

**ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM
ENROLMENT FORM 2017**

Family Name: _____

Childs Details

Child's Name: _____ **DOB:** ____ / ____ / ____ **Grade:** _____ **Gender:** M ☐ F ☐

Child Usually Called: _____ **Child's Customer Reference Number:** _____

We require a parent & child *Centrelink* Customer Reference Number if you require *Child Care Benefit (Fee Reduction)* and/or the 50% Rebate.

Child's Country of Birth: _____ **Language Spoken at Home:** _____

Home Address: _____

Does this child have a developmental delay or disability including intellectual, including, sensory or physical impairment? (please tick) Yes ☐ No ☐

Parent/Guardian Details

Mothers Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Mothers Phone No: **H:** _____ **W:** _____ **M:** _____

Mothers Country of Birth: _____ **Language Spoken at Home:** _____

Mothers Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

Does this child live with their mother? (please tick) Yes ☐ No ☐

Fathers Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Fathers Phone No: **H:** _____ **W:** _____ **M:** _____

Fathers Country of Birth: _____ **Language Spoken at Home:** _____

Fathers Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

Does this child live with their father? (please tick) Yes ☐ No ☐

Only if applicable

Guardians Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Guardians Phone No: **H:** _____ **W:** _____ **M:** _____

Guardians Country of Birth: _____ **Language Spoken at Home:** _____

Guardians Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

Does this child live with the Guardian? (please tick) Yes ☐ No ☐

CUSTODY ARRANGEMENTS

Child resides with: Both Parents Shared Access Mother Only Father Only

(Please Circle)

Parents with shared access may be required to complete another enrolment form please inform the Coordinator of your shared child care requirements.

Details of Custody Arrangements: Is there any Court Orders or Parenting Plans relating to the duties, responsibilities or authorities of any person relation to the child or access of the child. **Yes/ No**

or other orders relating to the child's residence or the contact with a parent or other persons. **Yes/ No**

Please provide legal documentation. (Court orders)

Lawful Authority:

Please provide two emergency contacts the service can call when the parents or guardian cannot be contacted. (please read and sign the Lawful Authority.

I _____ (Please Print Full Name) Give my consent for the listed emergency contacts in my absence: to consent to medical treatment of my child, permit the administration of medication and collect my child from the service.

Emergency Contacts

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Authorisation & Declaration 2017

I _____ (Please Print Full Name)

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

Authorise the Approved Provider, Nominated Supervisor, or an educator of in the case of Out of School Hours 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; and

if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.

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;

have read & understood the Education and Care Service's policies including the 'Payment of Fees';

I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information.

Signature of the person with parental responsibility

Authorise Collection of Children

In addition to the child's parents who is authorised to collect the child from the service. *Please inform the program when an authorised person is collecting your child from the service.*

If you require someone not listed on this form to collect your child, please inform the Coordinator in writing.

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Medical Details

Family Doctor: _____ **Phone:** _____

Address: _____

Medicare Number: _____ **Ambulance Membership Number:** _____

Child Immunisation Certificate

Does your child have an immunisation certificate? (please tick) **Yes** ☐ **No** ☐

If Yes: Please provide the service with a copy of the child's immunisation certificate with this enrolment form.
(New Children Only)

If No: If your child does not have an immunisation certificate you will be required to present a letter of exemption from a doctor.

Child Health Information

Does your child have any special needs or additional care requirements? (please tick) **Yes** ☐ **No** ☐

If yes please provide details and any management procedure to be followed with respect to the child's additional needs.

Asthma Information

Please provide details of your child's asthma symptoms:

Have you provided an asthma plan to the school? **Yes** ☐ **No** ☐

My child will have asthma medication in their bag when in attendance at the program: (please tick) **Yes** ☐ **No** ☐

Name of Medication	Method (e.g. puffer & spacer, tubuhaler)	When & how much?

Dietary Requirements

Does the child have any dietary restrictions? Yes ☐ No ☐ (please tick) **If Yes:** Please provide details.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? (please tick) Yes ☐ No ☐

Does your child have an auto injection device (e.g. EpiPen/Anapen)? (please tick) Yes ☐ No ☐

Has an anaphylaxis medical management plan been completed in consultation with a doctor? Yes ☐ No ☐

Have you provide the school with a copy of the anaphylaxis management plan? (please tick) Yes ☐ No ☐

- You are required to provide the school and the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This should be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Allergies

Does your child have any allergies or sensitivity? (please tick) Yes ☐ No ☐

If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes etc., relevant to the care of your child? (please tick) Yes ☐ No ☐

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

Please note if your child has a medical condition, allergy, asthma or a dietary requirement you will receive additional forms by post, to provide the service with further details regarding your child's allergy or medical condition.

Child's Interests

Art & Craft ☐ Drawing ☐ Board Games ☐ Dramatic Play ☐ Construction Toys ☐

Drama ☐ Music ☐ Structured Games ☐ Reading ☐ Cooking ☐

Other activities your child enjoys: _____

Additional Information

Parents please provide additional information regarding your child's interests or other information that may assist the program to accommodate your child.

BEFORE & AFTER SCHOOL CARE BOOKINGS

Please read attached booking information before completing this section.

Before School Care (7.30am – 8.45am) (Please tick appropriate box) Commencement Date: _____

Permanent Daily Basis ☐ Permanent Days Circled ☐ Casual Days & Emergencies ☐
(Please nominate days) Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐

After School Care (3.30pm – 6.00pm) (Please tick appropriate box) Commencement Date: _____

Permanent Daily Basis ☐ Permanent Days Circled ☐ Casual Days & Emergencies ☐
(Please nominate days) Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐

Before & After School Fee Agreement

To ensure the Before & After School Program is financially viable families are required to pay **fees fortnightly**. Please complete the following fee agreement.

Name and address of person responsible for Before & After School Fees.

Name: _____

Email Address : _____

Home Address: _____

I _____ hereby agree to pay my Before & After School Care fees **fortnightly**
I understand that all outstanding fees must be paid for the first half of the term before my child/ren can return to the program in the second half of the term and all fees must be paid at the end of each term before children can attend the following term.

Parent's Name: _____ Parents Signature: _____

DECLARATION

Parents please read and initial each individual declaration statement.

I/We have read the cancellation and booking procedures and agree to abide by the requirements and late penalties.

I/We understand it is my/our responsibility to inform the program if my/our child is not attending the program for a regular or casual booking.

I/We understand I must give the service one weeks' notice if I no longer require my child's Before & After School Care permanent booking.

I/We realise the program must be informed if my child is being collected by another person.

I/We agree to abide by the terms of the fee payment scheme and understand all outstanding before & After School Care Fees must be paid at the end of each term, before my child can return to the program the following term.

I/We realise that it is my/our responsibility to inform the program if my child/ren contracts any illness, which could be detrimental to the health of others at the program.

I/We 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.

I/We consent to the Coordinator or the person in charge to administer medication in emergency.

I/We authorise the person in charge, in the event of any illness or accident to obtain on my/our behalf any such medical assistance as my/our child may require and agree to meet any expenses.

Parent's Name: _____ Parents Signature: _____

Confidentiality of Enrolment Records: *The approved provider Ormond Primary Out of School Hours Program will ensure the information in this child's enrolment record will be not divulged or communicated directly to another person other than prescribed other than prescribed under regulation 181 and 182 of the Education and Care Services Children's Services Regulations 2009. This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any act or Law; or with written consent of the person who provided the information.*

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