



# MALMSBURY PRIMARY SCHOOL

## OSHC

## 2024

# ENROLMENT APPLICATION



### **PRIVACY STATEMENT**

The personal & health information requested on this form is being collected for administration purposes and to provide an informed duty of care to your child. The health information collected will be used solely by school council in providing its duty of care or for a directly related purpose. Where you seek a subsidy from the Family Assistance Office, your payment details will be disclosed to that body. If this information is not collected, it may prevent us from providing accurate information in the case of an emergency, or from providing our service to you. You can gain access to your personal health by the state government FOI website [[http:// www.foi.vic.gov.au](http://www.foi.vic.gov.au)].

# Out of School Hours Care – Enrolment Application 2024

(One form per child, per year) – Please take time to complete all questions on this form.



## Child Information

Surname	First name	Date of birth	Child Customer Reference Number (CRN)	Gender	Class/Grade	Preferred name
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F		

Family Cultural background:.....

Is your child of Aboriginal and/or Torres Strait Islander origin? If yes, (please specify) .....

## Information about the child’s parents or guardians

**Parent/Guardian 1 details:**

First name:.....

Surname:.....

Relationship to child: .....

Date of birth:.....

Country of birth:.....

Home address:.....  
 ..... Postcode:.....

Postal address:.....  
 ..... Postcode:.....

Telephone: Home.....  
 Work.....  
 Mobile.....

Preferred email:  
 .....

Cultural background.....

Language spoken at home.....

Does the child live with this parent/guardian?  Yes  No

**Parent/Guardian 2 details:**

First name:.....

Surname:.....

Relationship to child: .....

Date of birth:.....

Country of birth:.....

Home address:.....  
 ..... Postcode:.....

Postal address:.....  
 ..... Postcode:.....

Telephone: Home.....  
 Work.....  
 Mobile.....

Preferred email:  
 .....

Cultural background.....

Language spoken at home.....

Does the child live with this parent/guardian?  Yes  No

What is the primary language spoken at home? .....

What other languages are spoken at home? .....

Are there any cultural or religious traditions or dietary requirements that the program staff should be aware of concerning your children?  
 Please explain:  
 .....

## Child Care Benefit

Only the parent that has applied to the Family Assistance Office for the Child Care Benefit will need to fill this section in.

Parent name:..... Parent date of birth: ..... /..... / .....

Parent Customer Reference Number: \_\_\_\_\_

*\*Please note that Parent CRN’s and Children CRN’s are two different numbers.*

## CHILD CARE SUBSIDY SYSTEM

To make Child Care Subsidy claims and view the status of their claims, families will be able to go to my.gov.au and sign in to access their Centrelink online account. If they do not have a myGov account, they can create one and link it to their Centrelink online account. Information from <https://www.education.gov.au/new-child-care-subsidy-system>

Is your child attending any other services that access Child Care Benefit?  Yes  No

## Permanent Bookings

Families can nominate permanent days for their children to attend the service. Each child is to be signed in on the attendance roll by a staff member for After School Care. When children are collected from After School Care, they must be signed out by an authorised person stated on this form, indicating the time of collection (this is a legal requirement). Fee: \$24 per session

The following booking is to take effect from (insert date): ..... / ..... / .....

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Weekly					
Fortnightly					

## Casual Bookings

Permanent bookings have a priority of placement. Casual bookings can be made with the Coordinator over the phone, answering service or by filling out a form. Casual bookings cannot be made by children and will not be accepted without prior enrolment.

Fee: \$26 per session

Please Tick if you would ONLY like to use the service on a **Casual** basis

If there are any changes to bookings or information on this form, please fill out an update of contact information for existing account holders and an update of booking sheet (these forms are kept at the service your child attends).

## Emergency Contact Details

Provide details of people who are authorised by the parent/guardian to collect child/ren in an emergency situation or to be notified in the event of accident, injury, trauma or illness where the parent/guardian cannot be contacted.

1. Name: .....	2. Name: .....
Address: .....	Address: .....
Home contact number: .....	Home contact number: .....
Work contact number: .....	Work contact number: .....
Mobile contact number: .....	Mobile contact number: .....
Relationship to child: .....	Relationship to child: .....
Is this person authorised to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person authorised to collect your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person authorised to consent to medical treatment for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person authorised to consent to medical treatment for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person authorised to consent to administer medication to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person authorised to consent to administer medication to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person authorised to consent an educator to take the child outside the education and care services premises ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this person authorised to consent an educator to take the child outside the education and care services premises? <input type="checkbox"/> Yes <input type="checkbox"/> No

*Note: Emergency contacts will be required to show identification when collecting your child/ren from the program.*

## Court Orders relating to the child

Are there any court orders relating to the child's residence, or court orders relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

**No** Go to the next section  **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:
  - 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;
    - In the case of a family day care service, the taking of the child outside the family day carer's residence or Family day care venue by the family day carer;
    - Consent to the medical treatment of the child;
    - Request or permit the administration of medication to the child;
    - Collect the child from the service or family day care, AND/OR
  - b. Give these powers to someone else.

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

.....

.....

## Parenting Orders or Parenting Plans

To be provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.

### Please note

**Parenting Order** – a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 (Commonwealth)

**Parenting Plan** – a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C (6) of the Act.

## Details of people who you authorise to collect your child

Your consent is required for other people to collect the child from the children’s service on your behalf. Please list the details of those people you have authorised to collect your child; details can be changed or altered throughout the program. In the circumstance that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. Persons listed below must provide photo identification upon arrival at the program to collect your child/ren.

Name:.....	Name:.....
Address: .....	Address: .....
Home contact number: .....	Home contact number: .....
Work contact number: .....	Work contact number: .....
Mobile contact number: .....	Mobile contact number: .....
Relationship to child: .....	Relationship to child: .....

Name:.....	Name:.....
Address: .....	Address: .....
Home contact number: .....	Home contact number: .....
Work contact number: .....	Work contact number: .....
Mobile contact number: .....	Mobile contact number: .....
Relationship to child: .....	Relationship to child: .....

## Child’s interests

We strongly recommend you complete the information below as it helps us to better understand and interact with your child. Please ask your child to complete the following section, or assist your child in doing so, so that we can tailor the program to your child’s wants and needs.

What sporting activities does your child like to participate in?

.....  
.....

Please list any art or craft activities that your child has expressed interest in:

.....  
.....

Please list any equipment or toys that your child would benefit from having access to at the program:

.....  
.....

Please list any healthy snacks that your child enjoys for afternoon tea:

.....  
.....

Please list any outdoor games / activities that your child enjoys participating in:

.....

.....

Other information that you would like to share with staff:

.....

.....

**Child's health information**

Doctor/Medical Service Name: ..... Ph: .....

Doctor/Medical Service Address: .....

Family Medicare Number: .....

Private Health Insurance details: .....

Ambulance Subscription Number: .....

**Child's Immunisation record**

Does your child have a health record?  Yes  No

Has the child been immunised?  Yes  No (If No, a conscientious objection letter must be provided.)

If Yes, have you provided the information in a previous enrolment?  No  Yes - which year?.....

If No, provide details by:

- Attaching a copy of the Immunisation Record from the Child Health Record Book OR
- Attaching a copy of the Immunisation Record printout from the local government OR
- Attaching a Child History Statement from the Australian Childhood Immunisation Register.

**Please provide the dates of immunisations received**

Immunisations (valid from March 2008)	Birth	2 mths	4 mths	6 mths	12 mths	18 mths	4 yrs
Hepatitis B							
Diphtheria, tetanus, & acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							

Additional immunisations for Aboriginal and Torres Strait Islander children (if required)	12-24 months	18-24 months
Hepatitis A		
Pneumococcal polysaccharide (23vPPV)		

**Child's medical information**

Does your child have any special needs?  Yes  No

If Yes, please provide details of any special needs and **you must provide a copy of the medical management plan** to be followed with respect to the special need:

.....

.....

Does your child have any allergies or sensitivity?  Yes  No

If Yes, please provide details of any allergies and **you must provide a copy of the medical management plan** to be followed with respect to the allergy:

.....

.....

## Anaphylaxis

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

Does your child have an auto injection device (eg EpiPen)?  Yes  No

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

Have you made arrangements to provide the service with your child's auto injection device?  Yes  No

Has a risk management plan been completed by the service in consultation with you?  Yes  No

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. Have you provided the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form.  Yes  No

*More information is available at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis)*

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes, etc, that is relevant to the care of your child)  Yes  No

If Yes, please provide details of any medical condition and **you must provide a copy of the medical management plan** to be followed with respect to the medical condition.

.....  
.....

**We will be unable to provide care to your child until a current medical management plan is provided to the service, as well as any required medication (ie EpiPen, Asthma Pump, etc).**

Does your child have any dietary conditions?  Yes  No

If Yes, the following restrictions apply:

.....  
.....

## Other information

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

.....  
.....

## Photographs

From time to time, staff may take photographs or video of themselves and other children participating in activities at the program for the purpose of collecting evidence for National Quality Standards, displaying of photos at the service and school and use in our publications/website.

Do you give permission for photographs to be taken of your child?  Yes  No

Do you give permission for staff to put sunscreen on your child?  Yes  No

Do you give permission to watch PG Rated movies?  Yes  No

Do you give permission for OSHC staff to share information with the school principal / your child's teacher to support your child's development?  Yes  No

## Payment

Please select the method of payment you will use to pay for OSHC. A payment method must be selected for your enrolment to be accepted and processed.

Direct Debit to the Malmsbury Primary School account (preferred method)

Account name: Malmsbury Primary School

BSB: 063-093

Account number: 10003317

Reference: OSHC (Child Surname) eg OSHC Smith

Cash

**Invoices will be emailed to parents/guardians fortnightly. Payments need to be made within 14 days of invoice. Please remember our after school care service is run on a not for profit basis and relies on fees to pay staff wages and program costs. Failure to comply may result in your child being unable to use the service until payment is finalised.**

**Please note, if there is an outstanding amount on your account from previous years, your application won't be processed and accepted until this has been paid in full.**

## Declaration and consent

I, ..... (Print full name)

1. Realising that every care will be exercised, I accept that Malmsbury Primary School, its Principal and staff, are free and clear of any responsibility or liability of accident/injury or damage to, or loss of personal property incurred as a result of my child's attendance at the Malmsbury Primary School OSHC program.
2. I have read and understood the Parent Handbook, supplied to me with this form.
3. In the case of an accident or emergency, I give permission for Malmsbury Primary School OSHC staff to seek medical treatment from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance service. I agree to bear any costs thereby incurred.
4. I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell.
5. I acknowledge that payment of fees is required by the due date to continue my child's place in the program, and that all refunds and cancellations are in accordance with policy contained in the information booklet.
6. I understand that I must ensure my child is collected by 6pm from the OSHC service and that if my child's name appears three times in the 'Late Book' I will incur a fee of \$1 for each minute late.
7. I understand that if my child is not correctly registered with the Family Assistance Office by the payment due date, I will be charged the full daily rate and agree to pay this amount.
8. I take full responsibility to ensure that my child has proper protective clothing and sunscreen.
9. I understand that the advertised program can change due to unforeseen circumstances.
10. I declare that the information in this enrolment form is true and correct and undertake immediately to inform the Malmsbury Primary School OSHC Coordinator in the event of any change to this information.
11. I understand that if this declaration is unsigned this enrolment will not be accepted by Malmsbury Primary School OSHC.

Signed ..... Date ...../...../.....

The proprietor of the children's service must ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Education & Care Services National Regulations 2011 (regulation 178).

## Parental Responsibility

### Parents

All parents have powers and responsibilities in relation to their children that can be changed by a court order. The Education & Care Services National Regulations 2011 refers to these powers and responsibilities as "parental responsibility". 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 parental responsibility. A legal guardian is given parental responsibility by a court order. The definition of "guardian" under the Education & Care Services National Law Act 2010 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.

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## Office use only (print version)

OSHC Coordinator received date:...../...../.....

Coordinator sign: .....

Enrolment given to Malmsbury Primary School Office:...../...../.....

Malmsbury Primary School Office date received:...../...../.....