



*St. Peter Apostle
Outside School Hours Care Program*

Guinane Ave. Hoppers Crossing, Victoria 3029

Mobile: 0408 056 999

Email: oshc@stpeterahc.catholic.edu.au

Outside School Hours Care Enrolment Form 2022

A parent or guardian who has lawful authority to the child must complete this form.

A brief explanation of lawful authority is found at the end of form. An Education and Care service may use this form to collect the child's enrolment information as required in regulation 31 to 35. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

	Children's Names	Family Name	Date of Birth
1			
2			
3			

Do you have children being cared for at other childcare facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES Please mark how many	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3

Providing this information ensures that you are receiving the appropriate level of the Child Care Subsidy (CCS)

Have you included		
Immunisation Certificates	Diagnosis Supporting Document	Other Relevant Documentation
A copy of Court Order	Specialist Services Supporting Documentation	Direct Debit Form
Parenting Order or Parenting Plan	DHHS Supporting Document	\$30 Enrolment fee

Office Use Only:		Date Received	
<input type="checkbox"/>	Email Address for all correspondence	<input type="checkbox"/>	Immunisation form
<input type="checkbox"/>	Completed Form (All information Completed)	<input type="checkbox"/>	CRN Numbers: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Child
<input type="checkbox"/>	DDR Form returned (Completed)	<input type="checkbox"/>	Enrolment Fee Paid \$30
<input type="checkbox"/>	Complying Written Agreement Signed (If Applicable)	<input type="checkbox"/>	Relevant Agreement Signed (If Applicable)
<input type="checkbox"/>	Management Plans (Completed)	<input type="checkbox"/> Child 1	<input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3

Parental Information

Parent 1	Parent 2
Name	Name
Address	Address
Telephone/s Home Mobile Work	Telephone/s Home Mobile Work
Date of Birth	Date of Birth
Centrelink CRN (Are you the person registered to receive Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No	Centrelink CRN (Are you the person registered to receive Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	Country of Birth
Place of Employment	Place of Employment
Occupation	Occupation
Email	Email
Does the child/ren live with the Mother? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child/ren live with the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No

Guardian 1 (if Applicable)	Guardian 2 (if Applicable)
Name	Name
Address	Address
Telephone/s Home Mobile Work	Telephone/s Home Mobile Work
Date of Birth	Date of Birth
Centrelink CRN (Are you the person registered to receive Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No	Centrelink CRN (Are you the person registered to receive Benefits) <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Birth	Country of Birth
Place of Employment	Place of Employment
Occupation	Occupation
Email	Email
Does the child/ren live with the Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child/ren live with the Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No

Family History and Culture

Please provide details of the festivals/celebrations that your family participates in.

Please provide details of festivals/celebrations that you do not want your child/ren to participate in.

Child 1. (Details Please Print Clearly)

Given Name	Family Name
Preferred Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	
CRN Number	
Language/s spoken at home	Country of Birth
Is your child Aboriginal or a Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Booking Information**Proposed Commencement Date**

Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care <input type="checkbox"/>	Before School Care <input type="checkbox"/>	Before School Care <input type="checkbox"/>	Before School Care <input type="checkbox"/>	Before School Care <input type="checkbox"/>
After School Care <input type="checkbox"/>	After School Care <input type="checkbox"/>	After School Care <input type="checkbox"/>	After School Care <input type="checkbox"/>	After School Care <input type="checkbox"/>
Type of care Required		<input type="checkbox"/> Permanent		<input type="checkbox"/> Casual

Medical Information

Name of Doctor
Address of Doctor/Medical Centre
Telephone
Medicare Number
Ambulance Cover (Please supply number)
Maternal & Child Health Centre

Does your child have a health record? (Victoria has a blue or green book). No Yes

A child health record documents a child's health and development assessments and immunisations.

Office Use: Name and position of educator that sighted the child's health record

Name:

Position

Date

Is your child's Immunisation History up to date? No Yes

Please attach the Medicare Immunisation History Statement showing that your child is up to date with their immunisation. Go to www.mygov.au Click on Medicare Section, Click on Immunisation History Statement

Does your child have any special needs or developmental delay or disability including intellectual, sensory or physical impairment? No Yes

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need. Indicate the services involved with your child.

Does your child have any allergies or sensitivity? No Yes

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

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (e.g. EpiPen)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

- *If Yes, please provide a Management Plan completed by your child's doctor to be followed with respect to anaphylaxis. (This will be attached to your child's enrolment form and displayed in the service area for quick reference).*
- *An EpiPen.*

*A risk minimisation plan and communication plan will be completed by the Service in consultation with the family.
More information is available at www.education.vic.gov.au/anaphylaxis*

Medication

Does your child receive regular prescribed medication that is to be administered at the service? No Yes

If Yes, Please provide further details:

A Medical Authority Form will need to be completed prior to medication being administered.

Does the child have any dietary or cultural restrictions? No Yes

If yes, the following restrictions apply:

Does your child have any other medical conditions?

Asthma Epilepsy Diabetes ASD ADD/ADHD/ODD OTHER (Please provide details).

If yes: Complete and return all medical management plans and reports for your child once they have been signed by your doctor. (These documents are required (ASAP). E.g. Asthma, Diabetes etc

Has your child attended any specialist agencies?

E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc. No Yes

If YES please provide details.

SunSmart

The Service follows SunSmart health recommendations.

The service asks you to complete this authority for an Educator to assist your child apply sunscreen when they arrive at After School Care.

Authority for Educators to administer sunscreen provided by the Service (please tick the appropriate box)

- I give permission for the Educators at the Service to apply, as appropriate, a Broad-Spectrum 50+ UVA|UVB sunscreen to all exposed body parts of my child, OR
- My child is sensitive to some sunscreens. I will provide a suitable Broad-Spectrum 50+ UVA|UVB sunscreen for my child, and give permission for Educators to assist my child to apply this sunscreen to all exposed body parts of my child.
- I will supply a SunSmart hat for my child to wear whilst attending the service

Other Information

Is there anything that the children's service should know about the child? (e.g. excessive fears, favourite activities, attending childhood services or early intervention services, etc)

Child 2. (Details Please Print Clearly)

Given Name .	Family Name
Preferred Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address .	
CRN Number <i>To qualify for the Childcare Subsidy (CCS), you must provide your Child's Customer Reference Number (CRN). If you do not have a CRN, you will need to register your Child's details with Centrelink</i>	
Language/s spoken at home .	Country of Birth .
Is your child an Aboriginal or a Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Booking Information**Proposed Commencement Date**

Monday	Tuesday	Wednesday	Thursday	Friday
Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>
After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>
Type of care Required		<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	

Medical Information

Name of Doctor/Medical Centre
Address of Doctor/Medical Centre
Telephone
Medicare Number
Ambulance Cover (Please supply number)
Maternal & Child Health Centre

Does your child have a health record? (Victoria has a blue or green book). No Yes

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Office Use: Name and position of educator that sighted the child's health record

Name:	Position	Date
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Please attach the Medicare Immunisation History Statement showing that your child is up to date with their immunisation. Go to www.mygov.au Click on Medicare Section, Click on Immunisation History Statement

Does your child have any special needs or developmental delay or disability including intellectual, sensory or physical impairment? No Yes

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need. Indicate the services involved with your child.

Does your child have any allergies or sensitivity? No Yes

If **YES**, please provide details of any allergies and any management procedure to be followed with respect to the allergies.

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (e.g. EpiPen)? No Yes

Has the anaphylaxis medical management plan been provided to the service? No Yes

- *If Yes, please provide a Management Plan completed by your child's doctor to be followed with respect to anaphylaxis. (This will be attached to your child's enrolment form and displayed in the service area for quick reference).*
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Has your child attended any specialist agencies?

E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc. No Yes

If YES please provide details.

SunSmart

The Service follows SunSmart health recommendations.

The service asks you to complete this authority for an Educator to assist your child apply sunscreen when they arrive at After School Care.

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Other Information

Is there anything that the children's service should know about the child? (e.g. excessive fears, favourite activities, attending other services or early intervention services, etc)

Child 3. (Details Please Print Clearly)

Given Name	Family Name
Preferred Name	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	
CRN Number <i>To qualify for the Childcare Subsidy (CCS), you must provide your Child's Customer Reference Number (CRN). If you do not have a CRN, you will need to register your Child's details with Centrelink</i>	
Language/s spoken at home	Country of Birth
Is your child an Aboriginal or a Torres Strait Islander? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Booking Information**Proposed Commencement Date**

Monday	Tuesday	Wednesday	Thursday	Friday
Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>	Before Care <input type="checkbox"/>
After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>	After Care <input type="checkbox"/>
Type of care Required		<input type="checkbox"/> Permanent	<input type="checkbox"/> Casual	

Medical Information

Name of Doctor/Medical Centre
Address of Doctor/Medical Centre
Telephone
Medicare Number
Ambulance Cover (Please supply number)
Maternal & Child Health Centre

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Office Use: Name and position of educator that sighted the child's health record

Name: _____ Position: _____ Date: _____

Is your child's Immunisation History up to date? No Yes

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Does your child have any allergies or sensitivity? No Yes

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

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If yes: Complete and return all medical management plans and reports for your child once they have been signed by your doctor. (These documents are required (ASAP). E.g. Asthma, Diabetes etc.

Has your child attended any specialist agencies?

E.g. Guidance & special education, speech, hearing, vision, occupational therapy etc. No Yes

If YES please provide details.

SunSmart

The Service follows SunSmart health recommendations.

The service asks you to complete this authority for an Educator to assist your child apply sunscreen when they arrive at After School Care.

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- I will supply a SunSmart hat for my child to wear whilst attending the service

Other Information

Is there anything that the children's service should know about the child? (e.g. excessive fears, favourite activities attending other services or early intervention services, etc)

People Authorised to collect your child and Emergency Contacts other than the parents

- Your consent is required for other people to collect your child/ren from the service on your behalf, e.g. if you are unable to collect them yourself, if your child has an accident, injury, trauma or illness and/collect your child/ren from the service and are able to care for the children/ren on your behalf. These people need to be authorised by the legal guardian of the child/ren in care. (This list may be updated at any time).
- If the child/ren are not collected from the service and parents are unable to be contacted, this list will be used to arrange for someone to collect the child/ren.

Name	Name
Address	Address
Suburb	Suburb
Phone Home	Phone Home
Work	Work
Mobile	Mobile
Relationship to Child	Relationship to Child
Signature:	Signature

<input type="checkbox"/> Authorised to collect children <input type="checkbox"/> Contact in emergency	<input type="checkbox"/> Authorised to collect children <input type="checkbox"/> Contact in emergency
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Name	Name
Address	Address
Suburb	Suburb
Phone Home	Phone Home
Work	Work
Mobile	Mobile
Relationship to Child	Relationship to Child
Signature	Signature

<input type="checkbox"/> Authorised to collect children <input type="checkbox"/> Contact in emergency	<input type="checkbox"/> Authorised to collect children <input type="checkbox"/> Contact in emergency
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Declaration and Consent to Emergency Medical Treatment

<p>I, _____ a person with lawful authority of the child/ren referred to in this enrolment form,</p> <ul style="list-style-type: none"> • Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information; • 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; • Consent to the Educators of the Service seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will be responsible for any costs associated with such emergency medical treatment for the child from a medical practitioner, hospital or ambulance service. 	
Signature	Date

Are there any parenting orders/plans relating to the powers and responsibilities of the parents in relation to the child/ren? No: go to next section Yes: please complete the following:

1. Bring the original parenting orders / plans for staff to see and a copy to attach to this enrolment form:

2. If these orders / plans:

(a) Change the powers of a parent to:

- Authorise the taking of the child outside the service by a staff member of the service;
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child from the service AND / OR (b) give these powers to someone else, Please describe these changes and provide the contact details of any person given these powers:

(b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

Privacy Notification:

The personal and health information being collected on this form is being collect by The Grange Community Centre for the purpose of administering services at the Centre. We collect this information for the purpose of providing our services, engaging with you and day to day program operations. Please refer to parent handbook and policy document for more detailed information.

Lawful Authority

All parents have powers and responsibilities in relation to their children which can only be changed by a court order. The Children's Services Regulation 2009 refers 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 parenting order or parenting plan, 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.

Guardian. The 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 here are not 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

Notification of non-attendance

I understand that if I do not notify the program of my child's absents 3 times in a week I will lose my position and be place on a waiting list. This will also incur a \$3.00 fee each time the program rings me.

I understand that a parent /guardian must notify the program of this not a child.

Booking attendance

I understand that if I am a casual that when I require care that a position might not be available and that I will be placed on a waiting list for a cancellation.

I understand that a parent/guardian must make this book by either ringing or seeing a staff member in person.

Priority of Access guideline

First: A child at risk of serious abuse or neglect

Second: A child of a single parent or of parents who both satisfy the work, training, study test under section 14 of the Family Assistance Act 1999

Third: Any other child.

For further information on this please see the Childcare Services Handbook at

<https://www.education.gov.au/child-care-provider-handbook>

Photographs | Documentation

As part of documenting children's learning Educators may wish to photograph or video your child at the Service. Authority for Educators to take photographs/videos (please tick the appropriate box)

I authorise Service Educators to take photography/videos of my child for display at the Service and for: Use in children's portfolios or similar records. Display in the Service

Publicity

When required for publicity and promotion of the Service, photographs and videos of the children at play may be taken and used in the following ways:

- Printed promotional material e.g. brochures, information books, reports, articles, newsletters, etc.
- Online, including St Peter Apostle Primary School website and social media pages.
- Newspapers, various advertising posters, boards, banner and similar

Authority for Educators to use photographs and videos for promotional purposes (please tick the appropriate box)

I authorise Service Educators to take photographs and videos of my children and for these to be used in the promotional materials listed above.

I, _____ (being the Parent/Guardian of the child/ren referred to in these enrolment forms, authorise St Peter Apostle Outside School Hours Care program Educators to undertake the above statements in relation to photographs and publicity that I have ticked. *This signature covers all items ticked above.*

Signature

Date

- I agree to staff displaying my child/ren's Asthma and/or Allergy Triggers, Anaphylaxis Management Plan, Diabetes and or Epilepsy Management Plan in the OSHC program. (if applicable)
- I agree to have my child/ren's Dietary Restrictions on display in the room. (if applicable)
- I agree to respect the privacy of other families who attend the OSHC Program. I will not discuss or divulge information regarding a child, family or educator at the Program.
- I understand that if I do not collect my child/ren on time, staff will contact me first and then the emergency contact numbers recorded on this form.
- I understand that if I do not collect my child/ren by 6.30 pm that a **late collection fee of \$2.00 per minute per child** will apply as per the centre's policy and procedures document.
- I understand I understand fees are compulsory and are to be paid in full prior subsequent invoices being sent out and that a **Late Fee** will be charged to my account if my fees are in arrears.
- I understand that I am required to provide my child/ren with an appropriate **SunSmart** hat for my child to wear during Terms 1 and 4.
- I agree to have my child/ren's name and birthday on display in the room.
- I give permission for my child to view G or PG rated movies or games within the program.
- I hereby agree to my child accompanying service staff during evacuation emergencies or drills. I understand that Educator: Child ratios will be maintained.
- I acknowledge that I will receive documents via email relating to OSHC.
- I consent to the collection and use of the personal and health information collected on this form for delivering appropriate services to my child/ren while attending the Service.
- I understand that the information collected will remain private and confidential within the Service and will only be disclosed to other persons or agencies as permitted by both parents or the authorised parent, or otherwise authorised by the law.
- I declare I have informed and obtained the consent of persons listed as emergency contacts for their personal details to be collected and used by the service.
- I acknowledge having received and read the parent handbook for this program.
- I acknowledge being advised of the services policy document and that this can be viewed at the service or on St Peter Apostle Primary School website.
- I consent to Educators discussing my child's developmental needs and wellbeing with classroom teachers, principals, wellbeing officers & agencies working with my child.
- I understand that I need to give 2 weeks prior written notice for cancelling a position. Fees are payable for these 2 weeks.
- I agree that any monies outstanding to St Peter Apostle Outside School Hours Care Program will be paid in accordance with the fee policy. Should I/we not meet these payments I understand that a debt collector will seek to recover these funds and that I/we are prepared to pay all costs owing including any costs incurred to recover these monies

Parent and or Guardian Signature

I have read the above information and agree and understand what I have read and signed.

Mother/Guardian Signature

Date

Father/Guardian Signature

Date