



**Westmeadows Primary School
Outside School Hours Care**

ENROLMENT FORM

- All sections must be completed.
- Incomplete enrolment forms WILL NOT be accepted.

DETAILS OF CHILD

Family Name.....

Given Name.....

Prefers to be called.....

Male Female (please circle)

Date of Birth.....

Class.....Teacher.....

Language(s) spoken at home.....

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

NO

YES, Aboriginal

YES, Aboriginal & Torres Strait Islander

YES, Torres Strait Islander

Siblings Name/s.....Grade/s.....

PARENT/GUARDIAN 1

Telephone

Name.....

(Home).....

.....

(Mobile).....

D.O.B.....

Place of work.....

Address.....

(Work).....

.....

Does the child live with this
parent/guardian?

YES

NO

.....Postcode.....

PARENT/GUARDIAN 2**Telephone**

Name.....

(Home).....

.....

(Mobile).....

D.O.B.....

Place of work.....

Address.....

(Work).....

.....

Does the child live with this
parent/guardian? YES NO

.....Postcode.....

CRN (Customer Reference Number)

OSHC is required to register all children enrolled and attending care in the Child Care Management System (CCMS).

This system processes CCB (Child Care Benefit) claims for eligible parents/carers as well as calculating and lodging information for the payment of a Childcare Tax Rebate.

Under this system the Parent/Carer and Child's Name, CRN (Customer Reference Number) and DOB (date of birth) are the validators to enable reduced fees to be charged.

It is essential that all parent/carer and child details precisely match that held by DHS.

Any discrepancies will lead to OSHC being unable to process the CCB claim and allocate the appropriate reduction in your fees.

To ensure you are able to take advantage of reduction in fees under CCMS, please complete the following:

Parent/Guardian 1 CRN:.....

Child CRN:.....

If you are unaware of your CRN or have not previously claimed CCB please contact DHS 13 6150

Further information: www.familyassist.gov.au

Please Note

Full Fees will apply if CRN's are not supplied and CCB has not been applied for.

CUSTODY DETAILS

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

YES **please complete the following**

1. Bring the **original** court order/s for staff to sight and a copy to attach to this enrolment form.

2. Please provide a brief description of the details relating to any order/s

.....

.....

OTHER INFORMATION

Is there any other information we should know about your child?
Cultural or Religious information, likes, dislikes, favourite activities, etc.

MEDICAL INFORMATION

Does your child have a developmental delay, a disability or any special needs?

NO

YES

If yes please provide details of any management procedure/s to be followed.

Does your child have any allergies or sensitivity? NO YES

If yes please provide details of any management procedure/s to be followed.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? NO YES

Does your child have an auto injection device? (eg Epipen) NO YES

If yes a current Anaphylaxis management plan signed by the medical practitioner who is treating your child must be provided.
A Risk Management Plan will be developed for your child and you will be provided with a copy of the services Anaphylaxis management policy.
Relevant medication/EPIPEN must be supplied when your child is in attendance.

Asthma

Has your child been diagnosed with Asthma? NO YES

If yes a current Asthma management plan signed by the medical practitioner who is treating your child must be provided.
Relevant medication and a Spacer must be supplied when your child is in attendance.

Does your child have any other medical conditions that are relevant to the care of your child?

NO

YES

If yes please provide details of condition and any management procedures/plans.

Does your child have any dietary restriction? NO YES

If yes the following restrictions apply

Has your child been immunised? YES NO

FAMILY DOCTOR

Doctor's Name.....Phone.....

Name of Practice.....

Address.....

Medicare Number.....

Ambulance Subscriber.....Yes.....No (Please Circle)

CONSENT TO EMERGENCY MEDICAL TREATMENT

I/We (Print full name/s)

Person/s with lawful authority of the child referred to in this enrolment form;

- Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service

PARENT/GUARDIAN SIGNATURE/S:

.....

.....

Authorisation for taking from Education & Childcare Site

I/We (Print full name/s)

Person/s with lawful authority of the child referred to in this enrolment form;

- Consent for Westmeadows PS OSHC staff taking my child from the Westmeadows PS OSHC site in the event of evacuation or emergency

PARENT/GUARDIAN SIGNATURE/S:

.....

.....

DAYS REQUIRED (please circle)**Casual Use Only****Permanent Bookings****BEFORE SCHOOL CARE**

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER SCHOOL CARE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PERSONS AUTHORISED TO COLLECT CHILDREN

Your consent is required for people other than the parents/guardians listed on this form to collect your child from OSHC on your behalf, please provide the details of those persons below (This list maybe added to or changed at any time).

EMERGENCY CONTACTS

In addition to persons authorised to collect your child we require **2** people who could pick up and care for your child in case of accident, injury, or illness where parents/guardians are not available. Additionally in the event that your child is not collected from OSHC and parents/guardians cannot be contacted, emergency contacts will be used to arrange collection of your child.
(Please indicate whether persons authorised to collect can also be used as an emergency contact or please provide emergency contacts)

1. Name.....

Relationship to child.....

Address.....

Phone Numbers.....

Can this person be used as an emergency contact? YES NO

2. Name.....

Relationship to child.....

Address.....

Phone Numbers.....

Can this person be used as an emergency contact? YES NO

3. Name.....

Relationship to child.....

Address.....

Phone Numbers.....

Can this person be used as an emergency contact? YES NO

4. Name.....

Relationship to child.....

Address.....

Phone Numbers.....

Can this person be used as an emergency contact? YES NO

PHOTOGRAPHIC CONSENT

I/We give permission for the child listed in this enrolment form to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.

YES NO (Please circle)

I/We give permission for the child listed in this enrolment form to be photographed and/or videotaped in the event of media reportage.

YES NO (Please circle)

SUNSCREEN CONSENT

I/We give permission for the child listed in this enrolment form to use 30+ Sunscreen; as per the service's Sun Smart Policy.

YES NO (Please circle)

CONSENT TO WATCH PG RATED MOVIES

I/We give permission for the child listed in this enrolment form to watch PG rated movies and/or use PG rated video games.

YES NO (Please circle)

FEES

Fees are charged for all permanent bookings regardless of attendance and all casual bookings cancelled with less than 24 hours' notice.

The **only** exceptions to these rules are:

- If your child's position can be filled by another child
- Your child is absent due to attendance at a school sanctioned activity such as camp or a school sports day.

In all other instance fees will be charged.

HOLIDAY CHARGE

A Holiday holding fee of \$5.00 per child per day is charged for children absent due to attending holidays during school term.

LATE FEES

ASC closes at 6pm it is parent's responsibility to ensure children are collected by this time.

A late fee of \$5.00 for every 5 minute or part thereof per child will be charged in the event of late collection

ACCOUNTS

Accounts are issued either as a hard copy or via email

Accounts are issued weekly in arrears.

Accounts must be paid in full weekly or fortnightly.

Accounts may be paid via EFTPOS, Cash or Cheque (payable to Westmeadows PS).

Account to be issued to: Parent/Guardian 1 Parent/Guardian 2 (Please circle)

Account to be issued as: Hard Copy Email (Please circle)

Email:

DECLARATION

I/We (Print full name/s.)

Person/s with lawful authority of the child referred to in this enrolment form:

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information
- Agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- Undertake to inform the staff of any absence of my child from the service
- Accept all fees & charges and the criteria by which they are applied.
- Agree to pay all fees associated with the use of Outside School Hours Care and maintain my account as per the requirements of the OSHC Fees & Accounts Policy
(Failure to maintain your account will result in ineligibility to access the OSHC program)
- Accept full responsibility for my child's belongings whilst attending the service
- Agree to abide by all policy and philosophy guidelines of the service

PARENT/GUARDIAN SIGNATURE/S:

.....
.....

DATE

Please Note: The completion of an enrolment form does not guarantee a position in OSHC. Positions are subject to availability.
Please contact OSHC staff on 0404 883 974 (7 - 9am) or (3 - 6pm) or drop into the OSHC room to discuss your requirements for permanent positions.
For emergency/casual positions, please ring OSHC 0404 883 974 or School Office 9309 4350 to ascertain availability.

Privacy Notification

Westmeadows Primary School OSHC uses this enrolment form to collect personal information for the purposes of service enrolment and statistical recording.
The information may be shared with funding agencies and administrators for operational purposes only.
The information will not be disclosed to any other party except as required by law.
You are able to amend or correct information on request, by contacting the OSHC coordinator.

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The *Children's Services Regulations 2009* refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they live together or are married.
A court order such as under the Family Law Act may alter or take away the lawful authority of a person or may give lawful authority 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 Service's 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.