

Out-of-School Hours Care 2017 Enrolment



About this booklet

Thank you for enrolling your child into Whitehorse Primary School Out of School Hours Care. Whether you need to use the service on a regular basis, just occasionally or as a back-up in an emergency, it is a good idea to have a current enrolment with the service. Please complete this confidential booklet and return it with any supporting documentation to the School Office.

Who should complete this booklet

This form must be completed by a parent or guardian who has lawful authority in relation to the child.

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Services Regulations 1998 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 the parent to do something, or may give it to another person.

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with who has day-to-day care and control of the child.

Please complete every part of this enrolment form.

Your permission is sought for various things throughout the form – where you give your authority, please take care to clearly print your name and sign and date the relevant section.

Please note that legally we cannot enrol your child without being provided with at least one emergency contact name and number. You may like to specify a family member, a friend, colleague or neighbour. Please do not give details for contacts without first seeking their permission.

Privacy collection statement

The Out-of-School Hours Service (OSHC) collects and stores personal information in accordance with the requirements of the Information Privacy Act. The information you provide on this enrolment form will only be used for the purposes for which it is collected and will be held securely.

We ask for health information about your child so that they can be properly cared for while at OSHC. This information may be shared between staff.

We would never disclose contact, personal or financial details without your direct consent.

Child's personal details

Surname	
First given name	
Second given name	
Preferred name (if applicable)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	
Birth date (dd-mm-yyyy)	
Country of birth	
Is your child of Aboriginal or Torres Strait Islander origin?*	<input type="checkbox"/> No <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
Primary language spoken at home	
Religion (optional)	
School attending	<input type="checkbox"/> Whitehorse Primary School <input type="checkbox"/> St Phillips Primary School
Year level in 2017	

Care required

Casual or emergency only, OR

Permanent booking commencing fromin the following time slots
(date)

Please TICK all that apply	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mother/Guardian Details

Title (Mr, Mrs, Ms, etc)	
Surname	
First given name	
Second given name	
Preferred name (if applicable)	
Address (if different to child's address)	
Birth date (dd-mm-yyyy)	
Country of birth	
Primary language	
Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not working
Occupation	
Home phone	
Mobile phone	
Work phone	
Email address (PLEASE PRINT IN BLOCK LETTERS)	<input type="checkbox"/> Send updates/communications via e-mail <input type="checkbox"/> Send invoices to this e-mail address
Does the child live with this parent/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Father/ Guardian Details

Title (Mr, Mrs, Ms, etc)	
Surname	
First given name	
Second given name	
Preferred name (if applicable)	
Address (if different to child's address)	
Birth date (dd-mm-yyyy)	
Country of birth	
Primary language	
Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not working
Occupation	
Home phone	
Mobile phone	
Work phone	
Email address (PLEASE PRINT IN BLOCK LETTERS)	<input type="checkbox"/> Send updates/communications via e-mail <input type="checkbox"/> Send invoices to this e-mail address
Does the child live with this parent/guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Child Care Benefit details

Child's CRN	
Mother's CRN	
Father's CRN	
Who is Child Care Benefit paid to? (please tick)	<input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Father/Guardian

Court orders relating to the child

Are there any court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child?

Yes No

If you answered yes, please complete the following:

1. Bring the **original** court order/s for staff to see **and a copy** to attach to this enrolment form
2. If these orders either
 - a) Change the powers of a parent/guardian to:
 - authorise the taking of the child outside the OSHC by a staff member of the OSHC
 - consent to the medical treatment of the child
 - request or permit the administration of medication to the child
 - collect the child
 - and/or
 - b) Give these powers to someone else. Please describe these changes and provide the contact details of any person given these powers

Brothers and sisters

Name	Age	Gender

Health details

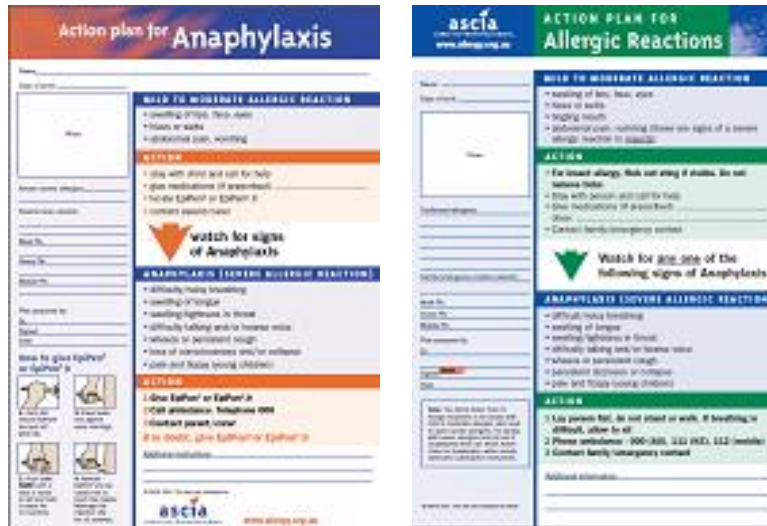
Does your child have any allergy or sensitivity?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , the following management procedures are to be followed (<i>or please attach a separate management plan</i>)	
Does your child have any dietary restrictions	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , please give details of the restrictions	
Does your child have any specified medical conditions/needs which are relevant to the OSHC?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , the following management procedures are to be followed (<i>or please attach a separate management plan</i>)	
Has your child been immunised?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes , please indicate which supporting document you are attaching with this booklet	<input type="checkbox"/> Child History Statement from Australian Childhood Immunisation Register <input type="checkbox"/> Immunisation Record printout from Medicare

Immunisation statement

Please pin or staple a copy of the document
showing your child's immunisation status.

Medical Management Plan(s)

Please pin or staple any Asthma, Allergy, Anaphylaxis or other Medical Management Plans required for your child



Sample Anaphylaxis and Allergy Management Plans

SCHOOL ASTHMA ACTION PLAN		THE ASTHMA FOUNDATION									
<p>This sheet is to be completed by participants in consultation with their child's doctor. Please do the appropriate box and print your parent/doctor in the blank spaces where indicated. The information on this Plan is confidential. An EpiPen can be used for your child and has space in the information. The school will only release this information to others with your consent. It is to be used wherever. Please attach the school at the time of use. This Plan only applies to you. For any questions about the management of asthma at school, if the Asthma Action Plan is provided by the participant, the staff will have asthma symptoms at school in the morning. Contact Asthma Policy Section 42183 of the Department of Education and Early Childhood Development (Future Government Schools Reference Guide).</p>											
<p>STUDENT'S PERSONAL DETAILS</p> <p>Student's Name _____ Form/Class _____ Teacher _____ Gender: M / F</p> <p>Date of Birth: ___/___/___ Membership No. _____</p> <p>Emergency Contact (e.g. parent/carer): Name: _____ Relationship: _____ Ph: (H) _____ (W) _____ Doctor: _____ Ph: _____</p>											
<p>USUAL ASTHMA ACTION PLAN</p> <p>Usual signs of student's asthma:</p> <p><input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other: _____</p> <p>Signs student's asthma is getting worse:</p> <p><input type="checkbox"/> Wheeze <input type="checkbox"/> Tight Chest <input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Difficulty talking <input type="checkbox"/> Other: _____</p> <p>Student's Asthma Triggers:</p> <p><input type="checkbox"/> Cats/dogs <input type="checkbox"/> Exercise <input type="checkbox"/> Smoke <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Other: _____</p> <p>Asthma Medication Requirements (including relievers, preventers, symptom controllers, combination)</p> <table border="1"> <thead> <tr> <th>Name of Medication (e.g. Ventolin, Flovent)</th> <th>Frequency (e.g. puffer & spacer, turbuhaler)</th> <th>When and how many? (e.g. 1 puff in morning and night, before exercise)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Name of Medication (e.g. Ventolin, Flovent)	Frequency (e.g. puffer & spacer, turbuhaler)	When and how many? (e.g. 1 puff in morning and night, before exercise)						
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<p>Does the student need assistance taking their medication? Yes / No / If yes, how? _____</p> <p>Managing Exercise Induced Asthma (EIA)</p> <p>If exercise is a trigger for this student they should follow these steps to prepare for exercise:</p> <ol style="list-style-type: none"> 1. Take their blue reliever or doctor recommended medication 5-10 minutes before warm up. Warm up appropriately before exercise or activity and always cool down following activity and be alert for asthma symptoms after exercise. <p>If a student gets EIA during exercise they should:</p> <ol style="list-style-type: none"> 1. Stop the exercise or activity and refer to the student's asthma first aid plan (on back page). If their symptoms persist, seek immediate treatment. DO NOT RETURN TO THE ACTIVITY for the rest of the day and inform the participant's parent/carer. 											
<p>© The Asthma Foundation of Victoria September 2010</p>											

Sample Asthma Management Plan

Medical details

Family doctor's name (if applicable)	
Name of medical practice	
Street address	
Phone number	
Is your child covered by a current ambulance subscription?	<input type="checkbox"/> Yes – Ambulance Subscription Number: Expiry: <input type="checkbox"/> Yes – through my Health Fund <input type="checkbox"/> No
Medicare details	Number: Expiry:

Consent to emergency medical treatment

I / we _____
 (please print full name/s of parent/s and/or guardian/s)

- agree to collect or make arrangements for the collection of my/our child referred to in this enrolment form if he/she becomes unwell at OSHC.
- consent to the staff of OSHC seeking emergency medical or dental treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by OSHC.

Parent/guardian signature & date

Parent/guardian signature & date

Emergency Contact Details

In case of accident or injury, trauma or illness **when parents/guardians are not available**, please state **two (2) people** who could pick up your child and take care of them. In the event that your child is not collected from OSHC and parent/s or guardian/s cannot be contacted, this list will also be used to arrange for someone to collect your child.

Name	
Relationship to child	
Street address	
Home phone	
Work phone	
Mobile phone	
Primary language (if not English)	

Name	
Relationship to child	
Street address	
Home phone	
Work phone	
Mobile phone	
Primary language (if not English)	

If you would like to include additional Emergency Contacts you are welcome to attach an additional page here.

A downloadable copy of this page can be found at:

<http://www.whitehorseps.vic.edu.au/page/202/OSHC-Enrolment-Form>

Additional Authorisations

In addition to my Emergency Contacts the following people also have my permission to collect my child from OSHC.

Name	
Relationship to child	
Street address	
Home phone	
Work phone	
Mobile phone	
Primary language (if not English)	

Name	
Relationship to child	
Street address	
Home phone	
Work phone	
Mobile phone	
Primary language (if not English)	

Should you wish to include further authorised people,
you are welcome to attach an additional page.

A downloadable copy of this page can be found at:

<http://www.whitehorseps.vic.edu.au/page/202/OSHC-Enrolment-Form>

Fee Payment Agreement

I/we _____
(please print full name/s of parent/s and/or guardian/s)

- acknowledge that the OSHC program is not fully funded by the state government and that fees must be paid by parents/guardians. The service cannot operate without fees paid by parents/guardians
- agree to pay fees by the due date on the invoice
- acknowledge that if fees are not paid within 10 working days of the due date, the OSHC will implement the *Fees Policy* late payment of fees procedures, which could result in the suspension of my child's place in the program.
- agree that if our financial circumstances change and I/we are unable to pay as agreed, we will immediately notify the OSHC Coordinator to request alternative payment arrangements.
- acknowledge that all cancellations must be notified to OSHC before 7.30am for Before School Care or 24 hours prior for After School Care
- acknowledge that failure to cancel a place will result in a Cancellation Fee (listed in the OSHC handbook)

Parent/guardian signature & date

Parent/guardian signature & date

Authority for staff to administer sunscreen

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Consent for staff to administer sunscreen provided by OSHC

Parent/guardian signature & date

Parent/guardian signature & date

Consent to view PG rated media

As part of our program we occasionally watch PG-rated media, such as children's movies.

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Consent to my child viewing PG-rated media.

Parent/guardian signature & date

Parent/guardian signature & date

Consent to participate in activities provided by third-parties

As part of our program we engage third-party providers to run specialised sports and leisure activities during afterschool care. These activities are supervised by appropriately qualified staff with Working With Children Checks.

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Consent to my child participating in activities at OSHC that are conducted by approved third-party providers.

Parent/guardian signature & date

Parent/guardian signature & date

Consent for photographs and videos

Photographs and videos are classified as “personal information” under the *Information Privacy Act 2000*.

Staff at the OSHC will take individual and group photographs/videos as part of the program and display these at OSHC and may include them in the OSHC Newsletter distributed to OSHC families.

Access to photographs or videos, like other personal information, is set out in the OSHC’s Privacy Policy. When photographs or videos are no longer used they will be given to your family (if the photograph or video shows your child and no other child), stored securely (to be displayed for occasions such as anniversaries) or destroyed.

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Consent to arrangements for the use of photographs and/or videos as outlined above.

Parent/guardian signature & date

Parent/guardian signature & date

Consent for website

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Give permission Do not give permission

for my child’s first name, photo, artwork samples and statements they have made to be used in the Whitehorse Primary School website or the Whitehorse Primary School Newsletter (which appears on the website). I acknowledge that the school website can be viewed by anyone in the public domain and that I may request to have any images and/or information pertaining to my child removed at any time.

Parent/guardian signature & date

Parent/guardian signature & date

Consent for public advertising material

I / we _____
(please print full name/s of parent/s and/or guardian/s)

Give permission

Do not give permission

for my child's first name, photo, artwork samples and statements they have made to be used in public advertising material for OSHC or Whitehorse Primary School. I acknowledge that the advertising material may be viewed by anyone in the public domain and that I may request to have any images and/or information pertaining to my child removed at any time.

Parent/guardian signature & date

Parent/guardian signature & date

Other information

Is there anything else you would like us to know about your child?