



Croydon Hills Primary School OSHC Enrolment Form 2022

CHILDS FAMILY NAME: _____

PARENT/GUARDIAN DETAILS 1 (CLAIMING CCS)		
Family Name:	Given Name:	
Title: Mr Mrs Ms Miss Dr	Relationship to child:	
Date of Birth (ESSENTIAL):	Centrelink CRN (ESSENTIAL): _ _ _ _ _	
Address:	Postcode:	
Telephone: (M)	(W)	(H)
Occupation:		
Language Spoken at Home:	Family Cultural Background:	
Email (for invoice and correspondence):		
Are you a single supporting parent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you of Aboriginal or Torres Strait Island Background?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason for care:		
<input type="checkbox"/> Work Full Time		
<input type="checkbox"/> Work Part Time		
<input type="checkbox"/> Work Casual		
<input type="checkbox"/> Study		
<input type="checkbox"/> Recreation		
<input type="checkbox"/> Respite		
If part time or casual , please indicate days of work:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

PARENT/ GUARDIAN DETAILS 2		
Family Name:	Given Name:	
Title: Mr Mrs Ms Miss Dr	Relationship to child:	
Date of Birth:	Occupation:	
Address:	Postcode:	
Telephone: (M)	(W)	(H)
Language Spoken at Home:	Family Cultural Background:	
Email address to receive OSHC communication:		
Are you of Aboriginal or Torres Strait Island Background?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason for care:		
<input type="checkbox"/> Work Full Time		
<input type="checkbox"/> Work Part Time		
<input type="checkbox"/> Work Casual		
<input type="checkbox"/> Study		
<input type="checkbox"/> Recreation		
<input type="checkbox"/> Respite		
If part time or casual , please indicate days of work:		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		

There may be times when a child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations, Croydon Hills Primary School OSHC Program should notify one of the following who are authorised to consent to the medical treatment of the child.

EMERGENCY CONTACT DETAILS 1 (NOT A PARENT) or Authorised Nominee	
Surname:	First Name:
Address:	Postcode:
Telephone: (H)	(W)
Mobile:	Relationship:
This person is authorised to: (please tick all that apply)	
<input type="checkbox"/> Collect the child from the Education and Care Service (Authorised Nominee) <input type="checkbox"/> Consent to medical treatment for the child <input type="checkbox"/> Be notified of an emergency involving the child if any parent of the child cannot be immediately contacted <input type="checkbox"/> Consent to administration of medication to the child <input type="checkbox"/> Provide consent for an educator to take the child outside the education and care service premises	
EMERGENCY CONTACT DETAILS 2 (NOT A PARENT) or Authorised Nominee	
Surname:	First Name:
Address:	Postcode:
Telephone: (H)	(W)
Mobile:	Relationship:
This person is authorised to: (please tick all that apply)	
<input type="checkbox"/> Collect the child from the Education and Care Service (Authorised Nominee) <input type="checkbox"/> Consent to medical treatment for the child <input type="checkbox"/> Be notified of an emergency involving the child if any parent of the child cannot be immediately contacted <input type="checkbox"/> Consent to administration of medication to the child <input type="checkbox"/> Provide consent for an educator to take the child outside the education and care service premises	
EMERGENCY CONTACT DETAILS 3 (NOT A PARENT) or Authorised Nominee	
Surname:	First Name:
Address:	Postcode:
Telephone: (H)	(W)
Mobile:	Relationship:
This person is authorised to: (please tick all that apply)	
<input type="checkbox"/> Collect the child from the Education and Care Service (Authorised Nominee) <input type="checkbox"/> Consent to medical treatment for the child <input type="checkbox"/> Be notified of an emergency involving the child if any parent of the child cannot be immediately contacted <input type="checkbox"/> Consent to administration of medication to the child <input type="checkbox"/> Provide consent for an educator to take the child outside the education and care service premises	
EMERGENCY CONTACT DETAILS 4 (NOT A PARENT) or Authorised Nominee	
Surname:	First Name:
Address:	Postcode:
Telephone: (H)	(W)
Mobile:	Relationship:
This person is authorised to: (please tick all that apply)	
<input type="checkbox"/> Collect the child from the Education and Care Service (Authorised Nominee) <input type="checkbox"/> Consent to medical treatment for the child <input type="checkbox"/> Be notified of an emergency involving the child if any parent of the child cannot be immediately contacted <input type="checkbox"/> Consent to administration of medication to the child <input type="checkbox"/> Provide consent for an educator to take the child outside the education and care service premises	

TERMS AND CONDITIONS

I

(please print full name)

- I accept that Croydon Hills Primary OSHC is not liable for personal injury, property damage or loss, sustained by any participant as a result of his or her participation in the program, unless caused by proven negligence of Croydon Hills Primary OSHC, it's Coordinator or Educators.
- I understand that if my child(ren) continuously demonstrates inappropriately behaviour after guidance procedures have been followed, I will be notified and my child(ren) may be removed, suspended for a period to be determined or excluded permanently from the service.
- I give the approved provider, nominated supervisor or educator at the service, consent to implement my child's current medical management and risk plans for my child if applicable, with respect to their additional need, allergy, medical condition, specific healthcare need, Asthma or Anaphylaxis.
- I agree if my child(ren) health/medical needs change, I will provide Educators with the details on the medication forms provided.
- I acknowledge that my child(ren) will not attend the service if suffering from an infectious or communicable disease as identified by the Department of Health.
- I understand that Croydon Hills Primary School OSHC Policy and Procedure Document is on display and available for my viewing on request.
- I agree to pay any expenses incurred for medical treatment and transportation for my child(ren).
- I agree to maintain our fees as per the service's fees policy.
- I understand that my child(ren) can be removed from the program as a result of unpaid debt.
- I declare that the information provided above is true and correct and I have provided Centrelink with the same information. I will promptly inform the service in the event of any changes to this information.
- I understand that if any details are incorrect then full fees are payable by me for use of the service until the details are corrected by Centrelink.
- I accept Croydon Hills Primary School OSHC charged a late pickup fee of \$1.00 per minute per child to cover educator's wages for non-collection of a child after the advertised close time.
- Croydon Hills Primary School OSHC reserves the right to amend the Terms and Conditions.
- I understand that I can access the Family Handbook online at the Croydon Hills Primary School website, under "Communities" or obtain a hard copy from the OSHC Service.
- I have read and agree the conditions of acceptance to Croydon Hills Primary School OSHC attached to the front page of this enrolment form.
- By signing these Terms and Conditions I declare and confirm...
 - All information I have provided in this Enrolment form is true and correct
 - I am a parent/guardian of the child(ren) and a person with parental responsibility in relation to the child(ren) referred to in the Enrolment form
 - I agree for my child(ren) and I to comply with the service's Policies and Procedures
 - I have read, fully understand and agree to comply with the above Terms and Conditions

(signature and date)

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).

CHILD'S PERSONAL DETAILS-CHILD 1

Surname:

Given name:

Preferred name (if applicable):

Gender:

Male

Female

Other (please state):

Address:

Postcode:

Birth date (dd-mm-yyyy):

Centrelink CRN: _ _ _ _ _

Country of birth:

Religion (Optional):

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Torres Strait Islander Yes, Aboriginal Yes, Both Aboriginal and Torres Strait Islander

Primary language spoken at home:

School attending:

Year level in 2021:

ABOUT YOUR CHILD

My favourite book/toy is:

My favourite sport/game is:

My favourite snack is:

I enjoy:

My fears and/or phobias are:

CUSTODY ACCESS

Is there a court order or parenting plan in place? YES NO

If yes, please provide a copy and see the Coordinator. Unless a copy of the court order is provided to us, we are unable to uphold the requirements.

The child lives with:

- Both Parents
- Mother
- Father
- Guardian

HEALTH DETAILS –CHILD 1

Does your child have any allergies, sensitivity or anaphylaxis?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
If yes , please attach a separate medical management plan. Please note: All children that are anaphylactic must provide a current anaphylaxis management plan and Epipen. (less than 12 months old).	
Does your child have any dietary restrictions / requirements?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have a disability or behavioural condition? (i.e. ADHD, ASD, ODD)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have any specified medical conditions/needs? (i.e. asthma, diabetes, fits/seizures)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
If yes , the following management procedures are to be followed (or please attach a separate management plan). Please note: Action plans for asthma, diabetes and epilepsy must be provided before the child commences at the service. (within the last 12 months).	
Has your child been immunised?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes , please indicate which supporting document you are attaching with this enrolment form.	<input type="checkbox"/> Child History Statement from Australian Childhood Immunisation Register <input type="checkbox"/> Immunisation Record printout from Medicare

MEDICAL DETAILS- CHILD 1 (Only fill out if different to Child 1's details)

Doctor's Name (if applicable):	
Name of Medical Practice:	
Street Address:	
Medical Health Cover:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your child covered by a current ambulance subscription?	<input type="checkbox"/> YES- Ambulance Subscription Number: _____ Expiry: _____ <input type="checkbox"/> YES-Through my Health Fund <input type="checkbox"/> NO
Medicare Details:	Number: _____ Expiry: _____
Is your child on medication?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes , please specify:
PREP CHILDREN ONLY	Please attach a copy of your child's 2021 Transition Learning and Development Statement

CONSENT TO EMERGENCY MEDICAL TREATMENT- CHILD 1

I / we _____
(please print full name/s of parent/s and/or guardians/s)

- Agree to collect or make arrangements for the collection of my/our child referred to in this enrolment form if he/she becomes unwell at OSHC.
- Consent to the staff of OSHC seeking emergency medical or dental treatment by a medical practitioner, hospital or ambulance service, including transportation of your child in an ambulance, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by OSHC.

(Parent/guardian signature and date)

CONSENT FORM- CHILD 1

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 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

Family Handbook:

I have read the OSHC Family Handbook and agree to be bound by the information and policies outlined by Croydon Hills Primary School OSHC therein. The Family Handbook can be viewed and downloaded from the school website, or a hard copy can be provided on request.

YES NO

Privacy Acknowledgement:

I acknowledge the information provided herein by me is to be used by the CHPS OSHC for the sole purpose for providing childcare services for my child 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 is mandatory.

YES NO

Photography:

I give permission for my child 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 the TV screen above the Sign in / out podium.

YES NO

Movies:

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

YES NO

BOOKINGS- CHILD 1

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

Before School Care Centre start date:

After School Care Centre start date:

Child'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 2021 school year are curriculum days. Please advise below if you would like your child to attend. Please refer to attached program for curriculum days.

Care Required	Cost	MON	TUE	WED	THUR	FRI
Friday 28 th Jan- Curriculum Day	\$70.00					
Monday 31 st Jan- Curriculum Day	\$70.00					
Before School Care days attending	\$14.00					
After School Care days attending	\$21.00					

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

CHILD'S PERSONAL DETAILS-CHILD 2

Surname:

Given name:

Preferred name (if applicable):

Gender:

Male

Female

Other (please state):

Address:

Postcode:

Birth date (dd-mm-yyyy):

Centrelink CRN: _ _ _ _ _

Country of birth:

Religion (Optional):

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Torres Strait Islander Yes, Aboriginal Yes, Both Aboriginal and Torres Strait Islander

Primary language spoken at home:

School attending:

Year level in 2021:

ABOUT YOUR CHILD

My favourite book/toy is:

My favourite sport/game is:

My favourite snack is:

I enjoy:

My fears and/or phobias are:

CUSTODY ACCESS

Is there a court order or parenting plan in place? YES NO

If yes, please provide a copy and see the Coordinator. Unless a copy of the court order is provided to us, we are unable to uphold the requirements.

The child lives with:

- Both Parents
- Mother
- Father
- Guardian

HEALTH DETAILS –CHILD 2

Does your child have any allergies, sensitivity or anaphylaxis?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
If yes , please attach a separate medical management plan. Please note: All children that are anaphylactic must provide a current anaphylaxis management plan and EpiPen. (less than 12 months old).	
Does your child have any dietary restrictions / requirements?	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have a disability or behavioural condition? (i.e. ADHD, ASD, ODD)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
Does your child have any specified medical conditions/needs? (i.e. asthma, diabetes, fits/seizures)	<input type="checkbox"/> NO <input type="checkbox"/> YES (please specify):
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Has your child been immunised?	<input type="checkbox"/> NO <input type="checkbox"/> YES
If yes , please indicate which supporting document you are attaching with this enrolment form.	<input type="checkbox"/> Child History Statement from Australian Childhood Immunisation Register <input type="checkbox"/> Immunisation Record printout from Medicare

MEDICAL DETAILS- CHILD 2 (Only fill out if different to Child 1's details)

Doctor's Name (if applicable):	
Name of Medical Practice:	
Street Address:	
Medical Health Cover:	<input type="checkbox"/> NO <input type="checkbox"/> YES
Is your child covered by a current ambulance subscription?	<input type="checkbox"/> YES- Ambulance Subscription Number: _____ Expiry: _____ <input type="checkbox"/> YES-Through my Health Fund <input type="checkbox"/> NO
Medicare Details:	Number: _____ Expiry: _____
Is your child on medication?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes , please specify:
PREP CHILDREN ONLY	Please attach a copy of your child's 2021 Transition Learning and Development Statement

CONSENT TO EMERGENCY MEDICAL TREATMENT- CHILD 2

I / we _____
(please print full name/s of parent/s and/or guardians/s)

- Agree to collect or make arrangements for the collection of my/our child referred to in this enrolment form if he/she becomes unwell at OSHC.
- Consent to the staff of OSHC seeking emergency medical or dental treatment by a medical practitioner, hospital or ambulance service, including transportation of your child in an ambulance, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by OSHC.

(Parent/guardian signature and date)

CONSENT FORM- CHILD 2

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 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

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YES NO

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YES NO

Movies:

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

YES NO

BOOKINGS- CHILD 2

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

Before School Care Centre start date:

After School Care Centre start date:

Child's Name:

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Monday 31 st Jan- Curriculum Day	\$70.00					
Before School Care days attending	\$14.00					
After School Care days attending	\$21.00					

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