



# Wodonga South PS Out of Hours School Care



\*A parent or guardian who has the lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with and asterisk \* are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

## ~ENROLMENT FORM~2018~

Child's Surname	Sex (Tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Given Name			
Second Given Name			Age
*Preferred Name	Date of Birth (DD/MM/YYYY)		
Home Address			
Suburb	State	Post Code	
Child's CRN	Religion		
Language(s) spoken in the home			Country of Birth

### Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)

- No, not Aboriginal or Torres Strait Islander       Yes, Aboriginal  
 Yes, Aboriginal and Torres Strait Islander       Yes, Torres Strait Islander

**School:** \_\_\_\_\_ **\*Grade:** \_\_\_\_\_ **\*Teacher:** \_\_\_\_\_

Is there is anything that the children's service should know about the child? (e.g. excessive fears, likes/dislikes, favourite activities, cultural information, attending other early childhood services or early intervention service etc), siblings, or other people living in the child's home.

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## FAMILY ASSISTANCE OFFICE INFORMATION

Have you applied for Child Care Benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a child/ren attending other child care services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, how many children are attending other services?		
Date their care commenced:		

To enquire if you qualify for childcare assistance, contact the Family Assistance Office on 13 61 50 and quote our Vacation Care service number: 407 354 867 C.

## \*INFORMATION FOR BODIES WHICH PROVIDE FUNDING TO THIS EDUCATION AND CARE SERVICE

From time to time the Regulatory Authorities seek Information on the characteristics of the children and the families who use an Education and Care Service. This is used in planning new policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indicating Yes or No.

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Does either parent have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Is the family a single parent family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## OFFICE USE ONLY

Immunisation Certificate received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Court orders received and copy added to child's file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Copy of Parent Handbook with policies given to parents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the child have Asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the child have Anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the child have any developmental delays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does the child have any medical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have medical management plans been received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has a medical risk management plan and communication plan been completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Enrolment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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## PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Name:	Name:
Address (if different to the child):	Address (if different to the child):
Relationship to child:	Relationship to child:
Does the child live with this parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the child live with this parent/Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Birth:	Date of Birth:
<b>Parent/Guardian 1 CRN:</b>	<b>Parent/Guardian 2 CRN:</b>
Occupation:	Occupation:
Place of work:	Place of work:
Email address:	Email address:
Phone (H): (W):	Phone (H): (W):
(Mobile):	(Mobile):

## COURT ORDERS RELATING TO THE CHILD

Are there any:

- **Court orders, parenting orders or Parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- **Other court orders** relating to the child's residence or the child's contact with a parent or other person

**NO**    go to the next section      **YES**    please complete the following:

1. Bring the **ORIGINAL** court order/s for the staff to see **and attach a copy to this form.**
2. Please describe the orders below

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## CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service: \_\_\_\_\_ Phone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_

\*Maternal & Child Health (MCH) Centre: \_\_\_\_\_ \*Contact Name: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ambulance Coverage?  YES  NO    Subscription No. \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Private Health?         YES  NO    Subscription No. \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Is the child currently attending or has previously attended:**

- Counsellor/Psychologist    Occupational Therapy    Paediatrician    Specialist    Speech Therapy
- Dietitian    Other

If Yes, Please provide details \_\_\_\_\_





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## CHILD'S MEDICAL INFORMATION

### **ANAPHYLAXIS** (Reg.162(c)(ii)&(d))

- Has your child been diagnosed as being at risk of anaphylaxis?  YES  NO
- Does your child have an auto injection device (e.g. EpiPen® or Anapen®)?  YES  NO
- If your child has an auto injection device, have you supplied to the service a device with a valid expiry date?  YES  NO
- Has the anaphylaxis medical management plan been provided to the service  YES  NO
- Has a risk management 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 services anaphylaxis management policy. You will be required to provide the service with an individual 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](http://www.education.vic.gov.au/anaphylaxis).

### **SPECIFIC HEALTHCARE NEEDS** (Reg.162(c) (i) & (d))

- Does your child have specific health care needs including any medical conditions that are relevant to the care and education of your child? (E.g. asthma, epilepsy, diabetes etc)  YES  NO

If yes, please provide details of any specific healthcare needs or medical conditions and any management plans or risk minimisation plans to be followed with respect to the specific healthcare needs or medical conditions. Please attach a copy of any plans or additional pages if necessary.

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### **DIETARY RESTRICTIONS** (Reg. 162(e))

- Does your child have any dietary restrictions?  YES  NO
- If yes, the following restrictions apply: \_\_\_\_\_

### **ALLERGIES** (Reg. 162(c) (ii))

- Does your child have any allergies or sensitivities?  YES  NO
- If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy: \_\_\_\_\_

If the service is aware that your child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Parent Handbook containing the service's Medical Conditions policy been provided to you?  YES  NO  N/A

Has a communication plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the Medical Conditions policy, the Medical Management Plan and Risk Minimisation Plan for the child and (b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child (Reg.90 (1)(c)(iv))  YES  NO  N/A

## CHILD'S IMMUNISATION STATUS

- Has your child been immunised as set out in the Australian Immunisation Schedule?  YES  NO

If **Yes**, please provide the details by selecting one of the options below:

- Attaching a copy of the Immunisation Record from the Child Health Record, OR
- Attaching a copy of the Immunisation Record printout from local government, OR
- Attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- Providing the Child Health Record to the Education and Care Service to determine their immunisation status.

If **No**, please provide details by selecting one of the options below:

- a letter from a registered medical practitioner stating the parent/guardian is a conscientious objector to immunisation OR
- Attach an up to date immunisation history statement with any Immunisations your child is medically unable to have; OR
- Attach a commenced and on track catch up schedule statement provided by an immunisation provider.  
(Statements are available from ACIR-Contact 1800 653 809, [www.humanservices.gov.au](http://www.humanservices.gov.au), or your local Medicare Office)

*Child health record means a record that documents a child's health and development assessments and immunisations.*

The child's Immunisation Record from the child's health record sighted by (Reg. (g)):

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

In some cases, when there is an outbreak of a vaccine preventable disease, unimmunised children will be excluded from the Education and Care Service as per the period of exclusion of contacts recommended by the National Health and Medical Research Council. The exclusion periods table can be found at <http://ideas.health.vic.gov.au/guidelines/schoo-exclusion-table.asp>



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## AUTHORISATIONS

### PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed by staff members and I understand that these photos can be used in the service only (eg. may be used for displays on the wall, OHSC and individual scrapbooks)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my child to be photographed by staff members and that these photos may be used for promotional material for the service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my child to be photographed and / or videotaped in the event of media reportage	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### MEDIA VIEWING

I give my child permission to view media programs with “G” and “PG” ratings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### SUNSCREEN CONSENT

I give permission for my child to have <b>30+</b> sunscreen applied as per the service’s Sun Smart Policy	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policy and philosophy guidelines of the service	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### HEADLICE CHECKS

I give permission for the service to conduct head lice checks on my child	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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### REGULAR OUTINGS

I give permission for the staff at the Education and Care Service to take my child on a regular outing as per Regulation 102	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I \_\_\_\_\_

(Print full name)

A person with lawful authority/parental responsibility of the child referred to in this enrolment form (Reg.161):

- Authorise the Approved Provider, Nominated Supervisor, or an Educator to seek
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service.
- Agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- Agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
- Understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the Approved Provider, Nominated Supervisor or Educator

I declare that the information in this enrolment form is true and correct and undertake to immediately inform the OHSC service in the event of any change to this information

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## BOOKINGS AND FEES

- I acknowledge that the full fees will be charged should **NO** notification of absence be given when my child/children are absent from any session for which they are booked.
- I acknowledge the Out School Hours Care cancellation policy and agree to give the prescribed notice periods that are required for any cancellations to my child/children's booking as per the Parent handbook.
- I understand that it is my responsibility to notify Out of Hours School Care of any changes to booking details.
- I agree to pay the scheduled fees for my child/children's bookings as per the Parent Handbook.
- I understand that my child/children's care may be suspended if regular payments are not made or if my account is in arrears for longer than four weeks as per the Parent Handbook.
- I understand that if my debt is six weeks outstanding, my child/children will be excluded from the service. A debt recovery agency will be used to recover monies owing and that it is my responsibility to pay any charges associated with the debt recovery.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACCOUNT DETAILS

**Who is the Invoice to be sent to** (please tick appropriate boxes)

Both Parents/Guardians    Mother    Father    Guardian 1    Guardian 2    Other \_\_\_\_\_

Postal Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PRIVACY NOTIFICATION

### Confidentiality of enrolment records

The proprietor of the children's service must ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (Reg. 35(i) (d-e))

### Lawful Authority-Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Service Regulations 2009 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 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 Children's Services Act 1996 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.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

Wodonga South Primary School Outside School Hours Care uses the enrolment form to collect personal information for the purpose of the service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

I also accept full responsibility for my child's belongings whilst attending this program.

I fully understand that if my child continuously misbehaves and that after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program and may be asked to collect my child.

I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect the child as soon as practical.

I accept full responsibility whilst my child is in transit from their base school to Wodonga South Primary school by taxi/bus, where the Nominated Supervisor will accept responsibility on signing my child in.

Parent/Guardians Signature \_\_\_\_\_

Date \_\_\_\_\_