



Eltham Primary School OUT OF SCHOOL HOURS CARE

Enrolment Form

2016

Please take time to complete all sections of this enrolment form.

All questions need to be completed.

If the answer to any questions is NO or does not apply to your child or family please indicate this. If you have any questions in relation to this form or the running of the program, please contact the OSHC Manager. This form must be completed by a person who has lawful authority in relation to the child or children.

PLEASE COMPLETE THIS FORM USING BLOCK CAPITAL LETTERS ONLY

FAMILY NAME		DATE			
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CHILD DETAILS	Given Names	Centrelink CRN	M/F	GRADE	Date of Birth
Child's Name					

Street Address			
Suburb		Postcode	

Is your child of Aboriginal or Torres Strait Islander origin?	NO	YES	➤ If Yes please specify

PARENT/GUARDIAN DETAILS

Account Holder 1	What is your relationship to your child?									
	First Name		Surname			Title				
	Home address (as above?)		Centrelink CRN *			DOB *				
			Suburb			Postcode				
	Email (required)									
	Home Phone No.		Mobile Phone No.							
	Does your child live with you?					YES		NO		
	EMPLOYMENT DETAILS (tick as appropriate)									
	N/A		Looking for work		Less than 15 hours		Studying		Full Time	
	Occupation		Organisation							
	Work phone		Location							
	Country of birth		Language/s spoken							
	Can you contribute any skills or resources to our programs, eg play an instrument, donate time or equipment?									
	* Please note you need to include your parent Centrelink CRN and D.O.B. to receive childcare benefits.									

Account Holder 2	What is your relationship to your child?									
	First Name		Surname			Title				
	Home address (as above?)		Centrelink CRN *			DOB *				
			Suburb			Postcode				
	Email (required)									
	Home Phone No.		Mobile Phone No.							
	Does your child live with you?					YES		NO		
	EMPLOYMENT DETAILS (tick as appropriate)									
	N/A		Looking for work		Less than 15 hours		Studying		Full Time	
	Occupation		Organisation							
	Work phone		Location							
	Country of birth		Language/s spoken							
	Can you contribute any skills or resources to our programs, eg play an instrument, donate time or equipment?									
	* Please note you need to include your parent Centrelink CRN and D.O.B. to receive childcare benefits.									

EMERGENCY CONTACTS

There may be times when a child has an accident, trauma, illness, injury or needs medical treatment or medication and the parents or guardians cannot be contacted. To deal with this situation the service will contact the people nominated below. Your consent is required for other people to collect the child on your behalf. Should the child not be collected at the end of the day this list may also be used. You may change this list throughout the year. Regulation 93(b)(ii) states an oral authorisation from a registered Medical Practitioner or emergency service is acceptable if the authorising person cannot reasonably be contacted. Regulation 94 Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. These contacts are authorised to authorise an educator to take the child outside the education and care service premises.

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

Who else can collect your children (authorised nominee)

1.	Title		First name		Surname	
	Address					
	Contact phone	(H)		(M)		(W)
	Relationship to child					
	Authorised to contact in an emergency (please tick)		YES		NO	

2.	Title		First name		Surname	
	Address					
	Contact phone	(H)		(M)		(W)
	Relationship to child					
	Authorised to contact in an emergency (please tick)		YES		NO	

3.	Title		First name		Surname	
	Address					
	Contact phone	(H)		(M)		(W)
	Relationship to child					
	Authorised to contact in an emergency (please tick)		YES		NO	

4.	Title		First name		Surname	
	Address					
	Contact phone	(H)		(M)		(W)
	Relationship to child					
	Authorised to contact in an emergency (please tick)		YES		NO	

MISCELLANEOUS

Do you give permission for your child to have his/her photograph taken?	YES		NO	
Do you give permission for your child to apply sunscreen?	YES		NO	
Does your child have any fears (eg animals, thunder, the dark)?	YES		NO	

➤ If YES please specify of fear

Please list any interests and hobbies that your child has to assist us when planning the program.

Is there anything else that the staff should know about your child?

RELEASE OF CHILD

If your child needs to be released from care for sport, music or any other curriculum activities that your child may need to attend whilst in the OSHC program please complete as follows:

My child will need to be released from the OSHC program for (please state sport, music, etc.)		
Time to be released	AM/PM on	(day of week)
Return to program	AM/PM on	(day of week)

CUSTODY / LEGAL

Who does your child live with?	Mother		Father		Other	
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➤ Specify other

Are there any legal issues we need to be aware of?	YES		NO		➤ If Yes please complete the following
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- Bring the **ORIGINAL Court Orders** for staff to see and a copy to attach to the enrolment form.
- If these Orders:
 - Change the powers of a parent/guardian to:
 - Authorise the taking of the child outside the service by a staff member 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 AND/OR
 - Give these powers to someone else
 - Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child
 - Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.

Parenting order means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

Parenting plan means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

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

BOOKING INFORMATION

PERMANENT bookings are for children who use the service on a weekly basis. Permanent bookings are considered to be at least one session per week for an entire term or more. Any additional bookings added during the term that are not permanent will be charged at the casual rate.

CASUAL BOOKINGS are bookings that do not fit into the above description.

CANCELLATIONS must be made one week prior to the scheduled date of attendance otherwise the full fee will be charged.

I want to book my child in on a PERMANENT BASIS (please tick)	<input type="checkbox"/>	➤ Complete Permanent booking information section below
I want to book my child in on a CASUAL BASIS (please tick)	<input type="checkbox"/>	

Permanent booking information	Please specify the days you require care				
BEFORE SCHOOL CARE					
Start date	Monday	Tuesday	Wednesday	Thursday	Friday
From					

AFTER SCHOOL CARE					
Start date	Monday	Tuesday	Wednesday	Thursday	Friday
From					

CHILD CARE REBATE	A type of rebate that you can receive on the fees you pay
To ensure that we apply your Child Care Benefit to your fees, you must contact Centrelink on 13 61 50 to make sure they have your correct name and D.O.B. for both the parent and child who are registering for Child Care Benefits.	
Do you have another child in care (eg Long Day Care)?	

MEDICAL INFORMATION

Medicare Number		Ambulance Subscription	YES		NO	
CHILD'S NAME		Clinic Name				
Doctor		Telephone				
Address		Medical / Health Cover	YES		NO	
Is your child currently on any medication?*			YES		NO	
➤ If YES please specify the name of medication, dosage and frequency.						
* If medication is required by your child during care, a permission form is required.						

CHILD'S IMMUNISATION RECORD

Has your child been immunised?	YES		NO	
Please attach a copy of the Immunisation History Statement from the Australian Childhood Immunisation Register.				

ANAPHYLAXIS

In the case of Anaphylaxis you will be provided with a copy of the services' Management Policy. You will be required to provide the service with an Anaphylaxis Management Plan signed by the doctor treating your child. This will be attached to the enrolment form.

CHILD'S NAME		Has your child been diagnosed at risk of anaphylaxis?	YES		NO	
Does your child have an auto injection device , eg EpiPen or Anapen?			YES		NO	
➤ If YES you MUST provide your child's Anaphylaxis Management Plan to the service.						
Has a Risk Minimisation Plan been completed by the service in consultation with you?			YES		NO	

ILLNESSES, ALLERGIES, ADDITIONAL NEEDS AND MEDICAL CONDITIONS

Medical Management Plans and Risk Minimisation Plans **MUST** be completed and any medication supplied with respect to any specific health care need, medical condition or allergy.

CHILD'S NAME		Does your child have any allergies or sensitivity?	YES		NO	
➤ If YES please provide details of any allergies and any management to be followed with respect to the allergy.						
Does your child have any other medical conditions that are relevant to the care of your child? For example, asthma, epilepsy, diabetes, etc			YES		NO	
➤ If YES please provide details of any medical condition and any management procedure to be followed.						
Are there any cultural religious or dietary needs that we should be aware of?			YES		NO	
➤ If YES please specify.						
Does your child have any additional needs or challenging behaviours?			YES		NO	
➤ If YES please specify.						

FEES

Registration Fee:	\$5.00 per child – will be charged to your account.	
Before School Care:	Permanent care \$10.00 each child	Casual care \$12.00 each child
After School Care:	Permanent care \$14.00 each child	Casual care \$16.00 each child
Pupil Free Days:	7:00am – 6:15pm	\$45.00 each child

METHOD OF PAYMENT

The fee policy at Eltham Primary School - Out of School Hours Care are invoiced weekly. The method of payment for fees is through Ezidebit. This will ensure family accounts remain within the service fee policy guidelines and also maintains the security of your child's booking at our service.

An Ezidebit direct debit request form is included and must be completed and returned to the school office with this enrolment form to secure your enrolment at the service.

Ezidebit fees

Administration fee (once only) \$2.20

Bank account transaction fee \$0.88

Credit card transaction fee VISA/MasterCard 1.87% (min \$0.88) Amex/Diners 4.4% (min \$0.88)

Ezidebit fees are subject to change

	Parent/Guardian (1)	Parent/Guardian (2)
NAME:		
SIGNATURE:		
DATE:		