

CONDITIONS OF ACCEPTANCE 2024

RE- ENROLMENT FORM FOR ALREADY ENROLLED CHILDREN

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

OSHC Email: oshc.croydon.hills.ps@education.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/fortnightly basis. They are as follows:
\$27.50 per child for After School Care session
\$19.00 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. CHPS OSHC follows the COVID-19 guidelines as directed by the DET.
18. Family Handbook is available online on the school website or a hard copy can be requested.

Thank you for your co-operation,
Cassie Jones- OSHC Coordinator



OSHC RE-ENROLMENT FORM 2024 -ALREADY ENROLLED CHILDREN-

ATTENDANCE

Child Details

Family Name		Given Name	
Preferred First Name		Date Of Birth	

2024 Bookings:

Days of attendance (Please circle):	Mon	Tue	Wed	Thurs.	Fri
Before School Care (Tick):					
After School Care (Tick):					
Curriculum Days (Tick):	Monday 29 th January 29/01/2024		Tuesday 30 th January 30/01/2024		

Child Start Date: ___/___/___

Parent/Guardian Name		Date	
Parent/Guardian Signature			
<i>OSHC Coordinator Name and Signature</i>	<i>Cassie Jones</i>	Date Entered	



ENROLMENT INFORMATION UPDATE

Please complete this form to update enrolment details, including Medical Information and Emergency Contact details.

*If information remains the same as 2023 OSHC Enrolment. Please write **no change or leave blank** in heading of each sub-section. **Please complete this page.***

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

UPDATED AIR Immunisation History Statement	ASCIA Action Plan (Anaphylaxis) Action Plan (Asthma)	
Copies of medical documents/plans-	Copies of any family law or other relevant court Orders and/or legal documents	

CHILD DETAILS			
Family Name		Given Name	
Preferred First Name		Date of Birth	
Address			
Primary School Attending, Year Level and Teacher			

PARENT/GUARDIAN INFORMATION UPDATE		
	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Address		
Relationship to Child		
Work Phone Number		
Mobile Number		
Email Address		
Occupation		



FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER DETAILS [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? (If yes, please provide all relevant documentation and paperwork)	Documentation attached					
	YES		NO		N/A	
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person? (If yes, please provide all relevant documentation and paperwork)	Documentation attached					
	YES		NO		N/A	
Have photographs and names of unauthorised people been attached to this form?	Documentation attached					
	YES		NO		N/A	
Briefly outline court order requirements						

MEDICAL INFORMATION UPDATE			
Name of Doctor			
Medical Centre		Phone number	
Address			
Dentist name			
Name of Service		Phone number	
Address			
ASCIA Action Plan (Anaphylaxis) or Action Plan (Asthma) update	Attached	Y / N	
Medical Condition Please identify any new medical conditions.			



EMERGENCY CONTACTS UPDATE			
<p>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 provide information about 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.</p> <p>Please ensure you have obtained the person’s consent before listing them as an emergency contact.</p>			
1: EMERGENCY CONTACT - Full Name			
Relationship to Child			
Phone Number	(H)	(M)	(W)
Address			
Email 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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	



2: EMERGENCY CONTACTS UPDATE			
EMERGENCY CONTACT - Full Name			
Relationship to Child			
Phone Number	(H)		
	(M)		
	(W)		
Address			
Email 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? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

Comments:



2024 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. **PLEASE complete this page.**

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

PHOTOGRAPHY AND VIDEO

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

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.

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.			
Parent/Guardian 1 Name		Date	
Signature			
Parent/Guardian 2 Name		Date	
Signature			