

HEANY PARK PRIMARY SCHOOL 2016 OSHC ENROLMENT FORM

Office DATE: _____ TIME: _____
Use
Only INITIALS: _____

Before School Care 7a.m. to 8.40a.m. ~ After School Care 3.30p.m.-6.30p.m.

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority can be found on page 3.

CHILD'S INFORMATION

Surname _____ Date of Birth _____ Gender: Male/Female _____

Given Name _____ Preferred Name _____ Grade in 2016 _____

Country of Birth _____ Cultural Background _____ Home Tel. _____

Home Address _____ Post Code _____

Child's CRN _____

Is the child, of Aboriginal or Torres Strait Islander origin? No Aboriginal: Yes Torres Strait Islander: Yes

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No

Does the child reside with a family member that has a disability that has been diagnosed by a professional, who is authorised to diagnose such a disability? Yes No

What is the **MAIN** language spoken at home? _____ Other language? _____

Do you require the services of an Interpreter? Yes No

Email Address for invoicing and other information (please write clearly) _____

Mother's Details

Name _____ Date of birth _____ Mobile Tel. _____

Mother's CRN _____ Country of Birth _____ Cultural Background _____

Home Address _____ Home Tel. _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with the mother? Yes No

Father's Details

Name _____ Date of birth _____ Mobile Tel. _____

Father's CRN _____ Country of Birth _____ Cultural Background _____

Home Address _____ Home Tel. _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with the father? Yes No

Guardian's Details (if applicable)

Name _____ Date of birth _____ Mobile Tel. _____

Guardian's CRN _____ Country of Birth _____ Cultural Background _____

Home Address _____ Home Tel. _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with this guardian? Yes No

Guardian's Details (if applicable)

Name _____ Date of birth _____ Mobile Tel. _____

Guardian's CRN _____ Country of Birth _____ Cultural Background _____

Home Address _____ Home Tel. _____

Name & Address of Work Place _____ Work Tel. _____

Authorised to collect the above named child? Yes No Does the child live with this guardian? Yes No

Authorised Nominees (Emergency Contacts) There may be times when the child has an incident, injury, trauma or illness and the parents 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 incident, injury, trauma or illness. (*Authorised nominee means a person who has been given permission by a parent or family member to collect your child from the education and care service. Section 170(5) of the Law.*)(Contacts other than parents must be 16 years of age or older):-

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Is above person authorised to collect the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can above person be contacted in the case of an incident, injury, trauma or illness involving the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to medical treatment of the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to administration of medication to the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to authorise an OSHC educator to take the aforementioned child outside the OSHC premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Is above person authorised to collect the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can above person be contacted in the case of an incident, injury, trauma or illness involving the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to medical treatment of the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to administration of medication to the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to authorise an OSHC educator to take the aforementioned child outside the OSHC premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Is above person authorised to collect the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can above person be contacted in the case of an incident, injury, trauma or illness involving the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to medical treatment of the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to administration of medication to the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to authorise an OSHC educator to take the aforementioned child outside the OSHC premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name _____	Relationship to child _____
Language/s Spoken _____	Mobile Tel. _____
Home Address _____	Home Tel. _____
Name & Address of Workplace _____	Work Tel. _____
Is above person authorised to collect the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can above person be contacted in the case of an incident, injury, trauma or illness involving the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to medical treatment of the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to consent to administration of medication to the aforementioned child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is above person authorised to authorise an OSHC educator to take the aforementioned child outside the OSHC premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I/We (Parent/Guardian) _____ authorise the above Authorised Nominees to act in accordance, as indicated by tick boxes.

Signature/s _____ Date _____

LAWFUL AUTHORITY

Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. 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 National Law Act 2010 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

Are there any court orders 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 see and a copy to attach 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 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
 - b) give these powers to someone else,

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

REGULAR OUTING

Please note that due to the conditions of the Service Approval we are required to inform parents of the areas within the school that are frequently used by the OSHC program but are not listed on our Service Approval. You will find a list of these areas below.

- Play area at back of school including areas between canteen and basketball courts, area outside of Library, Art Room, Grade 5 rooms, Prep Rooms and grassed areas around the Grade 5/6 block.
- Canteen (for cooking activities).
- All play areas at front of school (Buckingham Drive side), from main front gate to Milk Bar Fence up to school buildings. Prep toilet block, whilst accessing front play area.
- Outside areas adjacent to:- the front of the gymnasium including the garden area; the community room; music room and the canteen.

As per the Education and Care Services National Regulations, Risk Assessments have been conducted on the above areas. These Risk Assessments are available at the OSHC Service for you to sight, before you sign the disclaimer below, or a copy can be made available for you, on request.

I understand that the areas listed above are frequently used by the Heany Park Out of School Hours Care Service, and are in addition to play areas already included in the Heany Park Out of School Hours Care Service Approval. I consent to the aforementioned child accessing these areas during the delivery of the Out of School Hours Care program.

I also acknowledge that I have been provided with information regarding, and access to, Risk Assessments pertaining to the above areas.

Parent's/Guardian's Name _____ Signature _____

Child's status in family

How many children in the family? _____

Is your child the:- Eldest child Middle Child Youngest Child Other

If you have ticked "other" please explain your child's status _____

IMMUNISATION ~ Has your child been immunised?

YES Please attach a copy of the aforementioned child's immunisation record.

NO Please attach a letter of exemption, from a medical practitioner, for the aforementioned child.

CHILD'S MEDICAL HISTORY

Does your child have:-

- Speech Difficulties? No Yes
- Hearing problems? No Yes
- Sight problems? No Yes
- Asthma? No Yes
- Epilepsy? No Yes
- Allergies? No Yes
- Diabetes? No Yes
- A learning disability? No Yes
- A behavioural disorder? No Yes
- A physical disability? No Yes
- Excessive fears? No Yes
- Any other medical condition? No Yes
- Any other additional needs? No Yes

Does your child require:-

- A Special Diet due to:- Medical reasons? No Yes
- Other reasons? No Yes
- Any routine medication or treatment to be administered? No Yes

Has your child:-

- Had a serious accident, illness or operation? No Yes

Does your child have:-

- Any special requirements due to religious beliefs? No Yes

Does your child access:-

- Any early intervention services? (eg. Speech pathology, psychologists, etc.) No Yes

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (eg EpiPen or Anapen)? 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

IMPORTANT

If your child is diagnosed with a medical condition or allergies you will be provided with a copy of the OSHC services Medical Conditions Policy). You will be required to provide the OSHC 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. A risk assessment will also be conducted to ensure the safety and wellbeing of your child whilst in attendance at the OSHC service. FAILURE TO PROVIDE A COMPLETED MEDICAL MANAGEMENT PLAN TO THE OSHC SERVICE WILL MEAN YOUR CHILD NOT BEING ABLE TO ATTEND THE SERVICE.

If you answered YES to any of the above please give further details on how to manage the condition

If you require more room please attach another sheet

Are you an Ambulance Fund Subscriber? No Yes Number _____

Private Medical Cover? No Yes Details _____

Medicare No. _____

DOCTOR

Doctor's Name _____ Telephone No. _____

Address _____

PERMISSION TO SEEK MEDICAL ATTENTION

In case of an emergency or accident I grant the Heany Park Out of School Hours Care educators, to seek medical treatment for my child, _____, from a medical practitioner, hospital or ambulance service. Yes No

Parent/Guardian Name _____ Signature _____

(A signature is required for either a yes or no answer)

PERMISSION TO ADMINISTER FIRST AID

I grant permission for Heany Park Out of School Hours Care educators to administer First Aid to my child, _____, when it is considered necessary. Yes No

Parent/Guardian Name _____ Signature _____

(A signature is required for either a yes or no answer)

TRANSPORTATION IN AN EMERGENCY

I give permission for my child _____ to be transported by ambulance to seek medical attention. Yes No

Parent/Guardian Name _____ Signature _____

(A signature is required for either a yes or no answer)

PERMISSION FOR PRODUCTS TO BE APPLIED TO CHILD'S SKIN

- I give permission for the aforementioned child:-
- to have sunscreen applied to skin. Yes No
 - to have insect repellent applied to skin. Yes No
 - to have a barrier cream applied to skin. Yes No
 - to have face paints applied to skin. Yes No

Parent/Guardian Name _____ Signature _____

DELIVERY OF EDUCATIONAL/RECREATIONAL PROGRAM

To enable OSHC educators to plan activities and experiences to assist the individual development of my child I give permission for:-

- OBSERVATIONS to be taken of the aforementioned child, Yes No
- PHOTOGRAPHS to be taken of the aforementioned child and to be used in displays within the school. Yes No
- The aforementioned child TO VIEW PG MOVIES Yes No

Parent/Guardian Name _____ Signature _____

ACCESS TO PREP TRANSITION STATEMENT

Do you consent to the information in the aforementioned child's Transition Learning and Development Statement being shared with the Outside School Hours Care service? (If "yes" please attach a copy, if possible) Yes No
(Transition Learning and Development Statement is completed by parents and Early Childhood Educators for the commencement of school)

Parent/Guardian Name _____ Signature _____

(A signature is required for either a yes or no answer)

PARENT PARTICIPATION

We are keen to include parents skills and interests into our program, so if you have time, and would be willing to participate in an activity for the children during the afternoon program please give further details below. This could also include giving a talk about your profession or your culture. The Co-ordinator will contact you to organize a mutually convenient time.

I _____, would like to participate in the afternoon program, by _____

What Interests does your child have?

- | | | | | | | | |
|---|--------------------------|--------------------|--------------------------|--------------|--------------------------|------------------------------|--------------------------|
| Reading | <input type="checkbox"/> | Craft | <input type="checkbox"/> | Writing | <input type="checkbox"/> | Jig-saw puzzles | <input type="checkbox"/> |
| Ball Games | <input type="checkbox"/> | Board Games | <input type="checkbox"/> | TV | <input type="checkbox"/> | Computer Games | <input type="checkbox"/> |
| Cooking | <input type="checkbox"/> | Construction Toys | <input type="checkbox"/> | Team Games | <input type="checkbox"/> | Drama Play | <input type="checkbox"/> |
| Collections | <input type="checkbox"/> | Imaginative Play | <input type="checkbox"/> | Painting | <input type="checkbox"/> | Sport | <input type="checkbox"/> |
| Dancing | <input type="checkbox"/> | Listening to Music | <input type="checkbox"/> | Outside Play | <input type="checkbox"/> | Playing a Musical Instrument | <input type="checkbox"/> |
| Brain Puzzles (eg. Word search, Sudoku; crosswords, etc.) | | | | | <input type="checkbox"/> | | |

Please list below any other interests that your child may have that are not listed above.

Family Celebrations: Please indicate any festivals your family celebrates and any religious or cultural beliefs that staff should be aware of.

Declaration: Please read and sign: *(both parents/guardians to sign where at all possible and if applicable)*

We / I _____ (Print full name/s)
as person/s with lawful authority of the aforementioned child,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information, to ensure that it remains current.
- Agree to collect or make arrangements for the collection of the aforementioned child if s/he becomes unwell at the service.
- Agree that any personal property brought into the program, by the aforementioned child, is that child's responsibility. OSHC educators do not take responsibility for loss of, or damage to that property.
- Recognise that OSHC educators may need to openly communicate with principals, teachers or other professionals, in the interests of the aforementioned child's welfare, and authorise for OSHC educators to do so.
- Understand that in an emergency situation, where an evacuation drill is necessary, that the aforementioned child may need to leave the school premises under the direction and supervision of OSHC educators.
- Have read, and agree to abide to the conditions outlined in the Parent Handbook.
- Will be charged for an OSHC session for which the aforementioned child has been booked in for, even if they do not attend.
- Understand that through claiming Child Care Benefit, I have 42 days allowable absences per child per financial year and am liable to pay the full fee thereafter if the aforementioned child is absent without supporting documentation.
- Are responsible for the payment of any fees incurred at the Heany Park Out of School Hours Care Service for the aforementioned child.
- Understand that fees are to be paid weekly.
- If using the direct debit method of payment, that sufficient funds will be available to pay the weekly fees and understand that failure to do so may result in the loss of the aforementioned child's position at OSHC.
- Understand that any outstanding, unpaid fees will be referred to School Council where a decision will be made on how to retrieve the outstanding fees.

Signed (Mother/Guardian) _____ Signed (Father/Guardian) _____

Date _____

Thank you, for helping us to smooth the way for the inclusion of your child into the Heany Park Out of School hours Care Program. The information supplied will be of great assistance to us in managing the health and safety of your child and in the planning of the Educational and Recreational program.

The approved provider of an education and care service must ensure that information kept in a record is not divulged or communicated, directly or indirectly, to another person other than those stated in the Education and Care Services National Regulations, Reg 181 (a-e).

Heany Park Out of School Hours Care BOOKING FORM 2016

Important Note:- All children who attend the Out of School Hours Care Service must be enrolled in the Service. Please complete the attached Enrolment Form and the Booking Form and return them to the Out of School Hours Care Service.

BEFORE SCHOOL CARE

Child's Name _____

My child will be attending the **BEFORE SCHOOL CARE** Service Yes No

What days would your child attend the BSC Service? (Please tick appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

Date to commence permanent booking _____

Dates of attendance for casual booking _____

Parent's Name _____ Signature _____

AFTER SCHOOL CARE

Child's Name _____

My child will be attending the **AFTER SCHOOL CARE** Service Yes No

What days would your child attend the ASC Service? (Please tick appropriate boxes)

Monday Tuesday Wednesday Thursday Friday

Date to commence permanent booking _____

Dates of attendance for casual booking _____

Parent's Name _____ Signature _____

NOTE ABOUT CHILDCARE BENEFIT

Important Note:- For the Heany Park OSHC Service to submit your child's childcare usage and implement your Childcare Benefit percentage, it is essential that you supply the parent's and children's date of birth and Customer Reference Numbers, which is the number allocated to you from the Department of Human Services (formerly the Family Assistance Office). Failure to do so will result in full fees being charged to you and the inability for you to be able to claim the Childcare Rebate.

The Department of Human Services can be contacted on 13 61 50 or www.humanservices.gov.au.