

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 – 2022

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 – 8.45am	\$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)

Fees are to be kept up to date and paid regularly to maintain your booking. Payment 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 (credit card transaction form at the end of this enrolment 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****

CHILD CARE SUBSIDY (CCS)

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

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 philosophy and National Regulations are located in the foyer area of the gym, the service's policies can be found on the Mildura South Primary School website under the OOSH tab.

Before School Care – breakfast is offered to all children upon arrival, children remain in the gym until 8.45

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, we encourage nutritious food with limited sweets (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.

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

PRIMARY FAMILY CONTACT 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: _____

CRN: _____

Relationship to child: _____

Phone: _____

Email: _____

Date of birth: _____

Residential Address: _____

Postal Address: _____

Occupation: _____

Employers name/company: _____

Work Phone: _____

Parent 2

Name: _____

CRN: _____

Relationship to child: _____

Phone: _____

Email: _____

Date of birth: _____

Residential Address: _____

Postal Address: _____

Occupation: _____

Employers name/company: _____

Work Phone: _____

PRIMARY FAMILY DOCTOR DETAILS:

Medical Practice: _____ Doctor's name: _____

Address: _____ Phone: _____

Medicare Number: _____ Ambulance member Number: _____

PRIMARY FAMILY EMERGENCY CONTACTS: *In the event that your child/children are not collected from the children's service and the parents cannot be contacted, this list will be used to arrange someone to collect the child. Your consent is required for these contacts to collect the child from the service on your behalf. This includes in the case of an emergency, consent for medical treatment/administer medication and authorise an educator to take the child outside the service's premises (e.g. excursion).. This list may be added to or changed throughout the year.*

	NAME:	RELATIONSHIP	ADDRESS	PHONE NUMBER
1				
2				
3				
4				

CHILD DETAILS: (PAGES 3 AND 4 TO BE COMPLETED 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: _____ Nationality: _____

Is this child - Aboriginal or Torres Strait Islander Neither

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

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

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.

<p align="center"><u>Before School Care</u> 6.45am-8.45am</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p>	<table border="1"><tr><td><input type="checkbox"/> Casual</td></tr><tr><td><input type="checkbox"/> Permanent</td></tr></table>	<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent
<input type="checkbox"/> Casual			
<input type="checkbox"/> Permanent			

<p align="center"><u>After School Care</u> 3.30pm-6.00pm</p> <p><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday</p> <p>The OSHC office is to be notified by 2pm if the child is not attending on the day</p>	<table border="1"><tr><td><input type="checkbox"/> Casual</td></tr><tr><td><input type="checkbox"/> Permanent</td></tr></table>	<input type="checkbox"/> Casual	<input type="checkbox"/> Permanent
<input type="checkbox"/> Casual			
<input type="checkbox"/> Permanent			

<p align="center"><u>Vacation Care</u> 8.00am-6.00pm</p> <p>Bookings to be made using the booking form which is available one month prior to the holiday program commencing</p> <p>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</p>

CHILD TO COMPLETE

MY NAME IS: _____ I am _____ years old, in Grade _____

I LIVE WITH: _____

MY FAVOURITE FOOD IS: _____

FOOD THAT I DON'T LIKE TO EAT: _____

I AM GOOD AT: _____

MY FAVOURITE THING TO DO IS: _____

WHEN I GROW UP I WANT TO BE: _____

CHILD MEDICAL DETAILS:

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

Has this child been immunised? [] Yes [] No

If Health record sighted by staff, staff to sign and date here: [office use] _____

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

Does this child have any allergies or sensitivities? [] Yes [] No _____

Has this child been diagnosed with a risk of anaphylaxis? [] Yes [] No (if yes, please provide Management plan)

Does this child have any dietary restrictions? [] Yes [] No _____

Does this child take any or ongoing medication? [] Yes [] No _____

Does this child suffer from any of the following impairments? [] Hearing [] Speech [] Vision [] Mobility

Does this child suffer from Asthma? [] Yes [] No

If yes, please indicate if the child suffers from any of the following symptoms: Please tick

[] Cough [] Exhibits symptoms after exertion [] Tight Chest [] Difficulty breathing [] Wheeze

NAME OF MEDICATION (e.g. Ventolin)	METHOD (e.g. puffer & spacer)	TIME / HOW MUCH?	WHERE IS THE MEDICATION KEPT?

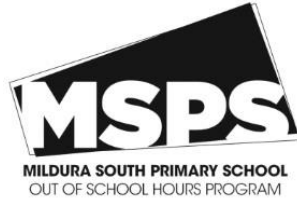
If asthma medication is to be administered while in our care, please see the Coordinator for Medical Authorisation Form. An Asthma Plan **MUST** be provided by your Doctor and attached to this enrolment form.

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 [] School Magazine [] Media (newspaper/tv) []	
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 (as per behaviour policy on the following page)	
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 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 practioner, 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	
I certify that the information contained on this form is true to the best of my knowledge	

Signature: _____ Date: _____



**MILDURA SOUTH PRIMARY SCHOOL
OUT OF SCHOOL HOURS PROGRAM
PO BOX 10198, MILDURA SOUTH 3502
PHONE: 50232 2148 (option 3) 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.

It is our commitment to care for the children in a safe environment, we cannot do this if children are misbehaving, hurting other children or being disrespectful towards staff or others.

BEHAVIOUR POLICY

Depending on the severity of the behaviour, parents will be contacted and will need to 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 into the program after that one 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. If they have reached a third suspension, the child will be excluded from the program.

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.

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

Parents must be contactable at all times, or have a contact on their Enrolment Form, who is able to 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: _____



Child's name:

MILDURA SOUTH PRIMARY SCHOOL
OUT OF SCHOOL HOURS PROGRAM

DEBIT/CREDIT CARD AUTHORISATION

I authorise the Out of School Hours Care Program to make the following transaction with my Debit/Credit Card for payment of my OSHC fees.

Tick one:

The amount of \$

or

The amount shown on the current statement of fees

Weekly

or

Fortnightly

on(day) commencing on:

Name:Signature:

Date:

Card number:Expiry Date:

Office use -

Coordinator: Signature:

Date: