



CONDITIONS OF ACCEPTANCE TO CROYDON HILLS PRIMARY SCHOOL OSHC 2019

Coordinator Contact Number - 9724 4514- answering machine available 24/7

OSHC email: asc.croydon.hills.ps@edumail.vic.gov.au

VAC email: ray.mandy.m@edumail.vic.gov.au

1. An enrolment form must be completed before acceptance into the program.
2. Children must not go outside without an OSHC educator and must stay in designated boundaries.
3. Unacceptable behaviour will jeopardise the child's position within the program.
4. **Fees** must be paid on a weekly basis. They are as follows:
 - ~ **\$18.00** per child for After School Care session
 - ~ **\$12.00** 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 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 **\$1.00 per minute** per child for late collections.
 - ~ Repeated late collections will jeopardise position with the program.
8. **Booking 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 7:30am - 6pm.
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 - May 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.

Thank you for your co-operation.

Debby Sedgwick
OSHC Director

Croydon Hills Primary School Outside School Hours Care Program

2019 Enrolment Form

Family Name: _____

Who's Attending			
Child A _____ Preferred Name _____	M/F	Date of Birth _____ Child's CRN _____	Age ____
Child B _____ Preferred Name _____	M/F	Date of Birth _____ Child's CRN _____	Age ____
Child C _____ Preferred Name _____	M/F	Date of Birth _____ Child's CRN _____	Age ____
Child D _____ Preferred Name _____	M/F	Date of Birth _____ Child's CRN _____	Age ____

<p>Are any of the enrolled children of Aboriginal or Torres Strait Island background? YES / NO (please circle) Child: A B C D</p>
<p>Are any of the children you are enrolling of Non English Speaking background? YES / NO (please circle) Child: A B C D Cultural Background: _____</p>

Parent / Carer Contact Information	
Your Contact Details:	
<i>Please ensure that names provided are consistent with those registered with the DHS.</i>	
Primary Parent/Guardian name: _____	
CRN Number: _____	Date of Birth: _____
Home Address: _____ Post Code: _____	
Phone- home: _____ mobile: _____	
Place of work: _____ work number: _____	
Email address for correspondence: _____	
Are you a single supporting parent?	YES / NO
Are you of Aboriginal or Torres Strait Island Background?	YES / NO
Cultural Background: Is English your first language?	YES / NO
Cultural background/language spoken at home: _____	
Reason for care: Work FT / PT Study Recreation Respite	
If part time or casual, please indicate days of work: MON TUES WED THU FRI	

Other Parent / Carer Contact Information

Other Parent/Guardian name: _____ **Date of Birth:** _____

Home Address: _____ Post Code: _____

Phone- home: _____ mobile: _____

Place of work: _____ work number: _____

Are you of Aboriginal or Torres Strait Island Background? YES / NO

Cultural Background: Is English your first language? YES / NO

Cultural background/language spoken at home: _____

Employment Status: Full Time Part Time Not Working Respite Study

If part time or casual, please indicate days of work: MON TUES WED THU FRI

About your child

What are your child's interests and hobbies? E.g. sports, art, cooking, games, books.

Any fears or phobias? Please be specific what fear or phobias your child/ren suffer from and how to manage them appropriately. Is there anything else you would like us to know about your child/ren?

Child A:

Child B:

Child C:

Child D:

Dietary, Lifestyle and Religious Requirements

Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices?

Child A

Child B

Child C

Child D

Please specify what foods or activities your child/ren cannot participate in.

Authorisations

Other persons to be notified of an emergency involving the child

There may be times when the child has an accident, injury, trauma, or illness and the parents or guardians cannot be contacted. To deal with the situations Croydon Hills OSHC should notify one of the following people who have been given parental responsibility to collect and care after accident, trauma or illness.

1. Full Name: _____
 Address: _____
 Home Phone: _____ mobile: _____
 Relation to child: _____

2. Full Name: _____
 Address: _____
 Home Phone: _____ mobile: _____
 Relation to child: _____

Authorised Nominee:

Authorised Nominee means a person who you have given permission to collect your child from OSHC service **(Must be 18+)**

Name:	Name:
Address:	Address:
Telephone: (H) (W) (M)	Telephone: (H) (W) (M)
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorise the taking of the child outside the service by a staff member of the service <input type="checkbox"/> Consent to the medical treatment of the child <input type="checkbox"/> Request or permit the administration of medication to the child <input type="checkbox"/> Collect the child from the service	<input type="checkbox"/> Authorise the taking of the child outside the service by a staff member of the service <input type="checkbox"/> Consent to the medical treatment of the child <input type="checkbox"/> Request or permit the administration of medication to the child <input type="checkbox"/> Collect the child from the service

Name:	Name:
Address:	Address:
Telephone: (H) (W) (M)	Telephone: (H) (W) (M)
Relationship to child:	Relationship to child:
<input type="checkbox"/> Authorise the taking of the child outside the service by a staff member of the service <input type="checkbox"/> Consent to the medical treatment of the child <input type="checkbox"/> Request or permit the administration of medication to the child <input type="checkbox"/> Collect the child from the service	<input type="checkbox"/> Authorise the taking of the child outside the service by a staff member of the service <input type="checkbox"/> Consent to the medical treatment of the child <input type="checkbox"/> Request or permit the administration of medication to the child <input type="checkbox"/> Collect the child from the service

Court Orders

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?

YES (please complete the following)

NO (go to next section)

Child A

Child B

Child C

Child D

1. Bring the ORIGINAL court order/s for staff to see and please attach a copy to this enrolment form. A copy must be provided before the commencement of care.

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 of the child;
- Collect the child from the service or family day

b) Give these powers to someone else

Please describe the changes and provide the contact detail of any person giving these powers:

Does the child live with: Both Parents Mother Father Guardian

Please provide details of any specific custody arrangements that we need to be aware of:

If a single parent, is access available to the other parent whilst the child is in our care?

YES / NO

Please state when and under what circumstances access is to be given:

Medical and Medicare Details

Doctor/ Medical Centre Name: _____

Street Address: _____

Suburb: _____

Telephone Number: _____

Medicare number: _____ Valid to (date): _____

Reference number on Medicare card: **Child A:** __ **Child B:** __ **Child C:** __ **Child D:** __

Do you have Private Health Insurance? YES / NO

Do you have ambulance cover? YES / NO

Has your child been immunised? YES / NO

Initials of staff member upon sighting record: _____

Please bring documentation of child/ren's immunisations records.

For children who attend Croydon Hills Primary School and the office has sighted their immunisation records, this is not necessary.

Behaviour Management/ Allergies

Have any of the children you are enrolling been diagnosed with disabilities or are they undergoing diagnosis / assessment? YES / NO

Child A

Child B

Child C

Child D

Please specify what kind of disability, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete

Have any of the children you are enrolling been diagnosed with a medical condition?

E.g. Asthma, fits/seizures, allergies, diabetes. YES / NO

Child A

Child B

Child C

Child D

Please specify what medical condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly OSHC staff will provide you with a medication form that you must complete.

Anaphylaxis:

- Has your child been diagnosed at risk of Anaphylaxis? YES / NO
- Does your child have an auto injection device (e.g. EpiPen) YES / NO
- Has the anaphylaxis medical management plan been provided to the service? YES / NO
- Has a risk management plan and a communication plan been completed by the service in consultation with you? YES / NO

In the case of anaphylaxis, you will be provided with a copy of the service's anaphylaxis management policy and risk minimisation plan. You will be required to provide the 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. More information is available at www.education.vic.gov.au/anaphylaxis

Do any of the children you are enrolling have behavioural conditions? E.g. ADHD, non-responsive, uncooperative.

YES / NO

Child A

Child B

Child C

Child D

Please specify what behavioural condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly OSHC staff will provide you with a medication form that you must complete.

**ACTION PLANS MUST BE SUBMITTED
FOR CHILDREN WITH:
~ALLERGIES
~ANAPHYLAXIS
~ASTHMA AND DIABETES
THANK YOU 😊**

Consent Form

I give the following consents for my children:

Child A:
Child B:
Child C:
Child D:

Website Consent

I give permission for images of my child to be used on the OSHC website.

YES / NO

Code of Behaviour

I have read the Code of Behaviour (see parent handbook) and agree to abide by the guidelines. I have informed my child/ren 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/ren is in breach of the guidelines.

YES / NO

Family Handbook

I have read the OSHC Family Handbook and agree to be bound by the information and policies outlined by Croydon Hills OSHC therein. The Family Handbook can be viewed and downloaded from the school website.

YES / NO

Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by the CHPS OSHC for the sole purpose of providing childcare services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child/ren is mandatory.

YES / NO

Photography

To be photographed or videoed for the purpose of promoting CHPS OSHC, within the service. Our Duty of Care ensures that children's safety and privacy is of the highest priority at all times. Surnames are never used in any of the photo displays. The photos are mainly used in the service and are displayed on a TV screen above the sign in/out book for parents to view.

YES / NO

Movies

I allow my child/ren to watch movies deemed appropriate by staff which have rating of either 'G' or 'PG'. In centre and on excursions.

YES / NO

Medical Attention

I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs.

YES / NO

Disclaimer

I _____ (print full name),
a person with lawful authority of the child referred to in this enrolment form,

*Declare that the information in this enrolment form is true and correct and undertake to immediately inform Croydon Hills Outside School Hours Care service in the event of any change to this information.

*Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.

*Consent to the OSHC Coordinator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

*Consent to the transportation of the child by ambulance and ambulance service.

I agree to abide by all policies and the philosophy guidelines of the service **YES / NO**

Print name: _____ **Signature:** _____ **Date:** _____

Confidentiality of Enrolment Records

The OSHC Director 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 Services National Regulations 2011 part 4.7, Regulation 181 (a-e).

Law Authority:

Parents: All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Regulations 2011 refer to these powers and responsibilities as 'lawful authority'. It is not affected by the relationship between parents, such as whether or not they have lives 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 a "guardian" under The Education and Care Services National Regulations 2011 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.

2019 Prep Information

Please Attach a Copy of your 2018 Transition Learning and Development Statement

Bookings

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require.

Before School Care Centre start date _____

After School Care Centre start date _____

Child A's name: _____

Child B's name: _____

Child C's name: _____

Child D's name: _____

Casual and Extra Bookings can be discussed with the OSHC director and will be subject to availability. The first 2 days of the 2019 school year are curriculum days. Please advise below if you would like your child/ren to attend. Please refer to attached program for curriculum days.

Curriculum Days:	Cost	Child A	Child B	Child C	Child D
Tuesday 29 th January	\$68				
Wednesday 30 th January	\$68				

Child A:	Cost	Mon	Tues	Wed	Thur	Fri
Before School Care days attending	\$12.00					
After School Care days attending	\$18.00					

Child B:	Cost	Mon	Tues	Wed	Thur	Fri
Before School Care days attending	\$12.00					
After School Care days attending	\$18.00					

Child C:	Cost	Mon	Tues	Wed	Thur	Fri
Before School Care days attending	\$12.00					
After School Care days attending	\$18.00					

Child D:	Cost	Mon	Tues	Wed	Thur	Fri
Before School Care days attending	\$12.00					
After School Care days attending	\$18.00					

***These costs are before Child Care Subsidy have been deducted.**

My family and my home

Name.....

What I like to do...

All about me!

My favourite foods...

Places I like to go...

Activities I like to do in OSHC...

My favourite time of year...

A picture of me!

What I am really good at.....

How I learn best...