

THE PATCH SCHOOL OUT OF SCHOOL HOURS CARE PROGRAM ENROLMENT FORM 2017

The Out of School Hours Care Program will operate between 7.30am and 8.45am and 3.30pm and 6.00pm on every school day. Inclusion in the program is subject to availability.

CHILDREN INCLUDED IN THIS FORM

Child's name: _____ Date of Birth: _____

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1. PARENT/GUARDIAN DETAILS

First Name: _____ Surname: _____

Address: _____

Post Code: _____

Date of Birth*: _____ Occupation: _____

Phone: (H) _____ (W) _____ (M) _____

2. PARENT/GUARDIAN DETAILS

First Name: _____ Surname: _____

Address: _____

Post Code: _____

Date of Birth*: _____ Occupation: _____

Phone: (H) _____ (W) _____ (M) _____

** Denotes compulsory information required by DEEWR for funding.*

ACCOUNT DETAILS

(Please tick)

PARENT/GUARDIAN 1

OR PARENT/GUARDIAN 2

CULTURAL INFORMATION

Is your child of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Principal language spoken at home: _____

Relevant cultural details eg Food, activities etc.: _____

Skills or special interests of any family members, which they may wish to share with the children to enhance our program: _____

**THE PATCH SCHOOL OUT OF SCHOOL HOURS CARE PROGRAM
ENROLMENT FORM (continued)**

Please complete Pages 2 and 3 for each child listed on page 1.

CHILD'S DETAILS

First Name: _____ Surname: _____
Age: _____ Date of Birth: _____ Male Female
Child resides with (please circle)
Both Parents Mother Father Guardian

CUSTODY DETAILS

Are there any legally binding access/custody arrangements ie IVO or Family Court Orders?
YES NO

If **YES**, please lodge a copy with the program Supervisor.

MEDICAL INFORMATION:

Child's Doctor's Name: _____ Phone number: _____
Doctor's Address: _____
Medicare Number: _____
Private Health Insurance name: _____
Private Health Insurance policy number: _____
Are you an Ambulance subscriber? YES NO
If YES, please state your subscription number _____
Does your child suffer from any medical condition that our program staff needs to be aware of?

****IF YES, PLEASE ATTACH DETAILS OF CONDITION, SYMPTOMS & ACTION REQUIRED, ALONG WITH ANY OTHER RELEVANT INFORMATION.**

Medical Conditions: _____
Dietary Restrictions: _____
Other: _____
Allergies: _____
Medical Allergies: _____

Anaphylaxis; YES NO

If YES, a current action plan, management plan and EpiPen **must** be provided.

Current Action and Management Plan Attached: EpiPen provided:

Asthma; YES NO

If YES, please complete an 'Asthma Action/Management Plan' available from OSHC staff or the office. Own spacer must be provided.

Current Asthma Action/ Management Plan Attached: Spacer provided:

Has your child been immunised? YES NO

Name and position of person at the children's service who has sighted the child's health card

Is your child taking any regular medication? YES NO

If YES, please provide details of the medication, dose and reason for use. _____

**THE PATCH SCHOOL OUT OF SCHOOL HOURS CARE PROGRAM
ENROLMENT FORM (continued)**

DISABILITY INFORMATION: *

Does your child have a disability? YES NO

(Disability is defined as needing additional assistance in the areas below when compared to children of a similar age that is unrelated to an underlying long term (more than 6 months) health condition or disability.)

If yes, please tick appropriate boxes below.

Learning and applying knowledge, education	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Communication	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mobility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Self Care	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Interpersonal interactions and relationships	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other, including general tasks, domestic life, community & social	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide further information below

SPECIAL NEEDS INFORMATION: *

Does your child have any special needs? YES NO

(Special needs are those from the priority groups below.)

If yes, please tick appropriate boxes below.

Culturally and linguistically diverse backgrounds	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Refugee background, subjected to trauma	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Indigenous children	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OSHC place is sought by a state or territory child protection worker	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The child is in the care of the state or other form of out of home care	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please provide further information below.

**THE PATCH SCHOOLOUT OF SCHOOL HOURS CARE PROGRAM
ENROLMENT FORM (continued)**

FEE INFORMATION:

Have you applied for Child Care Benefit? YES NO

If YES, please provide Customer Reference Numbers (CRN) for Child care Benefit.

Parent/Guardian CRN: _____ Parent/Guardian CRN: _____

Child's Name: _____ CRN: _____

Child's Name: _____ CRN: _____

Child's Name: _____ CRN: _____

Note: For Child Care Benefit to be paid, the child must be fully immunized or be exempt.

PAYMENT OF FEES:

How would you like to claim your Child Care Benefit?

a) I do not currently wish to claim CCB. I will be paying full daily rate

b) Reduced fees

c) Lump Sum & paying full daily fee

Are you registered for Child Care Benefit (CCB) with the Family Assistance Office (FAO)?

YES NO (call 13 61 50 to register) NOT SURE

NOTE: We request that ALL families are registered for Child Care Benefit (whether or not you wish to claim reduced fees) in case you choose to make a claim in the future. Note that Child Care Rebate cannot be paid unless you have registered for CCB and care details are lodged with the Child Care Management System by the service.

EMERGENCY CONTACT DETAILS/ AUTHORISED NOMINEES

Please list two local names (usually available) **other than parents**, who can be contacted in an emergency and have consent and consent to giving permission for medical treatment or administration of medication and to collect child.

1. Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (M) _____

Address: _____

2. Name: _____ Relationship: _____

Phone: (H) _____ (W) _____ (M) _____

Address: _____

OTHER PERSONS ENTITLED TO COLLECT CHILD:

1. Name: _____ Relationship: _____
Phone: (H) _____ (W) _____ (M) _____
Address: _____

2. Name: _____ Relationship: _____
Phone: (H) _____ (W) _____ (M) _____
Address: _____

BOOKING DETAILS:

Tick the day(s) you would like your child to attend the program.

Morning Session

No bookings taken for morning sessions

Afternoon Session

Monday Tuesday Wednesday Thursday Friday Casual*

If there are any special arrangements for delivery/collection of your child/children, please include them here.

**Casual positions must be booked through the OSHC staff or the school office by a parent/guardian.*

**THE PATCH SCHOOL OUT OF SCHOOL HOURS CARE PROGRAM
ENROLMENT FORM (continued)**

MEDICAL/GENERAL DECLARATION:

I, the undersigned, approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program, and meet any costs incurred. I authorise the Supervisor/Acting Supervisor, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. Any cancellations after 8am or unadvised absences will be charged. 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 and requires collection, either myself, or an authorised person, shall collect my child as soon as possible.

I give permission for The Patch School Out of School Hours Care staff to access my child's transition statement.

I understand that all enrolment details are private and confidential. This information will be used for Program purposes only and will be accessible to OSHC staff, the principal and The Patch School administration staff.

I agree that photographs of my child(ren) may be used to celebrate their achievements. For publication of photographs of an individual child(ren) which include a full name the express permission of the parent/guardian is required. Please refer to Family Handbook for further information.

I understand that any changes to these enrolment details must be communicated to the OSHC Program Supervisor in writing, as School records are not accessible by the program.

I agree to pay, in full, all accounts issued within 7 days of invoicing, or arrange a payment plan.

Parents/Guardians Signature: _____ Date: _____

PRINT NAME: _____