CONDITIONS OF ACCEPTANCE 2027- NEW ENROLMENTS

Coordinator Contact Number- **0498 603 323** or **9724 4514-** answering machine available 24/7

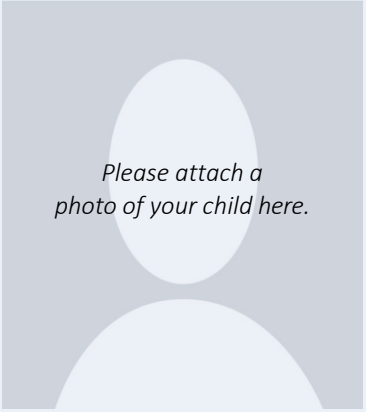
OSHC Email: cassandra.jones@croydonhills.vic.edu.au

1. An enrolment form **must** be completed before acceptance into the program.
2. A **2027 behaviour agreement MUST** be completed before acceptance into the program.
3. Unacceptable behaviour will jeopardise the child's position within the program.
4. **Fees** must be paid on a weekly/fortnightly basis. They are as follows before ccs is applied:
   $32.00 per child for After School Care session
   $23.00 per child for Before School Care session
5. Fee Relief is available for families in the form of Child Care Subsidy, (CCS).
   Department of Human Services: 13 61 50
6. **An emergency booking fee of $5.00 per child** will be charged for bookings made on the day that care is required or if care is booked after 6:00pm the night before care is required except on a Monday, where bookings must be made by 6:00pm on Friday night.
7. Children must be collected by **6:30pm sharp.**
   ~ **A fee of $15.00** for any part of the first 15 minutes and then **$15.00 for every part of each 15 minute block thereafter** is charged for late collections.
   ~ Repeated late collections will jeopardise the position with the program.
8. Bookings Cancellations / Non- attendance
   ~ No fee will be charged if notice is given **before 6:00pm** the night before care is required
   ~ Full fee will be charged if a message is left on the answering machine **after 6:00pm** the night before care is required, or no notification is given at all. If care is booked for a Monday, notification must be given by **6:00pm on Friday.**
9. Bookings will be made according to the priority of access regulation. Refer to OSHC policies.
10. Casual bookings are accepted where vacancies are available these must be made prior to 6:00pm the night before to avoid the $5.00 emergency booking fee.
11. Curriculum Days will operate on designated Pupil Free Days and run from **7:00am-6:00pm.**
12. Notification must be given when contact details of families and emergency contacts change.
13. Before school care opens at **6:45am** and breakfast is served until **8:15am.**
14. Children are responsible for making their way to the OSHC After School Program. However, the preps will be collected from their classroom until the end of first term.
15. We are a SunSmart school. Children must wear broad brimmed hats from **September 1st until April 30th** and when the UV Rating is higher than 3. UV Ratings are checked each day before outside play.
16. Children attending activities before and after school on the school premises must have an **"Activity Release Consent Form"** completed. This can be obtained from the CHPS OSHC Program. An authorised adult is then able to sign your child out and is responsible for them whilst they are participating in the activities. Please note, the OSHC program is **NOT RESPONSIBLE** for your child once they have been signed out by an authorised adult.
17. Bank details to be uploade on the Kidsoft Portal by family before starting date. This is so payment of fees can be deducted on either a weekly or fortnightly basis. Coordinator will send link to Kidsoft Portal once child is registered into OSHC to do so.
18. Family Handbook is available online on the school website or a hard copy can be requested.

Thank you for your co-operation and welcome to CHPS OSHC,

Cassie Jones-OSHC Coordinator

OUT OF SCHOOL HOURS CARE ENROLMENT FORM
-NEW CHILD FORM 2027-



Name:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child and Parent Customer Reference Number (CRN)		Copies of any family law or other relevant court Orders and/or legal documents	
Signed Behaviour Agreement-2027		ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	

Service name: ***CROYDON HILLS PRIMARY SCHOOL OSHC PROGRAM***	
Address: ***47 – 75 CAMPASPE DRIVE CROYDON HILLS VIC 3136***	
Phone number: ***03 9724 4514 or 0498 603 323***	*Email:* **cassandra.jones@croydonhills.vic.edu.au**

OFFICE USE ONLY	
Date Entered	Entered By

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Family Name			
First given name		Middle name	
Preferred first name			

Date of Birth		Gender (Please circle)	

Centrelink Reference Number (CRN) ***Please note:*** *Parent and child have their own individual CRN number*	

Child's home address	
Child normally lives with	

Child's Year Level & Teacher					
Days of attendance:	Mon	Tue	Wed	Thurs	Fri
Morning Session Required (Tick):					
Afternoon Session Required (Tick):					

Child's Start Date	

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Is your child of Aboriginal or Torres Strait Islander origin?	☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
Does your child speak a language other than English at home? *(Please circle)* Yes / No	If yes, what language (s) other than English are spoken at home.
Country of birth	
Child's residency status	
What is your child's cultural background?	
Please outline any cultural practices you would like followed (Cultural, Dietary)	
Religion	
Please outline your child's religious background and if relevant any religious practices/celebrations you would like followed.	

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

[Primary Parent must also be the registered CCS claimant]

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN):	

Please provide any relevant cultural background details	

Does the child normally live with you? (Please circle)	Yes / No

Occupation	

Reason for Care	❑ Work full time ❑ Work part time ❑ Work casual ❑ Study ❑ Recreation ❑ Respite

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name	
Parent Surname	
Address	
Phone Number/s	(H) (M) (W)
Parent Date of Birth	
Email address	
Relationship to child	
Country of Birth	
Languages other than English spoken at home	

Parent Centrelink Reference Number (CRN)	

Please provide any relevant cultural background details	

Does the child live with you? (Please circle)	Yes / No

Occupation	

Reason for Care	❑ Work full time ❑ Work part time ❑ Work casual ❑ Study ❑ Recreation ❑ Respite

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, I, j) Regulation 162(d)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact management as soon as possible. Specific healthcare needs for your child must be kept in the enrolment record.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Medical Centre		Phone number	
Doctor's address			
Dentist name			
Name of Service		Phone number	
Dentist's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
Has the child's Health Record been sighted (Blue Book or other health records which may be relevant to the child's health needs at the service)		Yes / No	

CHILD'S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergies- provide details of child's allergies. These can include insect stings, food (eg nuts, eggs, peanuts) animals, latex, medication or other			
Allergy to			
Medical specialist or doctor who may be currently treating your child for this condition			
Phone contact		Address	
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No

Does your child have a current ASCIA Action Plan?	Yes/No	Has your child been prescribed an adrenaline autoinjector? (i.e., EpiPen?)	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for Allergies or Anaphylaxis (Available on OSHC Tab on School Website)			Yes/No
If your child has been prescribed an adrenaline autoinjector, you will need to provide this to the Service (and renew prior to expiry date).			
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. *Education and Care Services National Regulations - Regulation 94.*	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition	
Has a doctor diagnosed this condition?	Yes/No
Does your child have a current Medical Management Plan (e.g., ASCIA Asthma Plan)	Yes/No
If yes, is this plan attached?	Yes/No
A Management Plan, Risk Minimisation Plan and Communication Plan has been completed for medical conditions (Regulation 90)	Yes/No
If yes, is this plan attached?	Yes/No
Does your child take any prescribed regular medication for this condition?	Yes/No
Medication Name/s	

Medication agreement		
Medication will only be administered if: • it is prescribed by a medical practitioner • it is in the original container with the original label • the label contains the child's name • instructions and dosage can be clearly read • expiry date or use by date is valid • any verbal or written instructions provided by the medical practitioner must be provided by the parent/s *Education and Care Services National Regulations Regulation, 95*	Parent 1 **Signature:**	
	Parent 2 **Signature:**	

Any medication, including non-prescription medication like creams and paracetamol, must be authorised by parents or an authorised nominee on our *Administration of Authorised Medication* form.

Education and Care Services National Regulations Regulation 93

IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, i, j) Regulation 162 (f, h, i)

Immunisation Status of Child at enrolment	

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and ages.	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? If so, please provide their names and ages.	

DEVELOPMENTAL INFORMATION

	Please provide any relevant information
Does your child have any problems with hearing, sight or speech? ❑ Hearing ❑ Sight ❑ Speech	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Is this the first time your child has been in care? If *yes,* please indicate the type of early education and care your child has experienced.	

FIRST EMERGENCY CONTACT -AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. Please nominate two people who are authorised to be contacted in case of an emergency and/or are authorised to collect your child. Each person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.
Please ensure you have obtained the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v, vi) 161 (1a, I, ii, 1b)

Full Name			
Relationship to child			
Phone Number	(H) (M) (W)		
Address			
Can this person be contacted to collect your child from the education and care service	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person give authorisation for the Service to take the child on regular outings? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Is this person authorised to authorise the education and care service to transport the child or arrange transportation for the child?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

AUTHORISATIONS

Illness, accident and emergency treatment

Education and Care Services National Regulations - Regulation 160 (3i) Regulation 161 (1a, 1b, 1c)

Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or other educator to arrange transportation, including by an ambulance service, for your child in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

TRANSPORTATION AUTHORISATION

Education and Care Services National Regulations - Regulation 102(4), 102D (4)

The Service will seek separate authorisations from a parent/carer or authorised person who is authorised to transport the child or arrange transportation for the child for: • regular outings (once every twelve months) • an excursion that is not a regular outing	
Parent 1 Signature:	
Parent 2 Signature:	

IDEBIT PRO DIRECT DEBIT REQUEST

I understand I must upload my bank details onto the Kidsoft Poral and give consent to activate my account with NumeroPro Pty Ltd ATF The Kidsoft Unit Trust on the start date of my child / ren at the service.	
Primary Parent Signature:	

2027 OSHC ANNUAL BEHAVIOUR AGREEMENT

Child Name: _____

All students who attend Croydon Hills Primary School Out of School Hours Care are expected to follow all directions whilst in the care of OSHC staff.

This applies to:

- Excursion
- Incursions
- Attendance on site at Before and After School Care
- If at any time, a child's behaviour is physically unsafe or unmanageable in the OSHC environment (behaviour over and above any diagnoses), staff may contact the parent/guardian to collect the child from the service
- Continued behaviour as listed above may result in the child being removed from the service for a period of time (determined by both the coordinator and school leadership team). This will be done in consultation with families and after significant behaviour management strategies have been implemented
- In terms of the removal for a period of time, parents will receive two behaviour notices via email before the third. The third resulting in the removal of the child from the OSHC service. The behaviour notices will outline the behaviour in which has occurred
- Respect must be shown at all times to all people, property and the environment. Any damaged property to be paid for by the child's parents/guardians

STAFF RESERVE THE RIGHT TO CONTACT PARENTS/GUARDIANS AND ASK THEM TO COLLECT THEIR CHILD/REN IF THIS BEHAVIOUR AGREEMENT IS BROKEN

Parent/Guardian Declaration:

I/We have read the above behavioural expectations and processes and understand that in the event that my child behaves in unsafe ways, that I will be called to collect them at the time and have a meeting post event to discuss behavioural management plans. I also understand that if these plans are unsuccessful, I may need to make alternative care arrangements for my child/ren for a period of time. Furthermore, I understand I could receive two behaviour notices via email outlining the behavioural occurrence, in which means another behaviour notice results in my child/ren being removed from the service.

Parent/Guardian 1 Name:_____Sign_____Date: __/__/_____

Parent/Guardian 2 Name:_____Sign_____Date: __/__/_____

Regards, Cassie & the OSHC Team

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I/we give permission for this child to: Participate in outings to places of interest (A permission slip will have to be signed before allowing your child to leave the Service)	YES	NO
I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO

TECHNOLOGY AND PHOTOGRAPHY

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
I allow my child to watch movies deemed appropriate by staff which has a rating of either 'G' or 'PG' in the centre and on excursions	YES	NO
I allow my child to use the OSHC Ipads for free play at the service (20minutes a day)- please note these Ipads do not have any internet connection and are closely monitored	YES	NO
I understand if my child has a mobile device, it MUST be handed into the OSHC office on arrival and picked back up on departure from the service that session	YES	NO
I understand if my child has a smart watch, it MUST be in school mode for the whole duration at OSHC. Watches will be removed from children and placed in OSHC office if this rule is not adhered to	YES	NO
5/6 Families: I allow my child to use their Chromebook for homework purposes ONLY at OSHC. Not free play.	YES	NO

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, I, j)

Please tick box to confirm you have read each point:

I have read the Code of Behaviour (see family handbook) and agree to abide by the guidelines. I have informed my child of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child is in breach of the guidelines.

YES / NO

❑ I agree to inform the Service in writing immediately of any changes to the above information.

❑ I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness unless care has been cancelled according to the cancellation and policy/payment of fees policy.

❑ If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.

❑ I agree to pay a late fee of $15.00 per 15-minute block or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.

❑ I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.

❑ I give permission for my child to be observed by educators of the Service and students supervised by the educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an educator. I am aware that confidentiality is always respected and that students will not be left with children without an educator present.

❑ I give permission for my child to be involved with leisure activities offered at the OSHC Service.

❑ I have read the Family Handbook (available online on the school website by clicking on the OSHC icon) and am familiar with the Service's Policy Manual located in the OSHC office. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or anonymously in the suggestion box.

❑ I have understood and signed the IDebit Pro Direct Debit Agreement and 2027 Behaviour Agreement

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.					
PRINT NAME		SIGNATURE		DATE	
PRINT NAME		SIGNATURE		DATE	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Confidentiality of Enrolment Records

The OSHC Coordinator and Vacation Care Coordinator must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, the management for medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Service National Regulations 2011 Subdivision 4 Regulation 181 (a-e).