

MOSSFIEL PRIMARY OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM 2017

To the Parent/Guardian - Please Read Carefully

This form is considered a legal document and therefore must be filled in correctly.

- The questions asked reflect the information required by the Department of Education and Early Childhood Development (DEECD) and the Department of Education, Employment and Workplace Relations (DEEWR)
- Please ensure you have filled out an enrolment form for **each** child and all sections are filled out and signed.
- The information provided in regards to the parents of this child must be provided in accordance with the Children's Services Regulations 2009. Please note the following;
 - We require the name, address and phone number of both parents.
 - The Parents/Guardians listed on this form must be the biological parents of the child or the legal guardians* with documentation provided.
 - **If your child has a step parent or you are in a de facto relationship, and they do not have legal guardianship, their details are not to be listed in the area for Parent/Guardian. If you choose to list them they can be listed in the section for 'Collecting your child from the Program and/or 'Emergency Contacts'.**
- Please be aware, that by law, unless otherwise declared in a current court order (copy to be provided) both parents have access to their child at all times. Therefore, if a child's parents are separated and only the mother's details are stated, and the child's father turns up to pick up the child and can prove he is the child's father, the staff legally cannot stop him from taking the child. The staff will attempt to contact the mother and/or other contact details stated on the form, but legally they cannot keep the child from the father as he is the child's legal guardian.

If you would like more details or have any enquiries please contact:

Beverley Smith
Coordinator
0497 476 186

Legal guardianship is something that is stated in writing by the Family Courts. This can be applied for by an individual who is caring for a child that is not their biological child, but for whom they take all legal responsibilities.

For any questions regarding this, you can contact Legal Aid on 9269 0234. Authorisation can also be gained by a legal parent signing a Statutory Declaration stating that they give a particular person rights in regards to the care and decision making responsibilities for the child etc.

PROGRAM HOURS

PROGRAM HOURS: Monday to Friday

Before school	6:30am – 8:45am
After school	3:05pm – 6:05pm
Pupil Free Days	6:30am – 6:05pm

Please note: Full Fees will be charged if you do not:

- Register for Child Care Benefit with the Family Assistance Office on 13 61 50
- For families who do not register for Child Care Benefit (CCB)
- Families wanting to claim the lump sum through the Family Assistance Office.

The <u>Full Fees</u> are:	Before School	After School
Permanent	\$16.00	\$20.00
Casual	\$19.00	\$22.00

Late Pick up fee:

- \$10 every fifteen minutes per Child (or part thereof) after 6:05pm.

ENROLMENT PROCESS

This enrolment is designed to provide fair and equitable access to the Mossfiel Out of School Hour Care Program for families whose children attend Mossfiel Primary School.

All enrolments will be placed into priority groups as directed by the Department of Education Employment and Workplace Relations (DEEWR) Priority of Access Guidelines

Priority 1 – Children at risk of serious abuse or neglect.

Priority 2 – A child of a single parent who satisfies, or of parents who both satisfy the work, training, study test.

Priority 3 – All other enrolments.

TO ENROL YOUR CHILD/REN

1. Complete the enrolment forms attached to this brochure. Please note that an enrolment form is required for each child attending the service. Please ensure all sections are completed clearly and accurately.
2. Please hand your enrolment form to the coordinator or the school office.
3. Enrolments forms must be filled out and handed in before your child/ren can access the program.
4. If demand exceeds available spaces, those families will be placed on a waiting list.



MOSSFIEL PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM

1 - INFORMATION ABOUT THE CHILD – Please fill out an enrolment form for each child.	
Family Name:	Date of Birth: ____ / ____ / ____
Given Names:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Preferred Name:	
Child's Address:	
Telephone Number:	
Child's CRN from the Family Assistance Office:	
Child's year level:	
Child's country of birth:	
Religion:	
Has this Child attended the Program before? Y <input type="checkbox"/> N <input type="checkbox"/> If so when?	
Do you: Live <input type="checkbox"/> Work <input type="checkbox"/> Study <input type="checkbox"/> Send your child to Primary School <input type="checkbox"/> in the Wyndham area? (please tick)	
Do you give permission for your child to be photographed at the program? Y <input type="checkbox"/> N <input type="checkbox"/> These photos may be published in our newsletters.	
Do you give permission for the photographs to be published on our web site? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you give permission for your child to view selected PG movies/DVDs? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you give permission for your child to go on short walking excursions in the close vicinity of the school? Y <input type="checkbox"/> N <input type="checkbox"/>	
Do you give permission for your child to apply a good quality 30+ sunscreen at least 15 minutes prior to going outside to play in 1 st and 4 th term? Y <input type="checkbox"/> N <input type="checkbox"/>	
What is your current Child Care Benefit percentage?	
Are you a Single Parent?	

MOSSFIEL OUT OF SCHOOL HOUR CARE				
Please Circle: FULL TIME WHEN REQUIRED				
Please indicate the days your child will attend the Program.				
Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM

2 - Child's Cultural Background

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

- No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes, Aboriginal and Torres Strait Islander Yes, Torres Strait Islander

Language(s) spoken at home:

Child's cultural/religious background:

Does the child need a bi-lingual worker to assist them during the initial settling in process?

- Yes No

If yes, Why?

What cultural events do you celebrate? Example - Chinese New Year

What time of the year do you celebrate and how do you celebrate them?

3 - CHILD'S MEDICAL AND HEALTH INFORMATION

This report is compiled to assist us with any eventuality with the child. All information is held in confidence

Name Doctor/Medical Service:

Address Doctor/Medical Service:

Telephone Doctor/Medical Service:

Medicare Number:

Ambulance Membership Number (if applicable):

Does the child have any additional needs? Y N (please tick)

(Such as a diagnosed disability, developmental delays – including speech delays or other intellectual, sensory or physical impairments. Please attach any relevant information that will assist the Program to meet your child's needs)

If Yes, please indicate the services involved with your child:

Does the child have any medical conditions and needs? Y N (please tick)

Asthma Epilepsy Diabetes (please circle) Other: _____

If yes: (a) Complete medical management plans provided by staff for the particular illness, and
 (b) Attach any Management procedures or Plan provided by a Doctor e.g. Asthma Plan

Does the child have Anaphylaxis? Y N (Please tick)

Does the child have an EpiPen? Y N (Please tick)

If yes: a) Complete an Anaphylaxis management plan provided by staff , and
 b) Attach any management procedures provided by Doctor e.g. Severe Allergy Plan
 c) Provide information to staff regarding specific restrictions

Does the child have any other allergy, dietary or cultural restrictions? Y N (Please tick)

Other:

If yes: a) Complete medical management plan provided by staff for the particular illness, and
 b) Attach any management procedures provided by Doctor e.g. Severe Allergy Plan
 c) Provide information to staff regarding specific restrictions

Is there anything that the Program should know about the child?

E.g.: Travel Sickness, Medication that needs to be administered, Other (please indicate)

4 – CHILD’S IMMUNISATION RECORD

Has the child been immunised Y N (Please tick)

If yes, provide the following:

- A copy of the Immunisation Record from the Child Health Record book, OR
- A COPY OF THE Immunisation Record print out from Local Government OR
- Complete the table below using Immunisation Record to show dates received

Immunisation	2 months	4 months	6 months	12 months	18 months	4-5 years
DTPa/IPV Diphtheria/Tetanus/Pertusis (Whooping cough)/Inactivated Polio						
Prevenar Pneumococcal						
Hib/Hep B - Hepatitis B						
Haemophilus Influenza Type B						
Chicken Pox						
Meningococcol C						
MMR (Measles, Mumps, Rubella)						

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?

No Go to the next section

Yes Please complete the following:

Bring the original court orders for staff to see and a copy to attach to this enrolment form if these orders:

- (a) 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 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

5 – LAWFUL AUTHORITY

Parents

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 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 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 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.

The information in this form is a requirement of the State Government Children Service Regulations

6 - INFORMATION ABOUT PARENTS or GUARDIANS (Please see Lawful Authority Section for definition of parent/guardian)			
Parent / Guardian 1		Parent / Guardian 2	
Given Name:		Given Name:	
Family Name:		Family Name:	
Address:		Address:	
Date of Birth: ____ / ____ / ____		Date of Birth: ____ / ____ / ____	
CRN from family Assistance Office:		CRN from family Assistance Office:	
Phone:	(H)	Phone:	(H)
	(W)		(W)
	(Mob)		(Mob)
Country of Birth:		Country of Birth:	
Occupation:		Occupation:	
Place of Employment:		Place of Employment:	
Work Address:		Work Address:	
Relationship to child:		Relationship to child:	
Does the child live with this parent/guardian? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)		Does the child live with this parent/guardian? Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)	
How many of your children will be attending another approved childcare service during the Primary Holiday Program?			
I would like to receive future Enrolment Forms via Email: Y <input type="checkbox"/> N <input type="checkbox"/> (please tick)			
Email Address:			

7 - EMERGENCY CONTACTS			
In the event your child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted staff need a minimum of two emergency contacts, which are authorised to collect and care for the child. Please ensure the people you list are in Wyndham and agree to take this role in the event parents are not available.			
Name:		Name:	
Address:		Address:	
Phone:	(H)	Phone:	(H)
	(W)		(W)
	(Mob)		(Mob)
Relationship to child:		Relationship to child:	

8 - COLLECTING YOUR CHILD FROM THE PROGRAM

Your consent is required for other people to collect your child from the program on your behalf. Please list the details of the people who you agree can collect the child. **Please do not write 'as below' if the details are the same as the people you have written in the 'Emergency Contact Names' section. All details must be stated.** In the event that the child is not collected from the program and the parents or guardians cannot be contacted, this list will also be used by staff to arrange someone to collect the child.

Name:		Name:	
		Address:	
Phone:	(H) -	Phone:	(H) -
	(W) -		(W) -
	(Mob) -		(Mob) -
Relationship to child:		Relationship to child:	
Name:		Name:	
Address:		Address:	
Phone:	(H) -	Phone:	(H) -
	(W) -		(W) -
	(Mob) -		(Mob) -
Relationship to child:		Relationship to child:	



MOSSFIEL PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM

We/I, _____ (print full name/s)

a person with lawful authority of the child referred to in this enrolment form,

- Declare that the information in this enrolment is true and correct and undertake to immediately inform the Mossfiel Out Of School Hour Program 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 or she becomes unwell at the service;
- Consent to the staff of the Program seeking, or where appropriate, administering such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses (Eg Ambulance and medical costs) incurred by the Program;
- Acknowledge that the authorised person or I must produce photo ID when collecting child/children from the Program;
- Understand that persons authorised to collect children from the program must be at least attending secondary school or nominated on the form;
- By signing this document I give my consent for my child to attend excursions that are prescribed in the attached program plan.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment. I understand that every effort will be made to contact me in the event of any illness or accident.;
- I agree for the O.S.H.C. Program to obtain Legal Documents and Immunisation Records from Mossfiel Primary School.
- Agree that Staff are to be free and clear of all responsibility whatsoever for accident/illness, theft of clothing or valuables during my child's participation on any of the activities involved on the program;
- Agree to pay for the days I have booked and understand that there will be no refunds or credits for cancellations.
- Have read and understood the "Consequences of Behaviour Policy" within this package;
- Understand that a late fee of \$10.00 per 15 minutes or part thereof, per child will apply if my child is picked up after 6.05pm.
- Understand if demand for places exceeds the spots available they will be put on a waiting list until a spot becomes available;
- Understand that all accounts will be paid by the due date stated on the invoice, failure to do so will end up that your child will forfeit their spot at the program and your account will be forwarded on to the financial management for further actions;
- Authorise Mossfiel Out Of School Hour Care to record as an allowable absence, any day my child is enrolled but does not attend the service. I understand that Child Care Benefit is paid for only 30 allowable absences per child year;
- Understand that any false or misleading information may jeopardise my enrolment and future enrolments;
- I authorise OSHC staff to liaise with School staff and health/medical professionals in relation to the care of my child;
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease;

I the undersigned, approve of my child's involvement in the Mossfiel Out Of School Hour Care Program.

Signature: _____ Date: _____

10 - PRIVACY NOTIFICATION

- Mossfiel Out Of School Hour Care is bound by the Information Privacy Act 2000 and the Health Records Act 2001. Your consent is required for the collection and use of your personal and/or health information and that of your child.
- The personal and health information being collected on this form is being collected by Mossfiel Out Of School Hour Care for the purposes of delivering proper care and education services to your child while attending the Program.
- The information will be used solely by Mossfiel Out Of School Hour Care and its contracted service providers for the above purpose or a directly related purpose.
- All other information shall remain private and confidential within Mossfiel Out Of School Hour Care and will only be disclosed to other persons or agencies as consented to by either parents or the authorised parent/guardian or as required by law.
- Authorised parents and guardians may apply for access and/or amendment of the information. Requests for access and/or amendment of the information should be made in writing to the Coordinator or School Assistant Principal.

11 - CONSENT FOR COLLECTION OF THIRD PARTY INDIVIDUAL'S DETAILS

As this form also collects the personal information of individuals you have nominated as emergency contacts for your child, under Mossfiel Out Of School Hour Care privacy obligations, you are required to obtain the consent of the nominated individuals for the collection of their personal information in this form.

12 - CONSENT BY PARENTS/GUARDIANS

I /We _____ parent(s)/guardian(s) of _____ consent to the personal and health information collected on this form.

Signature: _____ Date: _____

Please inform staff immediately of changes to this information

E.g. – New address, telephone numbers, emergency contacts, or custody information.

The program activities are subject to change without notice. Children will not be able to participate in outdoor activities if sufficient sun protection has not been provided in accordance with the Mossfiel Primary School Sun Protection Policy.

CONSEQUENCES OF BEHAVIOUR:

1. Leader speaks to child. The child is given a chance to explain.
2. If unacceptable behaviour continues, the child is requested to sit down quietly for 5 minutes and reflect upon their behaviour. After this time the Leader will speak to the child about their behaviour and what they can do to rejoin the group.
3. If unsuitable behaviour continues, the child will have to sit out for an additional 15mins. The coordinator will then discuss the matter with the child and explain to them that if they continue with unacceptable behaviour they will have to go home.
4. If the behaviour continues that day the coordinator will contact parents who are to collect their child from the program early. On arrival the coordinator, the child and the parent will have a chance to talk about the child's day.
5. If unacceptable behaviour continues on subsequent days, the child and parent will meet with Co-ordinator and Assistant Principal to implement Behaviour Management Strategies.
6. If the child's behaviour threatens the safety of other children and leaders then access may be denied to the program and future programs.

WHAT IS UNACCEPTABLE BEHAVIOUR?

- Behaviour that threatens the safety of other children, staff or the child themselves.
- Bullying of any kind will not be tolerated.
- Being disruptive, rude and disrespectful to other children, staff and their property.

BEFORE SCHOOL CARE - LEAVING EARLY

I give permission for my child _____

to leave the morning Program when there is a teacher on yard duty to meet up and play with friends in the school ground.

Signature _____

Date _____