

Enrolment Form

Patricks Road State School
P&C Association

Outside School Hours Care



Patricks Road
OSHC

Enrolment Form

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

Child Details

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	-- / -- / ----	Class:	
Aboriginal / Torres Strait Islander (Circle Applicable):	Not Indigenous	Aboriginal	Torres Strait Islander	South Sea Islander	
Child Centrelink Reference Number:					

Parent/ Guardian Details

Parent/ Guardian 1 - Account Holder:

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	-- / -- / ----	Relationship to Child:	
M:		H:			
W:		Email:			
Home Address:		Suburb:			
		Postcode:			
Family Centrelink Reference Number:					

The date of birth and Centrelink reference numbers (CRN) for the account holder and each child are required for the purposes of linking for Child Care Benefits (CCB) and the 50% Child Care Rebate. Families MUST be assessed as eligible for Child Care Benefit, please contact the Family Assistance Office on 13 61 50 for further information.

Parent/ Guardian 2:

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	-- / -- / ----	Relationship to Child:	
M:		H:			
W:		Email:			
Home Address:		Suburb:			
		Postcode:			

ARE THERE ANY PARENTING ORDERS RELATING TO YOUR CHILD?

HAS A COPY OF THE RELEVANT DOCUMENTATION BEEN PROVIDED?

Relevant documentation may include Parenting Plans, Parental Responsibility Plans, Residence orders and Contact Order

EMERGENCY CONTACT/COLLECTION DETAILS

PLEASE LIST THE DETAILS OF ALL PERSONS, OTHER THAN PARENTS/GUARDIANS, WHO ARE AUTHORISED TO COLLECT YOUR CHILD AND/OR CAN BE CONTACTED IN CASE OF EMERGENCY.

1. Only the people noted below may pick up your child unless otherwise arranged
2. These people are required to produce identification when picking up your child at their first visit to the centre and subsequently by staff request
3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation.

Authorised Nominee/ Emergency Contact 1

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	__ / __ / ____	Relationship to Child:	
M:		H:			
W:		Email:			
This person is authorised to carry out the following responsibilities for my child/ children (please circle appropriate authorities):			<ul style="list-style-type: none"> Collect child from the education and care service Consent to medical treatment and authorise to administration of medication Authorise an educator to take the child outside of the education and care services premises (e.g. excursion) 		

Authorised Nominee/ Emergency Contact 2

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	__ / __ / ____	Relationship to Child:	
M:		H:			
W:		Email:			
This person is authorised to carry out the following responsibilities for my child/ children (please circle appropriate authorities):			<ul style="list-style-type: none"> Collect child from the education and care service Consent to medical treatment and authorise to administration of medication Authorise an educator to take the child outside of the education and care services premises (e.g. excursion) 		

Authorised Nominee/ Emergency Contact 3

First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:	__ / __ / ____	Relationship to Child:	
M:		H:			
W:		Email:			
This person is authorised to carry out the following responsibilities for my child/ children (please circle appropriate authorities):			<ul style="list-style-type: none"> Collect child from the education and care service Consent to medical treatment and authorise to administration of medication Authorise an educator to take the child outside of the education and care services premises (e.g. excursion) 		

HEALTH AND MEDICAL DETAILS

Does your child have any medical conditions? NO YES

If yes, please provide details: _____

Does your child require regular medication? NO YES

If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.

Does your child have any allergies? NO YES (If yes, please provide details below)

MILD

SEVERE

ANAPHYLAXIS

Please provide details of any allergy management plans relating to your child

Does your child experience asthma? NO YES (If yes, indicate severity)

MILD

SEVERE

Please provide details of any asthma management plans relating to your child

Is your child's immunisation status up to date?

Hepatitis B	YES	NO	Hib	YES	NO
Measles/ Mumps/ Rubella	YES	NO	Pneumococcal	YES	NO
Whooping Cough	YES	NO	Rotavirus	YES	NO
Diphtheria, Tetnus, and Pertussis	YES	NO	Meningococcal C	YES	NO
Polio	YES	NO	Vericella	YES	NO

Please provide a copy of your child's immunisation records. If your child's immunisation status is not up to date, your eligibility to receive Child Care Benefit may be affected.

Does your child have any specific dietary requirements? NO YES _____

Does your child have any food intolerances or allergies? NO YES _____

If yes, is the intolerance/allergy life threatening? NO YES

Please provide details of any food intolerance/allergy management plans relating to your child

MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Doctor 2 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Family Medicare No: _____

ADDITIONAL INFORMATION

Does your child have any religious/cultural needs? NO YES

Does your child have any dislikes, fears or phobias? NO YES

Is your child from a non-English speaking background? NO YES NATIONALITY:

BEHAVIOURAL INFORMATION

Does your child have a Positive Behaviour Support Plan? NO YES

Are there any particular behaviours that staff should be aware of? NO YES

Are there any identifiable triggers to the behaviour? NO YES

Please provide a copy of any Positive Behaviour Support Plans relating to your child

BOOKING INFORMATION

Bookings and Cancellations

Bookings and cancellations can be made by the termly booking forms, email, or in person at the centre. Cancellations must be submitted one business day (72 hours) before the session you wish to cancel. If the appropriate amount of notice is given, you will not be charged for the session. If the cancellation is not given within this time, your child/ children will be marked as absent and you will be charged for the session.

Closing Time

All children are to be collected before 6:00pm. Parents who do not collect their children by this time will be charged late fees. These are as follows: 6:00pm to 6:10pm or any part thereof will be charged \$15.00 over child. Every minute after 6:10pm will be charged \$1.00 per minute per child. Staff will make every effort to contact all authorised nominees. If staff are unsuccessful, as 6:30pm the police will be contacted to come and collect your child.

Before School Care	\$18.00 per child per session
After School Care	\$20.00 per child per session
Vacation Care/ Pupil Free Days	\$48.00 per child per day + additional fees (excursions or incursions)
Late Fees (after 6:00pm)	\$15.00 per child from 6:00pm to 6:10pm \$1.00 per child per minute after 6:10pm
Late Cancellation Fee	Cost of booked session without 72 hours notice

*2020 fees commence from 29th January 2020

Payment Information



iDebitPro

Payment's must be made by Direct Debit using the iDebit Pro, in accordance with their terms of conditions. Direct Debit request form can be found on the last page of the enrolment form.

Before School Care:

Breakfast is available for children between 6:30am and 7:30am.

Children in Grades 2 - 6 are permitted to leave Before School Care at 8:15am. After this time, they must go to the Year 1 undercover area until 8:30am as per school policy.

Before School Care bookings must be made on the Term Booking Form for permanent bookings. Casual bookings must be confirmed via email with 72 hours notice given.

After School Care: please indicate

Afternoon tea is available for all children from sign in at 3:00pm until 4:00pm in the Grade 1 undercover area and the Tuckshop.

After School Care bookings must be made on the Term Booking Form for permanent bookings. Casual bookings must be confirmed via email with 72 hours notice given.

Vacation Care

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days.

Parents are responsible for providing children with morning tea and lunch, unless otherwise specified. The service will provide breakfast and afternoon tea.

Bookings are essential by returning the booking form sent out with the vacation care programs. Bookings and cancellations must have 72 hours notice or the fee for that session will be charged.

Alternative care is not provided at the service on excursion days. Alternative care will be the parent's responsibility.

PERMISSION & AGREEMENT DETAILS

I give my consent to the information contained in this document being available to the Educators employed to work with my child on the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.

- I agree to notify the Coordinator, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our date of birth and providing family and child Customer Reference Numbers.
- I agree to inform the Coordinator of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that appropriate notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions. During term the appropriate notice is 24 hours before booked session, and 48 hours for a Vacation Care session.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.
- I authorise OSHC staff to sign out my child at irregular times for extra curricular activities (sport, band, reading rockets, etc) as communicated with staff via email.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.

- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, newsletters and/or account statements via email as listed below.
- I agree to adhere to the services Outside School Hours Care (OSHC) Policies and Procedures, as outlined in the OSHC Family Handbook.

PARENT/GUARDIAN 1:

NAME: _____ SIGNED: _____ DATE: _____

PARENT/GUARDIAN 2:

NAME: _____ SIGNED: _____ DATE: _____