

MILDURA SOUTH PRIMARY SCHOOL OSHC ENROLMENT FORM - 2019

PARENT DETAILS:

The definition of 'parent' in relation to a child includes –

- a) a guardian of the child, and
- b) a person who has parental responsibility for the child, under a decision or order of a court

Primary Contact:

Name: DOB: CRN:

Relationship to child: Main Language Spoken:

Email address (to send accounts and correspondence):

Residential Address:

Postal address if different to above:

Home Phone: Mobile: Work Phone:

Occupation: Employers Name/Company:

Can this person be contacted at work on the telephone: YES / NO (please circle)

Secondary Contact:

Name: DOB: CRN:

Relationship to child: Main Language Spoken:

Residential Address:

Home Phone: Mobile: Work Phone:

Occupation: Employers Name/Company:

Can this person be contacted at work on the telephone: YES / NO (please circle)

COURT ORDER / CUSTODY DETAILS:

Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No – go to the next section

Yes – please complete the following:

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

OTHER PERSONS TO BE NOTIFIED / MEDICAL AUTHORISATION

There may be times when the child has an accident, injury, trauma or illness and the parents 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 accident, injury, trauma or illness. I also:

- 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 service

1)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

2)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

OTHER PERSONS TO BE NOTIFIED / MEDICAL AUTHORISATION *continued*

3)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

DETAILS OF PEOPLE YOU AUTHORISE TO COLLECT YOUR CHILD/CHILDREN

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 authorise 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 cannot be contacted, this list will also be used to arrange someone to collect the child. Please complete ALL areas or cross out if not applicable.

1)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

2)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

3)NAME: Relationship to the child:

Address:

Home Phone: Work: Mobile:

CHILD CARE SUBSIDY (CCS)

Families are required to complete an online assessment through the Centrelink website (Dept Human Services), to determine eligibility for Child Care Subsidy.

CUSTOMER REFERENCE NUMBERS (CRN) (Mildura South Primary School OSHC)

Before/After School Care CRN - 555 011 106K

Vacation Care CRN - 555 019 340A

BOOKINGS: Casual / Permanent (please circle) **Vacation Care bookings to be made with the scheduled booking form**

BEFORE SCHOOL CARE:

AFTER SCHOOL CARE:

Days required - M / T / W / T / F (please circle)

M / T / W / T / F (please circle)

DECLARATION AND CONSENT TO MEDICAL TREATMENT

I, the undersigned request enrolment and agree to abide by the rules and conditions of the Outside School Hours Care Program and meet any costs incurred (child care fees). In return for care of your child, fees will be paid to the service. Statement of fees are issued every week and due at that time. I understand that if fees are overdue by more than one month, my booking will be forfeited until the account is paid and up to date. I authorise the approved provider, nominated supervisor or educator of the program, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required from a medical practitioner, hospital or ambulance service, and agree to meet any expenses attached to such treatment. I authorise transportation of my child by ambulance if required. I authorise the listed authorised people including the nominated supervisor or educator of the program taking my child/children outside the service on excursions and regular outings. I also accept full responsibility for my child/children's belongings whilst attending the program. I fully understand that if my child/children continuously misbehave and after behaviour guidance procedures have been followed, I will be notified and my child/children will be removed from the Program. I undertake to inform the Program staff of any absence of my child/children. I acknowledge that my child/children will not attend the Program if suffering from any infectious or contagious disease. In the event that my child/children is injured or becomes ill during the Program, either myself or an authorised person shall collect the child/children as soon as practical. I understand that if I cancel my child/children from the Program that I will still be charged the current rate unless another child can utilise the vacancy. I understand that if I do not notify the Program of intention to cancel that I will still be charged the current rate for the booking.

Parent Signature..... Date

OPERATING HOURS and COSTS: (As of Term 1 2019)

Before School Care:	6.45am to 8.45am	\$16.00
After School Care:	3.30pm to 6.00pm	\$22.00
- last day term	2.30pm to 6.00pm	\$25.00
Vacation Care / Student Free Days	8.00am to 6.00pm	\$48.00 (plus excursion costs)

A copy of the service's policies are located near the sign in/out area.

All families are to complete an online assessment via MyGov to determine Child Care Subsidy (CCS) entitlements and eligibilities. If the CCS is cancelled due to inactivity, the service will reactivate this when required. At this time, families will need to confirm the enrolment via MyGov for this service to continue the CCS entitlement.

Our service uses QK Kiosk via an iPad to sign in and out children. This records the sign in and out time of arrival and departure. All contact people on this enrolment form can set up a pin of their choice to use QK Kiosk. To set up a pin, the contact person is to enter their phone number, followed by 0000. This will prompt the person to enter a pin which can be 4-6 digits. The pin can be reset at any time if forgotten. If you would like to add or remove any contacts for this enrolment, please see the coordinator.

A few tips for completing this enrolment form:

- All sections are to be completed – including names, addresses and phone numbers for all contacts.
- The “Details of Child” section of this form is to be completed for ALL children attending the program. The “parent contact detail” form is only required per family. Enrolment forms are to be completed annually to maintain current information.
- Please complete all relevant information regarding your child's health needs, culture, celebrations, languages, traditions, likes and dislikes etc. to enable the best possible care for your child.
- If your child does not celebrate certain days (Christmas, birthdays, Easter etc.) please ensure this is noted on the enrolment form.



**MILDURA SOUTH PRIMARY SCHOOL
OUT OF SCHOOL HOURS PROGRAM**

PO BOX SM73, MILDURA SOUTH 3501

PHONE: (03) 5018 6028 MOBILE: 0408 232 143

Email: oshp@msps.vic.edu.au

Dear Parents,

The Out of School Hours Program is a service we offer to support our working parents in our school community. We are not obliged to have children at our program who refuse to comply with our agreed behaviour policy.

Our main concern we have is for the safety and wellbeing of the staff and children in the program and a lack of respect shown to staff, and to other children.

Please discuss this with your children so they are aware of the consequences of their actions, if they do misbehave.

BEHAVIOUR POLICY

Depending on the severity of the behaviour, parents will be contacted and will need to come and collect their child/children from the program **As Soon As Possible**.

The child will be suspended from the program for one day (the next day they are booked in for) and will be allowed back in to the program the following day, only if they have agreed to improve their behaviour. When they return and if their behaviour continues to decline, then they will be suspended for two days and so on until eventually they may not be welcome to attend the program at all.

If a child physically hurts or harms another child, they will need to be collected as soon as possible and will be suspended in the same manner as above.

Parents must be contactable at all times, or have a contact on their Enrolment Form, who is able to come and collect the child As Soon As Possible.

Bullying, teasing, bad language and the lack of respect to staff will not be tolerated.

Marie-Therese Milani
Principal and Licensee of the OSHC program

Kerri Abbott
OSHC Co-ordinator

Child's/children's Name: _____ Parent Sign: _____

Date: _____

MILDURA SOUTH PRIMARY SCHOOL OSHC ENROLMENT FORM - 2019

DETAILS OF CHILD 1 – (to be completed for each child attending the service)

First Name: Surname:

Preferred First Name: Child's CRN: (different to parent CRN)

Date of Birth: Male / Female (Please circle)

Address:

School Attending: Grade: Teacher:

Main Language spoken: Other Languages spoken:

Any special considerations e.g. religious, dietary, cultural etc.

.....

This child resides with (Please tick appropriate box)

Both Parents () Mother () Father () Guardian () Shared Custody ()

CHILDS HEALTH INFORMATION

Doctor/Medical Service..... Telephone:

Address: Medicare number:

Has your child been immunised? **Yes / No** If yes, the name and position of person at our service who has sighted the child's health record – Name: Position:

Does your child have any additional needs? Including developmental delay, disability, intellectual, sensory or physical? **Yes / No**, if yes, please provide as much information as possible to assist staff caring for your child:

.....
.....
.....

Does your child have any allergies or sensitivities? **Yes / No** If yes, please provide details of any allergies and any management procedure to be followed:

.....

Does your child have any dietary restrictions: **Yes / No** If yes, the following restrictions apply:

.....

Is your child currently taking any medication? **Yes / No** If yes, please provide details:

.....

If medication is to be given to your child on a day at the service, please complete a 'Medical Record' form which can be obtained from our office.

Enrolment form continued over page...

MILDURA SOUTH PRIMARY SCHOOL OSHC ENROLMENT FORM - 2019

ASTHMA

Has your child been diagnosed with asthma? **Yes / No**

If **Yes**, what procedure is to be followed in case of an attack or to prevent an attack:

NAME OF MEDICATION (e.g. Ventolin)	METHOD (e.g. puffer & spacer)	When, and how much?	Where is the medication kept?

- **Please provide the following:**

- Child’s School Asthma Action Plan, signed by the treating doctor
- If your child can administer their own asthma medication, please complete the ‘*Self Administer Asthma Medication*’ form from our office
- If your child requires assistance with their medication, please complete the ‘*Medication Record*’ form from our office. This will be kept on file and used when medication is administered.

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? **Yes / No**

Does your child have an auto injection device (e.g. EpiPen®)? **Yes / No**

Has the anaphylaxis medical management plan been provided to the service? **Yes / No**

Has a risk management plan been completed by the service in consultation with you? **Yes / No**

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

You will be provided with a copy of the services anaphylaxis management policy.

OTHER INFORMATION

Is there any other information we should know about your child/children? Please provide as much information as possible for the care of your child. Likes, dislikes, favourite activities, cultural information, traditions etc.

.....

.....

.....

PHOTOGRAPHIC CONSENT

Do you give permission for your child/children to be photographed whilst attending the program?

YES NO (Please Circle) These photos may be displayed at the service or used for promotional material for this service.

MEDIA CONSENT

Do you give permission for your child/children to be photographed and/or videotaped in the event of media reportage?

YES NO (Please Circle) e.g. Sunraysia Daily, WIN News etc.

SUNSCREEN CONSENT

Do you give permission for The Out of School Hours Staff to apply Sunscreen or Insect Repellent to your child/children?

YES NO (Please Circle) **If no, please provide own sunscreen**

MOVIES

Do you give permission for your child/children to watch suitable PG rated movies?

YES NO (Please Circle)

CHILDREN TO COMPLETE THIS SECTION (with help from parents if needed)

MY NAME IS:.....

I AM YEARS OLD, IN GRADE:

I LIVE WITH:

.....

MY FAVOURITE FOOD:.....

.....

FOOD THAT I DON'T LIKE TO EAT:.....

.....

I AM GOOD AT:.....

.....

MY FAVOURITE THING TO DO IS:.....

.....

MY FRIENDS:.....

.....

WHAT I WANT TO BE WHEN I'M OLDER:.....

.....

MILDURA SOUTH PRIMARY SCHOOL OSHC ENROLMENT FORM - 2019

DETAILS OF CHILD 2 – (to be completed for each child attending the service)

First Name: Surname:

Preferred First Name: Child's CRN: (different to parent CRN)

Date of Birth: Male / Female (Please circle)

Address:

School Attending: Grade: Teacher:

Main Language spoken: Other Languages spoken:

Any special considerations e.g. religious, dietary, cultural etc.

This child resides with (Please tick appropriate box)

Both Parents () Mother () Father () Guardian () Shared Custody ()

CHILDS HEALTH INFORMATION

Doctor/Medical Service..... Telephone:

Address: Medicare number:

Has your child been immunised? **Yes / No** If yes, the name and position of person at our service who has sighted the child's health record – Name: Position:

Does your child have any additional needs? Including developmental delay, disability, intellectual, sensory or physical? **Yes / No**, if yes, please provide as much information as possible to assist staff caring for your child:

.....
.....
.....

Does your child have any allergies or sensitivities? **Yes / No** If yes, please provide details of any allergies and any management procedure to be followed:

.....

Does your child have any dietary restrictions: **Yes / No** If yes, the following restrictions apply:

.....

Is your child currently taking any medication? **Yes / No** If yes, please provide details:

.....

If medication is to be given to your child on a day at the service, please complete a 'Medical Record' form which can be obtained from our office.

Enrolment form continued over page...

MILDURA SOUTH PRIMARY SCHOOL OSHC ENROLMENT FORM - 2019

ASTHMA

Has your child been diagnosed with asthma? **Yes / No**

If **Yes**, what procedure is to be followed in case of an attack or to prevent an attack:

NAME OF MEDICATION (e.g. Ventolin)	METHOD (e.g. puffer & spacer)	When, and how much?	Where is the medication kept?

- **Please provide the following:**

- Child’s School Asthma Action Plan, signed by the treating doctor
- If your child can administer their own asthma medication, please complete the ‘*Self Administer Asthma Medication*’ form from our office
- If your child requires assistance with their medication, please complete the ‘*Medication Record*’ form from our office. This will be kept on file and used when medication is administered.

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? **Yes / No**

Does your child have an auto injection device (e.g. EpiPen®)? **Yes / No**

Has the anaphylaxis medical management plan been provided to the service? **Yes / No**

Has a risk management plan been completed by the service in consultation with you? **Yes / No**

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

You will be provided with a copy of the services anaphylaxis management policy.

OTHER INFORMATION

Is there any other information we should know about your child/children? Please provide as much information as possible for the care of your child. Likes, dislikes, favourite activities, cultural information, traditions etc.

.....

.....

.....

PHOTOGRAPHIC CONSENT

Do you give permission for your child/children to be photographed whilst attending the program?

YES NO (Please Circle) These photos may be displayed at the service or used for promotional material for this service.

MEDIA CONSENT

Do you give permission for your child/children to be photographed and/or videotaped in the event of media reportage?

YES NO (Please Circle) e.g. Sunraysia Daily, WIN News etc.

SUNSCREEN CONSENT

Do you give permission for The Out of School Hours Staff to apply Sunscreen or Insect Repellent to your child/children?

YES NO (Please Circle) **If no, please provide own sunscreen**

MOVIES

Do you give permission for your child/children to watch suitable PG rated movies?

YES NO (Please Circle)

CHILDREN TO COMPLETE THIS SECTION (with help from parents if needed)

MY NAME IS:.....

I AM YEARS OLD, IN GRADE:

I LIVE WITH:

.....

MY FAVOURITE FOOD:.....

.....

FOOD THAT I DON'T LIKE TO EAT:.....

.....

I AM GOOD AT:.....

.....

MY FAVOURITE THING TO DO IS:.....

.....

MY FRIENDS:.....

.....

WHAT I WANT TO BE WHEN I'M OLDER:.....

.....