Number  
(CRN) from the Family Assistance  
Office [www.family.assist.gov.au](http://www.family.assist.gov.au)  
or 136 1501

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 \_\_\_\_\_

Languages spoken at child's home \_\_\_\_\_

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)

\_\_\_\_\_

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    Eid 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 & attach any specific information related to the above:

\_\_\_\_\_

**ADDITIONAL INFORMATION**

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

\_\_\_\_\_

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

## **CHILD'S HEALTH INFORMATION**

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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**

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

If **yes**, provide the details by selecting on 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

\_\_\_\_\_

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**

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **CHILD'S MEDICAL INFORMATION**

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

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

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 a device with a valid expiry date?   
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

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### **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 minimisation plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

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### **ASTHMA**

Does your child have asthma?  Yes  No

**If yes**, please provide details of any allergies and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary.

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### **DIETARY RESTRICTIONS (Reg. 162(e))**

Does your child have any dietary restrictions?  Yes  No

**If yes** please provide details of any dietary restrictions

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If the service is aware that the 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 live 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  Yes  No

Parent 1 CRN \_\_\_\_\_

Occupation \_\_\_\_\_

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  Yes  No

Parent/Guardian 2 CRN \_\_\_\_\_

Occupation \_\_\_\_\_

## **AUTHORISED EMERGENCY CONTACTS**

Please list below the details of those people who you have authorised as emergency contacts for the 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 the child, in the event of an emergency involving the child, consent to medical treatment or administration of medication, or to authorise an Educator to take the child outside of the Service premises. Please tick the appropriate boxes for each contact to confirm authorisation.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

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

Authorised to collect (Authorised Nominee)  
*(Reg. 60(3)(b)(iii))*

Notification in the event of an emergency  
*(Reg. 60(3)(b)(ii))*

Authorised to consent to medical treatment *(Reg. 60(3)(b)(iv))*

Authorisation for the administration of medication  
*(Reg. 60(3)(b)(iii))*

Authorised to authorise an Educator to take the child outside of the premises *(Reg. 60(3)(b)(iv)&(v))*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

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

Authorised to collect (Authorised Nominee)  
*(Reg. 60(3)(b)(iii))*

Notification in the event of an emergency  
*(Reg. 60(3)(b)(ii))*

Authorised to consent to medical treatment  
*(Reg. 60(3)(b)(iv))*

Authorisation for the administration of medication  
*(Reg. 60(3)(b)(iii))*

Authorised to authorise an Educator to take the child outside of the premises *(Reg. 60(3)(b)(iv)&(v))*

## **POLICIES AND PROCEDURES**

1. I understand that I will be charged \$1:00 per 1 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 understand that all personal/confidential information will be stored accordingly with the requirements set by the Children's Services Act, Regulations and Privacy Statement.
4. 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 all programs.
5. I understand that I **MUST** contact the Program if I need a casual or permanent place for my child.
6. I give permission for my child to watch PG rated movies.
7. I 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)

**If you do not wish your child to be photographed or watch PG rated movies, please indicate this by crossing out either or both number 6 and 7.**

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 Approved Provider, Nominated Supervisor or educator to seek
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service: and
  - if relevant, an authorisation given under regulation 102 for the Service to take the 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 the 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 service under the direction and supervision of the Approved Provider, Nominated Supervisor or educator
5. Understand that 24hours notice of any cancellations is required by the service and if this is not adhered to then full payment of the fee is payable.
6. Agree to pay fees when they are due.
7. 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:

- |   |   |
|---|---|
| <input type="checkbox"/> Legal Order (where applicable)                             | <input type="checkbox"/> Medical Management Plan (Anaphylaxis, Asthma or other, where applicable) |
| <input type="checkbox"/> Child Health record (for sighting only if available)       |   |
| <input type="checkbox"/> Immunisation Certificate or Immunisation Catch-Up Schedule |   |

Please specify (by circling) which days you wish to **PERMANENTLY** book your child into care:

**Please note the starting date of this permanent booking**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

<u>Before Care</u>
Monday
Tuesday
Wednesday
Thursday
Friday

<u>After Care</u>
Monday
Tuesday
Wednesday
Thursday
Friday

**If a casual position is required, please contact OSHC staff.**

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

**Before School Care** \$15.00 (includes breakfast before 8.20am)

**After School Care** \$17.00 (includes snack and fruit)

**Late cancellation fee (less than 24 hours' notice)** \$17.00

**It is the parents'/guardians responsibility to inform the OSHC program if your child is not attending for any reason (including absence from school). Failure to do so will result in a late cancellation fee.**

**METHODS OF PAYMENT:**

- ⊙ EFTPOS (only at the school office)
- ⊙ Direct Debit (Account information is listed below)

**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:** OPPS Official Account  
**BSB Number:** 063 450  
**Account Number:** 10002492  
**Description:** "Family Name – OSHC Fees"

# OUT OF SCHOOL HOURS CARE PROGRAM

Oak Park 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:

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Dislike:

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

Please list:

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**Does your child like to use an ipad?**

Yes  No please tick

**Does your child need restriction on the ipad?** *(The program allows children to use their ipad for 45 mins once a week and only school apps are allowed to be accessed)*

Yes  No please tick

**Does your child like doing crafts?**

Yes  No please tick

If so what:

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**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:

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**Any other suggestions:**