

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:	
Street Address:					
Suburb:			Postcode:		
Cultural Background:			Languages Spoken: <i>(Listed in order of fluency)</i>		
Please Circle Applicable:	Not Indigenous	Aboriginal	Torres Strait Islander	South Islander	Decline to Answer
Child Centrelink Reference Number:					

## HEALTH AND MEDICAL DETAILS

Does your child have any medical conditions? <i>(If yes please provide details)</i>	Yes	No
Does your child require medication? <i>(If yes please provide details)</i>	Yes	No
<p><i>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.</i></p>		

Does your child have any <b>allergies?</b> <i>(If yes please provide details)</i>	Yes	No				
<table border="1"> <tr> <td><b>Please Circle:</b></td> <td>MILD</td> <td>SEVERE</td> <td>ANAPHYLAXIS</td> </tr> </table>	<b>Please Circle:</b>	MILD	SEVERE	ANAPHYLAXIS		
<b>Please Circle:</b>	MILD	SEVERE	ANAPHYLAXIS			
<p><i>Please provide allergy management plan. 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.</i></p>						

Does your child experience <b>asthma</b> ? <i>(If yes please provide details)</i>		Yes	No
<b>Please Circle:</b>	MILD	SEVERE	
<p><i>Please provide asthma management plan. 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.</i></p>			

Does your child have any impairments? <i>(If yes please provide details)</i>		Yes	No
<p> </p>			

<b>Immunisation Status</b> <i>(Please Circle)</i>					
Hepatitis B	Yes	No	HIB	Yes	No
Measles/ Mumps/ Rubella	Yes	No	Pneumococcal	Yes	No
Whooping Cough	Yes	No	Rotavirus	Yes	No
Diphtheria, Tetanus, and Pertussis	Yes	No	Meningococcal C	Yes	No
Polio	Yes	No	Varicella	Yes	No
<p><i>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.</i></p>					

<b>Medical Practitioner Details</b>				
Doctor Name:			Surgery/ Practice Name:	
Address:			Phone:	

<b>Medicare Details</b>	
Medicare Number:	
Reference number on card:	

<b>OFFICE USE ONLY</b>			
Status of Health Record	Complete		Incomplete
Sighted by:		Date:	

## ADDITIONAL CONSIDERATIONS

Does your child have any religious needs? <i>(If yes please provide details)</i>	Yes	No
Does your child have any cultural needs? <i>(If yes please provide details)</i>	Yes	No
Does your child have any dietary needs? <i>(If yes please provide details)</i>	Yes	No

Does your child have a diagnosis related to their behaviour? <i>(If yes please provide details)</i>	Yes	No
Are there any registered professionals assisting with your child's behaviour? <i>(If yes please provide details)</i>	Yes	No
Does your child have a Positive Behaviour Support Plan?	Yes	No
<i>Please provide a copy of Positive Behaviour Support Plan</i>		
Are there any particular behaviours that staff should be aware of?	Yes	No
Are there any identifiable triggers for this behaviour?	Yes	No

Please detail any other additional information that will help staff support your child:

## PARENT / GUARDIAN DETAILS

Parent/Guardian 1 Details <i>(Account Holder)</i>									
First Name:		Middle Name:		Last Name:					
Gender:		Date of Birth:		Relationship to Child:					
Street Address:									
Suburb:		Postcode:		Licence No./18+ Card/ Passport No.					
Phone:	M:		H:		W:				
Email:									
Cultural Background:		Languages Spoken: <i>(Listed in order of fluency)</i>							
Please Circle Applicable:	Not Indigenous	Aboriginal	Torres Strait Islander	South Islander	Decline to Answer				
Guardian Centrelink Reference Number:									
<i>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 Subsidy (CCS). Families MUST be assessed as eligible for Child Care Subsidy. Please check your MyGov app or the Human Services Website for more information.</i>									

Parent/Guardian 2 Details										N/A: <i>(Tick)</i>
First Name:		Middle Name:		Last Name:						
Gender:		Date of Birth:		Relationship to Child:						
Street Address:										
Suburb:		Postcode:		Licence No./18+ Card/ Passport No.						
Phone:	M:		H:		W:					
Email:										
Cultural Background:		Languages Spoken: <i>(Listed in order of fluency)</i>								
Please Circle Applicable:	Not Indigenous	Aboriginal	Torres Strait Islander	South Islander	Decline to Answer					

## 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					N/A: (Tick)
First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:		Relationship to Child:	
Street Address:					
Suburb:		Postcode:		Licence No./18+ Card/ Passport No.	
Phone:	M:		H:		W:
Email:					
This person is authorised to carry out the following responsibilities for my child/ children (please tick appropriate authorities):					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					N/A: (Tick)
First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:		Relationship to Child:	
Street Address:					
Suburb:		Postcode:		Licence No./18+ Card/ Passport No.	
Phone:	M:		H:		W:
Email:					
This person is authorised to carry out the following responsibilities for my child/ children (please tick appropriate authorities):					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					N/A: (Tick)
First Name:		Middle Name:		Last Name:	
Gender:		Date of Birth:		Relationship to Child:	
Street Address:					
Suburb:		Postcode:		Licence No./18+ Card/ Passport No.	
Phone:	M:		H:		W:
Email:					
This person is authorised to carry out the following responsibilities for my child/ children (please tick appropriate authorities):			<input type="checkbox"/> Collect child from the education and care service		
			<input type="checkbox"/> Consent to medical treatment and authorise to administration of medication		
			<input type="checkbox"/> Authorise an educator to take the child outside of the education and care services premises (e.g. excursion)		

Please list guardian names in order of priority for contact in case of emergency: (Including Parent/Guardian 1 and 2)
1.
2.
3.
4.
5.

Court Orders and Parenting Plans	
Are there any powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	
Has a copy of the relevant documentation been provided? (E.g. Parenting Plans, Parental Responsibility Plans, Residence Order, Contact Order)	

# BOOKING INFORMATION

## Bookings and Cancellations:

Bookings and cancellations can be made via the term booking forms or email. Cancellations must be submitted three business days (72 hours) before the session you wish to cancel. If appropriate notice is given, you will not be charged for the session. If appropriate notice is not given, your child/ children will be marked as absent and you will be charged for the session.

## Late Collection of Children:

All children are to be collected before 6:00pm. If this is not possible, e.g. delayed public transport, traffic, unforeseen health events), please contact the centre ASAP to notify staff. Late fees will apply for all children collected after 6pm. These are as follows: collection between 6:00pm and 6:10pm will result in a \$15.00 fee per child. Every minute after 6:10pm a \$1.00 fee will be charged per minute, per child. Until the child is collected staff will make every effort to contact all guardians and emergency contacts. If staff are unsuccessful, as of 6:30pm, police will be contacted.

## Session Prices:

Before School Care	\$17.50 per child per session
After School Care	\$21.50 per child per session
Vacation Care/ Pupil Free Days	\$49.00 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 Notice Cancellation (Under 72 hours)	Cost of booked session
Late Notice Booking (Under 72 hours)	Cost of booked session + additional \$5.00 per child

\*2021 fees commence from 27th January 2021



**iDebitPro**

Fee payments are paid by Direct Debit using iDebit Pro, in accordance with their terms of conditions. Direct Debit request forms can be found on the last page of this document.

### **Before School Care:**

Breakfast is available for children between 6:30am and 8.00am.

Children in grades 1 - 6 are permitted to leave Before School Care at 8:30am. Children in Prep are escorted to their classroom by staff after 8.30am.

Before School Care bookings are to be made on the Term Booking Form or via email.

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### **After School Care:**

Children in Prep are escorted from their classroom to OSHC by staff at 3.00pm.

Children in grade 1 are signed in at the OSHC room at 3.00pm. Children in grades 2 and 3 are signed in at the C block toilets at 3.00pm. Children in grades 4 – 6 are signed in at the hall at 3pm.

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

After School Care bookings are to be made on the Term Booking Form or via email.

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### **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, incursion and excursion days.

Parents are responsible for providing children with morning tea and lunch, unless otherwise specified in the vacation care program. The service will provide breakfast and afternoon tea. Parents are responsible for providing children with sun safe clothing and appropriate enclosed footwear. If appropriate clothing is not worn parents will be contacted immediately to arrange alternate options.

Bookings are to be made by returning the booking form sent out with the vacation care programs or via email. All days requiring special permission must have a signed permission slip attached upon booking request. Bookings and cancellations must be made with 72 hours notice or the fee for that session will be charged.

Please be aware alternative care is not provided at the service on excursion days.

## PERMISSION & AGREEMENT DETAILS

I give consent to the information contained in this document to be 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 Subsidy requirements are fulfilled, in particular, ensuring eligibility for CCS, providing my/our date of birth and providing guardian 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) for 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 72 hours before booked session, and 72 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 extracurricular 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 50+ 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, 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. A copy of the OSHC family handbook is available at the OSHC office.

PARENT/GUARDIAN 1:

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN 2:

NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

