



CLARINDA PRIMARY SCHOOL

OUT OF SCHOOL HOURS CARE PROGRAM INFORMATION

Before Care Service – 7.15 to 8.45am – Cost \$14.00 per session per child

- Clarinda Primary School Before Care Service is administered by a qualified Supervisor as a Single Staff Program. The first school teaching staff member to arrive checks in with Before Care and is on call until 8.45am.
- Children are educated in the process of summoning additional adult assistance if it is required and the Coordinator's contact phone number is supplied to parents.
- Breakfast is provided

After Care Service – 3.30 to 6.00pm – Cost \$18.00 per session per child

- After Care is administered by a Supervisor and Assistants.
- Afternoon tea is provided
- Late Fees of \$1.00 per minute apply after 6.00pm

Pupil Free Days – 7.15am to 6.00pm – Cost \$45.00 per child

- Pupil Free Day Care is administered by a Supervisor and Assistants.
- Morning and Afternoon tea is provided
- Late Fees of \$1.00 per minute apply after 6.00pm

General

- No bookings are required, it is simply a casual 'pay as you use' program.
- The program is held in the hall complex.
- Our program provides a wide cross section of activities catering for all areas of the children's development - supervision of homework is available if required.
- Our program has a Sunsmart policy.
- Our school community embraces inclusion and cultural diversity, so please nominate any food preferences or restrictions on your child's enrolment form.
- Parents **must** sign their children into or out of the Program
- **ACCOUNTS FOR THE SERVICE ARE CALCULATED WEEKLY AND PAYABLE WITHIN 14 DAYS**
CCB and CCR are deducted from the fee before payment is requested

Government Child Care Benefits

- Almost every family is eligible for the Child Care Benefit (CCB) which is calculated by Centrelink according to family income.
- The Child Care Rebate (CCR) is not income based and the benefit is 50% of a parent's gap fee payments.
- To register for these benefits call Centrelink on 13 61 50, visit a Family Assistance Office at Medicare or apply online at humanservices.gov.au.

Please feel welcome to call in and see Lesley McLeod, our coordinator, with any enquiries about the service or telephone the school on 9544 3231

Please keep this sheet and return the enrolment form

**PARENT CHECKLIST
CLARINDA PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE SERVICE**

CHILD'S FULL NAME:

Enrolment Checklist <i>Please attach all requested documents to this enrolment form</i>		Tick when completed	Centrelink Family Assistance Contact Number 136 150
Contact Family Assistance to ensure your child is	Registered to receive child care benefit		When having discussions with Centrelink Family Assistance you can discuss your eligibility for Child Care Rebate (CCR) and Child Care Benefit (CCB) to ensure you are getting your entitlements
	Registered as a school aged child		
Obtain customer reference numbers for Centrelink for And be sure that both of these numbers are provided on this enrolment form	The child using the service		Please make sure your child is registered as school age and also registered to receive the Child Care Benefit
	The parent who the child is linked to through Family Assistance		
The correct date of birth is detailed for	The child using the service		Please note in order to receive Child Care Benefit both the child and the parents will have their own CRN number
	The parent who the child is linked to through Family Assistance		
A copy of your child's immunisation register is provided			Immunisation register can be obtained from
If your child suffers from an ongoing illness you must attach their action plan, which must be signed and dated by a medical practitioner (Asthma, Diabetes, Anaphylaxis, Epilepsy etc.)			<ul style="list-style-type: none"> • Medicare on line • Local DHS Service Centre • Calling the Immunisation Register on 1800 653 809
Details of any ongoing health issues with the child are clearly stated on this enrolment form (allergies, and intolerances etc.)			Ongoing action plans for your child's illness can be obtained online at www.allergy.org.au or from your child's doctor
An a active email address is stated on this enrolment form so that you can received electronic invoicing and correspondence			
A risk minimisation plan (if required)			
Parent permission(s) form is signed			



CLARINDA PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE

ENROLMENT FORM 2016

Privacy Statement

This confidential enrolment form asks for personal information about your child as well as family members and others that provide care for your child.

The main purpose for collecting this information is so that Clarinda Primary School Out of School Hours Care Service (OSHC) can register your child and allocate staff and resources to provide for their needs.

All staff at OSHC are required by law to protect the information provided by this enrolment form.

Health information is asked for so that staff at OSHC can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor.

OSHC depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

OSHC requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to OSHC. Please tell us as soon as possible about any changes to these arrangements.

Please do not hesitate to contact the OSHC Co-ordinator, Lesley McLeod if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Child's Details:

Child's First Name		Sex	Male / Female	
Child's Family Name		Date of Birth	____/____/____	
Child's CRN (This is different to the parent's CRN)	_____	Country of Birth	_____	
What is your child's cultural background	_____	Is your child Aboriginal or of Torres Strait Islander descent	Yes / No	
Does your child speak English as a second language	Yes / No	Languages spoken at home	_____ _____	

Your Family and Child Care Benefit

Will you be claiming Child Care Benefit (CCB)	Yes / No	
Will you be claiming Child Care Rebate (CCR)	Yes / No	
Do you have any other children using a registered care: (e.g. Long day care, Kinder)	Yes / No	
If <u>yes</u> please provide the child/children's name(s) and date(s) of birth	_____ _____	

Your Child's Health and Wellbeing Information:

Does your child have any pre-existing medical conditions (Asthma, Diabetes, Anaphylaxis, Epilepsy etc.)	Yes / No
Does your child have any allergies (food, medication, environmental etc.)	Yes / No
Does your child have a food intolerance (dairy, gluten etc.)	Yes / No
Does your child have any religious cultural or dietary restrictions	Yes / No
Has your child been diagnosed at risk of anaphylaxis	Yes / No

If you have answered yes to any of the above, please provide details:

(extended details can be provided in your individual medical management plan or risk minimisation plan)

In the case of allergies and 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 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 can be found at www.education.vic.gov.au/anaphylaxis.

You can obtain a copy of an anaphylaxis, allergy or medical condition action plan from our web site
www.clarindaps.vic.edu.au

In the case of allergies, anaphylaxis or any other diagnosed medical condition, a risk minimisation plan must be provided by a parent/ guardian for each child enrolled at the service who has a specific allergy, medical condition or health care need. This is a regulation requirement.

Please ensure you obtain a copy of a risk minimisation plan that is specific to your child's health requirement prior to beginning the service. You will not be able to begin at the service without having a complete risk minimisation form and medical management plan for your child's individual health requirement. Copies of this risk minimisation plans can be found on our website www.clarindaps.vic.edu.au or call the school office on 9544 3231

Immunisation

Is your child immunised to school age	Yes / No
If YES - Please attach a copy of your child's immunisation records	If NO - then please attach a copy of your Conscientious Objection Form (found on our website)

Your Child's Additional Needs

Does your child have any additional or specific needs that the program should be aware of	Yes / No
Does your child require additional support for inclusion into the program	Yes / No
If yes please provided details	<hr/>

Your Child's Doctor and Medical Information

Doctor's Name	_____	Doctors Phone	_____
Doctors Address	_____ _____	Child's Medicare number	_____
Do you have private health insurance	Yes / No	If yes what is your fund and member number	_____ _____
Do you have ambulance cover	Yes / No	If yes what is your member number	-----

Declaration and Emergency Medical Treatment Consent

Child's Name: _____ Date of Birth: ____/____/____

I _____ (print your full name) a person of lawful authority of the child referred to on this enrolment form

1. Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
2. Consent to the staff at the service seeking; or where appropriate, administering, such emergency medical, hospital, or dental or ambulance services/transportation or treatment as is reasonable necessary and that I will reimburse any necessary expenses incurred by the children's service
3. Understand that every attempt will be made to contact me and seek my advice except in an emergency when I will be notified as soon as practicable
4. Understand that in an emergency situation or fire drill where evacuation is necessary that my child may need to leave the child care premises under the direction and supervision of staff

Signed: _____ Dated: ____/____/____

Information Regarding Court Orders

Are there any court orders relating to the powers and responsibilities of the parent/guardian in relation to the child or access to their child? Yes / No

If Yes;

Have you provided a copy of the order with this enrolment form? Yes / No

The court orders that you have provided are current and complete? Yes / No

Date of the most current order: ____/____/____

If these orders, at any time 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 medical treatment of the child**
- **Request or permit the administration of medicine to the child**
- **Collect the child**

You must make us aware and provide us with an updated court order with the identified changes

Parent/Guardian 1 Details

Title (Mr Mrs Ms)	_____	Sex	Male / Female
Surname	_____	First Name	_____
Customer Reference Number (CRN) (yours will be different to adult 2 and child)		_____/_____/_____	
Relationship to child	_____	Date of Birth	____/____/____
Mobile Number	_____	Email	_____
Home Phone	_____	Home Address	_____ _____
Work Number	_____	Work Address	_____ _____
Occupation	_____	What is your cultural background	_____
What is your country of birth	_____	What languages do you speak at home	_____ _____
Are you Aboriginal or of Torres Strait Islander descent	Yes / No	Do you have a disability	Yes / No _____
Does the child live with this parent	Yes / No		
Do you have any special skills or interests that you could contribute to our program _____			Yes / No

Parent/Guardian 2 Details

Title (Mr Mrs Ms)	_____	Sex	Male / Female
Surname	_____	First Name	_____
Customer Reference Number (CRN) (yours will be different to adult 1 and child)		_____/_____/_____	
Relationship to child	_____	Date of Birth	____/____/____
Mobile Number	_____	Email	_____
Home Phone	_____	Home Address	_____ _____
Work Number	_____	Work Address	_____ _____
Occupation	_____	What is your cultural background	_____
What is your country of birth	_____	What languages do you speak at home	_____ _____
Are you Aboriginal or of Torres Strait Islander descent	Yes / No	Do you have a disability	Yes / No _____
Does the child live with this parent	Yes / No		
Do you have any special skills or interests that you could contribute to our program _____			Yes / No

Emergency and Authorised Contacts

Your consent is required for other people to:

- Collect your child from the service
- Collect your child from the service in the event of an emergency when parents/guardians cannot be contacted (at least two of your emergency contacts need to have emergency authorisation)
- Give authorisation to administer medication and emergency treatment

These authorised persons must be contactable and able to access the program within a reasonable time frame. You do not need to complete all four contacts however we do need a minimum of two contacts and at least two contacts must be able to collect your child in the event of an emergency situation.

Emergency Contact 1

Name	_____		
Relationship to child	_____	Mobile Number	_____
Work Number	_____	Home Phone	_____
Home Address	_____		
Authorisations	Contact in an emergency		Yes / No
	Able to Collect child		Yes / No
	Able to give medical information and authorisation to service staff to administer medication and consent to the child receiving emergency medical treatment		Yes / No

Emergency Contact 2

Name	_____		
Relationship to child	_____	Mobile Number	_____
Work Number	_____	Home Phone	_____
Home Address	_____		
Authorisations	Contact in an emergency		Yes / No
	Able to Collect child		Yes / No
	Able to give medical information and authorisation to service staff to administer medication and consent to the child receiving emergency medical treatment		Yes / No

Emergency Contact 3

Name	_____		
Relationship to child	_____	Mobile Number	_____
Work Number	_____	Home Phone	_____
Home Address	_____		
Authorisations	Contact in an emergency		Yes / No
	Able to Collect child		Yes / No
	Able to give medical information and authorisation to service staff to administer medication and consent to the child receiving emergency medical treatment		Yes / No

Parent Permissions

Parent Name	_____
Parent Address	_____

Photographs:

I hereby authorise Clarinda Primary School Out of School Hours Care to use my photographs, or photos of my child: _____(name)

For the purpose of producing advertising/promotional material for the Clarinda Primary School Out of School Hours Care Program. I agree for the photo(s) to appear in any of the conditions below:

Advertising flyers to local kindergartens, prospective parents, on display at OSHC and school buildings, in the OSHC Newsletter and School Newsletter

On the Clarinda Primary School website

Behaviour:

I understand that if my child consistently does not co-operate with the staff and disrupts other children, that I shall be contacted and if no improvement is noted the Principal of the school may request that I withdraw my child from the service.

Face Painting:

I give permission for my child to take part in face painting activities as offered by the service. I understand that such activities will only take place using approved face painting products and under the supervision of the service co-ordinator.

➤ Please cross out any statements above that you do not wish to give permission for

I understand that if I wish to withdraw this authorisation, it will be my responsibility to inform the service co-ordinator.

Parent/Guardians signature: _____

Date: ____/____/____

Placement Agreement

- 1) I have read the Parent Handbook and agree to abide by the Service's Policies as outlined in the booklet including late collection and collection of children whilst under the influence of alcohol or drugs
- 2) I agree to pay the service my assessed fee each fortnight. I understand that the service may terminate the provision of child care if I fail to make such payments
- 3) I agree to pay the late fine if we arrive at the service after hours
- 4) I agree to pay the annual administration fee once my child has had their second usage of the service
- 5) I agree to exclude my child from the program when they are unwell, especially if the illness is contagious – a clearance certificate from your doctor will be required for infectious illnesses
- 6) I give permission for the service co-ordinator and service staff to seek emergency medical, hospital of ambulance services/transport and that I the undersigned will be contacted, and agree to pay the costs involved
- 7) I am aware that my child may be excluded from the program if they are not immunised and there is an outbreak of an infectious disease
- 8) I agree to provide the service with updated contact information and where these details change I will update them accordingly
- 9) I understand that if my child has an ongoing illness, I will supply the service with the required health management plan(s) for my child, signed by our general practitioner.
(This can include but not restricted to action plans, communication plans, health management and risk minimisation plans)

I _____ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the service in the event of any change to this information.

Parent/Guardian signature: _____ Date: ____/____/____

Lawful 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 Law Act 2010 and Education and Care Services National Regulation 2012 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the 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 had lawful authority. A legal guardian is given lawful authority by a court order, The definition of "guardian" in 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.