

Mackellar Primary School

Outside of School Hours Care (OSHC)

Enrolment Form

Confidentiality of Enrolment Records

The proprietor of the Children's 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 authorised by the parent or prescribed in the Children's Services Regulations

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed Children's Services may use this form to collect the child's enrolment information as required in the Children's Services Regulations (31 to 35). Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the Service in caring for your child.

As prescribed in the in the Education and Care Services National Regulations, every child must have a separate form filled out with their medical details.

OPENING HOURS:

Before School Care:	6-15am - 8-45am	After School Care:	3-30pm- 6-30pm
Vacation Care	6-30pm- 6-30pm	Curriculum Days:	6-30pm- 6-30pm

PROVIDER NUMBERS:

Before School Care:	555 008 412J	After School Care:	555 008 255V
Vacation Care and Curriculum Days:	555 012 829S		

PHONE NUMBERS: 93679798

MOBILE: 0422 337 250

Childcare Benefit: Mackellar Out of School Hours Care Program offers eligible families a discount on their fees. To qualify families must register at a Centrelink Office on 13 61 50 or via the internet at www.centrelink.gov.au/. Families will be notified of the subsidy available for them.

Fees: Families who do not apply for CCB will be charged the full daily fee Before School Care - \$11-50 After School Care - \$16-00 Vacation Care\ Curriculum Days \$45-00, plus any additional fees for Incursions and Excursion days.

Office Use:		Date Received:	
	Management Plans (if applicable)		Immunisation Records.
	Email Address		CRN's
	Custody Orders (if applicable)		Form Completed (if applicable)

	Children's Name	Family Name		
1				
2				
3				
Do you have any children in care at another Service?		Yes		No
If Yes, please indicate how many?		1	2	3
<i>Providing this information ensures you receive your appropriate level of child care benefits.</i>				

Information about the child's parents or guardians

Mother	Father
Name: _____	Name: _____
Address – as per child or: _____	Address – as per child or: _____
Phone (H) _____ (W) _____	Phone(H) _____ (W) _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Centrelink CRN: _____	Centrelink CRN: _____
Date of Birth: _____	Date of Birth: _____
*Country of Birth: _____	*Country of Birth: _____
*Place of Employment: _____	*Place of Employment: _____
*Occupation: _____	*Occupation: _____
Does the child live with the Mother? Yes No	Does the child live with the Father? Yes No
Guardian (if applicable)	Guardian (if applicable)
Name: _____	Name: _____
Address – as per child or: _____	Address – as per child or: _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____
Mobile: _____	Mobile: _____
Email: _____	Email: _____
Centrelink CRN: _____	Centrelink CRN: _____
Date of Birth: _____	Date of Birth: _____
*Place of Employment: _____	*Place of Employment: _____
Does the child live with this guardian? Yes No	Does the child live with this guardian? Yes No

***Family History & Culture**

Festivals & Celebrations

Please provide details of the festivals / celebrations your family recognises.

Please provide details of festivals / celebrations you do not want your child to participate in.

Providing this information will allow Educators to plan special activities and allow children to share in and understand other families' cultures, celebrations and festivals.

Child 1. Details**Please Print Clearly**

Given Name:	Family Name:
Preferred Name:	
Date of Birth: / /	Sex: M F
Home Address:	PostCode:
Centrelink CRN:	
Language(s) spoken at home:	
*Is the child of Aboriginal and/or Torres Strait Islander Origin? <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Child 1. Medical Information

Name Doctor/Medical Service:
Address Doctor/Medical Service:
Telephone:
Maternal & Child Health (M&CH) Centre:

Does your child have a child health record? (In Victoria it is a blue or green book) No Yes
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.

Office Use: Name and position of person at the children's service who has sighted the child's health record.
Name: _____ Position: _____

Child's Immunisation Record

Has your child been Immunised? No Yes

Attaching a copy of the Immunisation Record from the Child Health Record book, **OR**
Attaching the Child History Statement from the Australian Childhood Immunisation Register.
Attaching a copy of the immunisation Exemption Certificate

Does your child have any special needs or developmental delay or disability including intellectual, sensory or physical impairment? No Yes

*If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.
Please also indicate the services involved with your child:*

Does your child have any allergies or sensitivity? No Yes

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

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (e.g. EpiPen®)? No Yes
- Has the anaphylaxis medical management plan been provided to the service? No Yes
- Has a risk management plan been completed by the service in consultation with you. No Yes

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

Does the child have any dietary or cultural restrictions?

No Yes

If yes, the following restrictions apply:

Does your child have any other medical conditions?

Asthma Epilepsy Diabetes Other: _____

If yes: (a) Complete and return the medical management plans provided by staff for the particular illness once they have been signed by your doctor.

(b) Attach any Management procedures or Plan provided by a Doctor e.g. Asthma Plan

Has your child attended any specialist agencies? E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc. No Yes

If yes please provide details: _____

Is there anything that the OSHC Program should know about the child? (e.g. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc.)

Child 1. Booking Information

Monday	Tuesday	Wednesday	Thursday	Friday
Before School	Before School	Before School	Before School	Before School
After School Care	After School Care	After School Care	After School Care	After School Care

Or

Vacation Care Program		Casual Before & After School Care	
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Child 2. Details**Please Print Clearly**

Given Name:	Family Name:
Preferred Name:	
Date of Birth: / /	Sex: M F
Home Address:	
Centrelink CRN:	
Language(s) spoken at home:	
*Is the child of Aboriginal and/or Torres Strait Islander Origin?	
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	

Child 2. Medical Information

Name Doctor/Medical Service:
Address Doctor/Medical Service:
Telephone:
Maternal & Child Health (M&CH) Centre:

Does your child have a child health record? (In Victoria it is a blue or green book) <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please provide to the service for sighting</i>
Child health record means a record that documents a child’s health and development assessments and Immunisations. Office Use: Name and position of person at the children’s service who has sighted the child’s health record. Name: _____ Position: _____

Child’s Immunisation Record Has your child been Immunised? <input type="checkbox"/> No <input type="checkbox"/> Yes Attaching a copy of the Immunisation Record from the Child Health Record book, OR Attaching the Child History Statement from the Australian Childhood Immunisation Register. Attaching a copy of the immunisation Exemption Certificate

Does your child have any special needs or developmental delay or disability including intellectual, sensory or physical impairment? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes please provide details of any special needs and any management procedure to be followed with respect to the special need. Please also indicate the services involved with your child:</i> _____ _____
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Does your child have any allergies or sensitivity? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.</i> _____ _____
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Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (e.g. EpiPen®)? No Yes
- Has the anaphylaxis medical management plan been provided to the service? No Yes
- Has a risk management plan been completed by the service in consultation with you? No Yes

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No Yes

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Asthma Epilepsy Diabetes Other: _____

If yes: (a) Complete and return the medical management plans provided by staff for the particular illness once they have been signed by your doctor.

(b) Attach any Management procedures or Plan provided by a Doctor e.g. Asthma Plan

Has your child attended any specialist agencies? E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc.

No Yes

If yes please provide details:

*Other Information

Is there anything that the OSHC Program should know about the child? (e.g. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

Child 2. Booking Information

Monday	Tuesday	Wednesday	Thursday	Friday
Before School	Before School	Before School	Before School	Before School
After School Care	After School Care	After School Care	After School Care	After School Care

Or

Vacation Care Program		Casual Before & After School Care	
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Child 3. Details**Please Print Clearly**

Given Name:	Family Name:
Preferred Name:	
Date of Birth: / /	Sex: M F
Home Address:	
Centrelink CRN:	
Language(s) spoken at home:	
*Is the child of Aboriginal and/or Torres Strait Islander Origin?	
No, not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander
Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander

Child 3. Medical Information

Name Doctor/Medical Service:
Address Doctor/Medical Service:
Telephone:
Maternal & Child Health (M&CH) Centre:

Does your child have a child health record? (In Victoria it is a blue or green book) No Yes
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 Please also indicate the services involved with your child:*

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(b) Attach any Management procedures or Plan provided by a Doctor e.g. Asthma Plan

Has your child attended any specialist agencies? E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc. No Yes

If yes please provide details: _____

*Other Information

Is there anything that the OSHC Program should know about the child? (e.g. excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

Child 3. Booking Information

Monday	Tuesday	Wednesday	Thursday	Friday
Before School	Before School	Before School	Before School	Before School
After School Care	After School Care	After School Care	After School Care	After School Care

Or

Vacation Care Program		Casual Before & After School Care	
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Other Persons to be notified (Emergency Contacts)

There may be times when your child has an accident, injury, trauma or illness and the parent or guardians cannot be contacted. To deal with these situations the children’s service should notify one of the following people who are authorised to collect and care for the child after an accident, injury, trauma or illness.

Please ensure these people are willing to act on your behalf and have been informed that they are listed here.

Name:	Name:
Address:	Address
Phone (H)	Phone (H)
Phone (W)	Phone (W)
Phone (M)	Phone (M)
Relationship to child:	Relationship to child:

Details of people who you authorise to collect your child/ren.

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. This list may be added to or changed throughout the year. In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name:	Name:
Address:	Address
Phone (H)	Phone (H)
Phone (W)	Phone (W)
Phone (M)	Phone (M)
Relationship to child:	Relationship to child:

Declaration and Consent to Emergency Medical Treatment

I, _____ (Print full name)
a person with lawful authority of the child/ren referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- Consent to the Educators of the Program seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will be responsible for any costs associated with such emergency medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signed: _____ **Date :** _____

Lawful Authority

Parents
All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Education and Care Services Regulation 2010 refers to these powers and responsibilities as ‘lawful authority’. 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 Education and Care Services Act 2011 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.

Court orders relating to the child/ren

Are there any court orders relating to the powers and responsibilities of the parents 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 orders **and a copy will be attached to this enrolment form:**
2. If these orders:
 - (a) Change the powers of a parent/ guardian to:
 - Authorise the taking of the child outside the service by an Educator of the service;
 - Consent to the medical treatment of the child;
 - Request or permit the administration of medication to the child;
 - Collect the child from the Program **AND / OR**
 - (b) Give these powers to someone else,

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

*Acknowledgement & Consents:

I, _____(parents full name)

being the parent /guardian of _____(child/ren's names)

- I agree to the displaying my child/ren's Asthma and/or Allergy Triggers, Anaphylaxis Management Plan, Diabetes and or Epilepsy Management Plan in the OSHC program. (if applicable)
- I agree to have my child/ren's Dietary Restrictions on display in the room. (if applicable)
- I agree to respect the privacy of other families who attend the OSHC Program. I will not discuss or divulge information regarding a child or family attained by attendance in the Program.
- I understand that if I do not collect my child/ren on time, Educators will contact me first and then the emergency contact numbers recorded on this form.
- I understand that if I do not collect my child/ren on time that a late collection fee will apply as per the centre's policy and procedures.
- I understand fees are compulsory and are to be kept up to date. Suspension will occur if my account is more than \$50-00 in arrears.
- I understand that I am required to provide my child/ren with an appropriate Sun Smart hat for my child to wear during Terms 1 and 4.
- I understand that the Program will provide 30+ sunscreen for my child to apply before going outside during Terms 1 and 4.
- I give permission for the Educators to photograph my child/ren for the purpose of display and child development.
- I agree for photos of my child/ren to be included and circulated in newsletters or notice boards and other albums, within the Mackellar Primary School.
- I agree for photos of my child/ren to be included on the Mackellar Primary School website.
- I agree to have my child/ren's name and child/rens birthday on display in the room.
- I am willing to have my child/rens photo appear in newspapers and other publications.
-
- I give permission for my child/ren to view G or PG rated movies or games within the program.
- I give permission for my children to be photographed by other children within the program, under the supervision of the educators, for Program activities.
-
- I acknowledge that I may receive documents via email relating to the Program
- I consent to the collection and use of the personal and health information collected on this form for the purpose of delivering proper services to my child/ren while attending the Program.
- I understand that the information collected will remain private and confidential within the Program and will only be disclosed to other persons or agencies as permitted by both parents or the authorised parent/guardian, or otherwise authorised by the law.
- I declare I have informed and obtained the consent of persons listed as emergency contacts for their personal details to be collected and used by the Program.
- I understand that each application will be assessed on an individual basis.
- I will not send my child/ren to the program with any nut products or food items containing nuts, including Nutella & Peanut Butter.
- I agree that any monies outstanding to Mackellar Primary School OSHC Program will be paid in accordance with the fee policy. Should I/we not meet these payments I understand that a debt collector may seek to recover these funds and that I/we are prepared to pay all costs owing including any costs incurred to recover these monies.

Signed: _____ Date: _____