

Mildura South Primary School OSHC
PO Box 10198 Mildura VIC 3502
Phone: 03 5023 2148 option 3
Mobile: 0408 232 143
ABN 20 239 879 050
Email: oshp@msps.vic.edu.au

OSHC ENROLMENT FORM – 2021

How to find us: We are located in the school gymnasium.
Enter via Gate 5, Albert Street. All children are to be signed
in/out using the iPad by a person listed on this form.

Operating hours and costs: (The OSHC service does not operate on Public Holidays and is closed annually between Christmas and New Year)

Before School Care 6.45am – 9.00am \$20.00
After School Care 3.30pm – 6.00pm \$30.00 (last day of term 2.30pm – 6.00pm \$32.00)
Vacation Care &
Student Free Days 8.00am – 6.00pm \$65.00 (plus any excursion costs)

These fees can be reduced when claiming the Child Care Subsidy through Centrelink.

Payment of fees can be made over the phone with Credit Card (0408 232 143 / 5023 2148 option 3) or in person with cash or Eftpos. Alternately, a payment plan can be set up using a credit card for weekly or fortnightly payments (please see the coordinator for a credit card transaction form if you would like to set up this payment method).

****At least one-month notice will be given when a fee increase is scheduled****

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

Parent 1

Name: _____

Date of birth: _____

CRN: _____

Relationship to child: _____

Residential Address: _____

Postal Address: _____

Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Employers name/company: _____

Parent 2

Name: _____

Date of birth: _____

CRN: _____

Relationship to child: _____

Residential Address: _____

Postal Address: _____

Phone: _____

Work Phone: _____

Email: _____

Occupation: _____

Employers name/company: _____

Authorised Nominees/ Emergency contacts

Please identify anyone that may collect your child from the service. There may be times when your child has an accident, injury or becomes ill and you cannot be contacted. In these situations, the service will notify one of the people who are authorised to collect the child. These contacts must be over the age of 18.

<p><u>Contact 1</u></p> <p>Name: _____</p> <p>Relationship to child: _____</p> <p>Residential Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Authorised to collect: [] Yes [] No</p> <p>Notify in the event of [] Yes [] No an emergency:</p> <p>Authorised to consent to [] Yes [] No medical treatment or the administration of medicine</p> <p>Authorised to permit an [] Yes [] No educator to take the child outside the service’s premises (e.g. excursions)</p>	<p><u>Contact 2</u></p> <p>Name: _____</p> <p>Relationship to child: _____</p> <p>Residential Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Authorised to collect: [] Yes [] No</p> <p>Notify in the event of [] Yes [] No an emergency:</p> <p>Authorised to consent to [] Yes [] No medical treatment or the administration of medicine</p> <p>Authorised to permit an [] Yes [] No educator to take the child outside the service’s premises (e.g. excursions)</p>
<p>Additional contacts can be written on a separate sheet of paper or emailed to the co-ordinator at any time.</p>	

Further Information:

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 set up a pin, the contact person is to enter their phone number, followed by 0000. This will prompt the person to create a pin which can be 4-6 digits. This pin is to be used each time signing in and out. This can be reset by the coordinator at any time if forgotten

A copy of the service’s policies, philosophy and National Regulations are located in the foyer area of the gym

Before School Care – breakfast is offered to all children upon arrival, children remain in the gymnasium until class time

After School Care – a light snack is offered to all children upon arrival with indoor/outdoor activities planned. A hat must be worn during Terms 1 and 4, please pack a spare hat in your child’s bag for outdoor play. Please contact the OSHC office by 2pm if your child will not be attending on the day - fees will remain charged if not notified by this time

Vacation Care – own food is to be provided each day (morning snack, lunch, afternoon snack). Scheduled activities available throughout the day with in/excursions on selected days. A permission slip is to be completed for all outings. Fees remain charged if the booking is cancelled unless the vacancy can be filled with another child.

All sections of this form are to be completed – including names, addresses and phone numbers for all contacts

The ‘child details’ section of this form is to be completed for ALL children attending the program (pages 3-4)

Enrolment forms are to be completed annually to maintain current information and to comply with regulations

Changes to this enrolment form can be made at any time if or when needed

CONTINUED OVER PAGE...

Child details (complete pages 3 & 4 for EACH child attending the service)

Child's full name: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Gender: Male Female

Residential Address: _____ School attending: _____

Child's CRN (Centrelink): _____ Nationality: _____

Is this child - Aboriginal or Torres Strait Islander Neither

Is this child from a non-English speaking background? Yes No

If yes, main language spoken: _____

Health information

If answering 'yes' to any of these questions, please provide as much information as possible to assist staff caring for your child.

Medical Practice: _____ Doctor's name: _____

Address: _____ Phone: _____

Medicare Number: _____ Ambulance member Number: _____

Has this child been immunised? Yes No

Does this child have any medical, learning or psychological conditions? Yes No

If yes, please give as much information as possible to assist staff caring for your child: _____

Does this child have any allergies or sensitivities? Yes No

If yes, provide details: _____

Has this child been diagnosed with a risk of anaphylaxis? Yes No

If yes, provide details: _____

Does this child have any dietary restrictions? Yes No

If yes, provide details: _____

Does this child take any or ongoing medication? (e.g. Ventolin) Yes No

If yes, provide details: _____

If medication is to be administered to this child by and OSHC educator, a Medical Authorisation Form is to be completed. If this child suffers from Asthma or Anaphylaxis, a Medical Action Plan is to be supplied.

Declaration of Medical Consent:

I, _____ (print full name) a person with authority of this child referred to this enrolment record, declare that the information is true and correct and agree to immediately inform the service in the event of any changes to this information. I agree to collect or make arrangements for the collection of this child if he/she becomes unwell at the service. I consent to educators administering first aid at the service and/or to seek medical treatment from a medical practitioner, hospital or ambulance service. I authorise transportation of this child by an ambulance service if deemed necessary by the educators. I acknowledge I am responsible for any necessary expenses incurred during a medical emergency in relation to this child.

Signature: _____ Date: _____

Booking requests

To ensure the safety and wellbeing of the children in our care, we arrange staff so that child:staff ratios are in accordance with National Regulations. Advanced bookings for Before and After School Care, whether permanent or casual are essential.

<u>Before School Care</u> 6.45am-9.00am	
<input type="checkbox"/> Monday	<input type="checkbox"/> Casual <input type="checkbox"/> Permanent
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

<u>After School Care</u> 3.30pm-6.00pm	
<input type="checkbox"/> Monday	<input type="checkbox"/> Casual <input type="checkbox"/> Permanent
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
The OSHC office is to be notified by 2pm if the child is not attending on the day	

<u>Vacation Care</u> 8.00am-6.00pm
Bookings to be made using the booking form which is available one month prior to the holiday program commencing
Once the booking is confirmed, this remains in place with fees added to your account. If the child is absent, fees remain charged unless the vacancy can be filled

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. Will you be claiming the CCS Yes No

The CCS is in the name of: Parent 1 or Parent 2? 1 2

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

Before/After School Care CRN - 555 011 106K / Vacation Care CRN - 555 019 340A

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? Yes No

Any legal documentation regarding the care of this child must be provided to the service prior to the commencement of care and copy to be kept on file within the service.

Who does this child live with? Both parents Mother Father Shared custody Other

General consents and declaration

(v or x)

I understand that it is necessary to personally sign the child in and out as required for care	
I agree to inform the service of any absence of the child as soon as possible and understand fees still may be charged if the absence cannot be filled	
I give permission for the child to view appropriate PG rated movies while at the service	
I give permission for staff to assist with the application of sunscreen to the child (please provide own if not permitted)	
I give permission for the child to have their photo taken while at the service to display in the following: OSHC daily journal <input type="checkbox"/> School Magazine <input type="checkbox"/> Media (newspaper/tv) <input type="checkbox"/>	
I understand that it is my responsibility to ensure all Child Care Subsidy requirements are fulfilled prior to enrolment and if I fail to do so I will be responsible for paying full fees	
I agree to pay the required fees for the child to be booked into care promptly and understand if my account has not be paid within 30 days the child may be excluded from the service	
I understand and agree to a late fee of \$10 plus \$1 per minute that the child remains at the service after 6pm	
I understand that if my child behaves in a manner that puts themselves or others at risk he/she may be excluded from the service for a period of time	
I agree to keep the child from attending the service should he/she be suffering from any infectious or contagious disease	
In the event that the child becomes unwell during the program it is expected that an authorised person collects them as soon as possible	
I certify that the information contained on this form is true to the best of my knowledge and I undertake to inform the OSHC coordinator of any changes	

Signature: _____ Date: _____