Rowellyn Park PRIMARY SCHOOL

OUTSIDE SCHOOL HOURS CARE - ENROLMENT FORM

This form is to be completed if you would like your child/ren to be enrolled at this service. The information requested is to assist the service in providing excellent care for your children. A parent or guardian who has lawful authority in relation to the child must complete this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulation 160. 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. The answers provided are strictly confidential and will not be used for any other purpose.

Service Philosophy:

At Rowellyn Park OSHC we provide the community with a quality primary school-aged childcare service, before and after school and during school holidays. Our inclusive environment enables children to have a sense of belonging. Guided by the National Quality Standards including the use of Early Years Framework and other approved Frameworks (My Time Our Place – OSHC). Our educators will collaborate with families, children, and other professionals to provide a program based on an approved learning framework to achieve common outcomes for all children. This includes their safe care, sound physical health, development needs, interests and experiences of each child and considers the individual differences of each child.

Parent Details

MOTHER

Are you the parent claiming CCS Funding? Yes No❑

First Name | Surname

Address

Home Phone | Mobile Phone | Work Phone | Workplace

Email address* | Occupation*

Date of Birth | Customer Reference No.* | Medicare Number | Ambulance Number*

Language spoken at home | Cultural background

Does the child live with this parent? ☐ Yes ☐ No

FATHER

Are you the parent claiming CCS Funding? Yes No❑

First Name | Surname

Address

Home Phone | Mobile Phone | Work Phone | Workplace

Email address*

Occupation*

Date of Birth

Customer Reference No.*

Medicare Number

Ambulance Number*

Language spoken at home

Cultural background

Does the child live with this parent? ☐ Yes ☐ No

Guardian Details *(if applicable)*

GUARDIAN 1 *(if applicable)*

First Name

Surname

Address

Home Phone

Mobile Phone

Work Phone

Workplace

Email address*

Occupation*

Date of Birth

Customer Reference No.*

Medicare Number

Ambulance Number*

Language spoken at home

Cultural background

Does the child live with this guardian? ☐ Yes ☐ No

Are you claiming the CCS funding? ☐ Yes ☐ No

GUARDIAN 2 *(if applicable)*

First Name

Surname

Address

Home Phone

Mobile Phone

Work Phone

Workplace

Email address*

Occupation*

Date of Birth

Customer Reference No.*

Medicare Number

Ambulance Number*

Language spoken at home

Cultural background

Does the child live with this guardian? ☐ Yes ☐ No

Confidentiality of Enrolment Records Privacy Statement

The proprietor of the children's service ensures that 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 Education and Care Services Regulations.

Authorised Nominee/Emergency Contacts

Authorised Nominee/Emergency Contacts (other than those already listed on the first page of this Enrolment Form. See section 170 (5) of the Law and 160, 161,102 & 99 of the Regulations.

Authorised Person No. 1:

This person is authorised to carry out the following responsibilities for my/our children (please tick):

Full Name: .....

Relationship to child: .....

Address: .....

.....

Home Phone: .....

Work Phone: .....

Mobile: .....

.....

- ☐ Collect child from education & care premises
- ☐ Consent to medical treatment & transportation of child by an ambulance service
- ☐ Authorise the collection of the child from the education & care service by another person not authorised on enrolment form
- ☐ Emergency contact
- ☐ Authorise administration of medication
- ☐ Authorise an educator to take the child outside the education and care service premises

Authorised Person No. 2:

This person is authorised to carry out the following responsibilities for my/our children (please tick):

Full Name: .....

Relationship to child: .....

Address: .....

.....

Home Phone: .....

Work Phone: .....

Mobile: .....

.....

- ☐ Collect child from education & care premises
- ☐ Consent to medical treatment & transportation of child by an ambulance service
- ☐ Authorise the collection of the child from the education & care service by another person not authorised on enrolment form
- ☐ Emergency contact
- ☐ Authorise administration of medication
- ☐ Authorise an educator to take the child outside the education and care service premises

Authorised Person No. 3:

This person is authorised to carry out the following responsibilities for my/our children (please tick):

Full Name: .....

Relationship to child: .....

Address: .....

.....

Home Phone: .....

- ☐ Collect child from education & care premises
- ☐ Consent to medical treatment & transportation of child by an ambulance service

Work Phone: .....

Mobile: .....

- ☐ Authorise the collection of the child from the education & care service by another person not authorised on enrolment form
- ☐ Emergency contact
- ☐ Authorise administration of medication
- ☐ Authorise an educator to take the child outside the education and care service premises

Authorised Person No. 4:

This person is authorised to carry out the following responsibilities for my/our children (please tick):

Full Name: .....

Relationship to child: .....

Address: .....

.....

Home Phone: .....

Work Phone: .....

Mobile: .....

.....

- ☐ Collect child from education & care premises
- ☐ Consent to medical treatment & transportation of child by an ambulance service
- ☐ Authorise the collection of the child from the education & care service by another person not authorised on enrolment form
- ☐ Emergency contact
- ☐ Authorise administration of medication
- ☐ Authorise an educator to take the child outside the education and care service premises

Authorised Person No. 5:

This person is authorised to carry out the following responsibilities for my/our children (please tick):

Full Name: .....

Relationship to child: .....

Address: .....

.....

Home Phone: .....

Work Phone: .....

Mobile: .....

.....

- ☐ Collect child from education & care premises
- ☐ Consent to medical treatment & transportation of child by an ambulance service
- ☐ Authorise the collection of the child from the education & care service by another person not authorised on enrolment form
- ☐ Emergency contact
- ☐ Authorise administration of medication
- ☐ Authorise an educator to take the child outside the education and care service premises

Parent/Carer 1: ..... Date: / /

Signature

Parent/Carer 2: ..... Date: / /

Signature

Court Orders

Are there any **court orders, parenting orders or parenting plans** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child or any other court orders relating to the child's residence or the child's contact with a parent or other person?

☐ No ➔ please go to the next section ☐ Yes ➔ please see instructions below

1. Please bring the **original** court order/s for staff to see and a copy to attach to this Enrolment Form, **IF** these orders:

   a. Change the powers of a parent or 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 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 contact details of any person given these powers below.

Please note unless a copy of these orders or plans are provided to us we are unable to uphold the requirements

Cultural Connections and Family Traditions

Does your family observe any particular religious or cultural practices that are significant to your child?

Do you celebrate any cultural/religious traditions? How do you celebrate these traditions?

What 'family' traditions do you celebrate together? *(E.g. Dinner at grandparents every Sunday, camping on long weekends.)*

Are there any specific stories/ songs you share with your child/ren?

As a family do you have any favourite foods? Please provide details.

Child 1 Details

If more than one child is attending the service please complete 'Child 2' and 'Child 3' details on the following pages.

First Name

Surname

☐ Male ☐ Female

Name child is known by

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken in the home

Cultural background

Is the child of Aboriginal and/or Torres Strait Islander origin?*

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

Medical Contact Details – Child 1

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Maternal & Child Health (MCH) Centre*

Does your child have a child health record? *(I.e. a record that documents a child's health and development assessments and immunisations)*

☐ No ☐ Yes ➔ If yes, please provide to the service for sighting.

Person at the children's service who has sighted the child's health record:

Name

Signature

Date: / /

Position

Medical Information – Child 1

***IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW YOU MUST** provide the service with an individual Medical Management/Action Plan (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan in consultation with an

Educator which will need to be attached to your child's Enrolment Form. You will be provided with a copy of the service's Medical Conditions Policy.

MEDICALLY DIAGNOSED ALLERGIES ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe ☐ Anaphylactic *(see below)* Symptoms:
DIAGNOSED AT RISK OF ANAPHYLAXIS? ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: Has an EpiPen been provided to the school? ☐ Yes ☐ No
ASTHMA ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe Symptoms:
ANY OTHER MEDICALLY DIAGNOSED HEALTHCARE NEEDS ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (E.g. Coeliac, Epilepsy, Diabetes, ASD.) If yes, please provide details.

Dietary Information – Child 1

FOOD PREFERENCE/ DIETARY RESTRICTION ☐ Yes ☐ No	Special dietary restrictions, preferences or considerations *(provide details)*:

Immunisation Record – Child 1

Has the child been immunised? ☐ No ☐ Yes

Please provide details by:

- ☐ Attaching a copy of an Immunisation History Statement from the Australian Immunisation Register. Only a copy from the statement from the AIR is accepted

Note: *Parents or guardians must provide an immunisation status certificate to the service regardless of whether the child is or is not immunised.*

*Other information – Child 1

If there is anything else that the service should know or you would like the service to know about your child? *(E.g. excessive fears, favourite activities, attending early intervention service, etc.)*

OFFICE USE ONLY

Is an individual medical plan by an authorised medical practitioner required?

☐ Yes ☐ No Date plan supplied to service / / Expiry date: / /

☐ Yes ☐ No Risk Minimisation Plan required (Reg162)

☐ Yes ☐ No Medical Conditions Plan provided to families

Child 2 Details

If more than one child is attending the service.

First Name

Surname

☐ Male ☐ Female

Name child is known by

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken in the home

Cultural background

Is the child of Aboriginal and/or Torres Strait Islander origin?*

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

Medical Contact Details – Child 2

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Maternal & Child Health (MCH) Centre*

Does your child have a child health record? *(I.e. a record that documents a child's health and development assessments and immunisations)*

☐ No ☐ Yes ➔ If yes, please provide to the service for sighting.

Person at the children's service who has sighted the child's health record:

Name

Signature

Date: / /

Position

Medical Information – Child 2

***IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW YOU MUST** provide the service with an individual Medical Management/Action Plan (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan in consultation with an

Educator which will need to be attached to your child's Enrolment Form. You will be provided with a copy of the service's Medical Conditions Policy.

MEDICALLY DIAGNOSED ALLERGIES ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe ☐ Anaphylactic *(see below)* Symptoms:
DIAGNOSED AT RISK OF ANAPHYLAXIS? ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: Has an EpiPen been provided to the school? ☐ Yes ☐ No
ASTHMA ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe Symptoms:
ANY OTHER MEDICALLY DIAGNOSED HEALTHCARE NEEDS ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (E.g. Coeliac, Epilepsy, Diabetes, ASD.) If yes, please provide details.

Dietary Information – Child 2

FOOD PREFERENCE/ DIETARY RESTRICTION ☐ Yes ☐ No	Special dietary restrictions, preferences or considerations *(provide details)*:

Immunisation Record – Child 2

Has the child been immunised? ☐ No ☐ Yes

Please provide details by:

- ☐ Attaching a copy of the official immunisation status certificate. The immunisation status certificate can be obtained from the local municipal council, Australian Childhood Immunisation Register (AIR) or General Practitioner.

Note: *Parents or guardians must provide an immunisation status certificate to the service regardless of whether the child is or is not immunised.*

*Other information – Child 2

If there is anything else that the service should know or you would like the service to know about your child? *(E.g. excessive fears, favourite activities, attending early intervention service, etc.)*

OFFICE USE ONLY

Is an individual medical plan by an authorised medical practitioner required?

☐ Yes ☐ No Date plan supplied to service / / Expiry date: / /

☐ Yes ☐ No Risk Minimisation Plan required (Reg162)

☐ Yes ☐ No Medical Conditions Plan provided to families

Child 3 Details

If more than one child is attending the service please complete 'Child 2' and 'Child 3' details on the following pages.

First Name

Surname

☐ Male ☐ Female

Name child is known by

Gender

Date of Birth

Customer Reference Number (CRN)

Address

Language spoken in the home

Cultural background

Is the child of Aboriginal and/or Torres Strait Islander origin?*

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

Medical Contact Details – Child 3

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare Number

Maternal & Child Health (MCH) Centre*

Does your child have a child health record? *(I.e. a record that documents a child's health and development assessments and immunisations)*

☐ No ☐ Yes ➔ If yes, please provide to the service for sighting.

Person at the children's service who has sighted the child's health record:

Name

Signature

Date: / /

Position

Medical Information – Child 3

***IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW YOU MUST** provide the service with an individual Medical Management/Action Plan (with a current photo) signed by the medical practitioner who is treating your child (regulation 90(1)(c)). **You will also be required to** complete a Risk Minimisation Plan in consultation with an Educator which will need to be attached to your child's Enrolment Form. You will be provided with a copy of the service's Medical Conditions Policy.

MEDICALLY DIAGNOSED ALLERGIES ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe ☐ Anaphylactic *(see below)* Symptoms:
DIAGNOSED AT RISK OF ANAPHYLAXIS? ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: Has an EpiPen been provided to the school? ☐ Yes ☐ No
ASTHMA ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Known triggers: ☐ Mild ☐ Severe Symptoms:
ANY OTHER MEDICALLY DIAGNOSED HEALTHCARE NEEDS ☐ Yes* ☐ No ⇩ *Medical Management Plan required*	Does your child have any other diagnosed healthcare needs, including any other medical condition not already listed? (E.g. Coeliac, Epilepsy, Diabetes.) If yes, please provide details.

Dietary Information – Child 3

FOOD PREFERENCE/ DIETARY RESTRICTION ☐ Yes ☐ No	Special dietary restrictions, preferences or considerations *(provide details)*:

Immunisation Record – Child 3

Has the child been immunised? ☐ No ☐ Yes

Please provide details by:

- ☐ Attaching a copy of the official immunisation status certificate. The immunisation status certificate can be obtained from the local municipal council, Australian Childhood Immunisation Register (AIR) or General Practitioner.

Note: *Parents or guardians must provide an immunisation status certificate to the service regardless of whether the child is or is not immunised.*

*Other information – Child 3

If there is anything else that the service should know or you would like the service to know about your child? *(E.g. excessive fears, favourite activities, attending early intervention service, etc.)*

OFFICE USE ONLY

Is an individual medical plan by an authorised medical practitioner required?

☐ Yes ☐ No Date plan supplied to service / / Expiry date: / /

☐ Yes ☐ No Risk Minimisation Plan required (Reg162)

☐ Yes ☐ No Medical Conditions Plan provided to families

CONFIRMATION OF CHILDCARE AGREEMENT- COMPLYING WRITTEN ARRANGEMENT (CWA)

Parties to the Agreement

Between	Name: Address:
And	**Rowellyn Park Primary School OSHC, ABN 94027584499**
For the Care of	Child's Name: _____ D.O.B_____ Start Date: _____ Child's Name: _____ D.O.B_____ Start Date: _____ Child's Name: _____ D.O.B_____ Start Date: _____
By	Rowellyn Primary School Combined OSHC, 15 Rowellyn Ave Carrum Downs 3201 Phone: 97820080/ 0409965998 Email: leanne.groenendyk@education.vic.gov.au

Type of Care Required

☐ Before Care	Time: 6.30am - 9am	Fee: $24.50 (as of 1st January 2023)
☐ After Care	Time: 3.15pm - 6.45pm)	Fee: $27.50 (as of 1st January 2023)
☐ Pupil Free Day	Time: 6:30am - 6.30pm)	Fee: $65.00 (as of 1st January 2023)
☐ Vacation Care	Time: 6:30am - 6:30pm	Fee: $65.00 (as of 1st January 2023)

☐ Casual /flexible care **AND/OR** ☐ Permanent/ routine care *(see below)*

PERMANENT/ ROUTINE	Monday	Tuesday	Wednesday	Thursday	Friday
Before Care *(am)*	☐	☐	☐	☐	☐
After Care *(pm)*	☐	☐	☐	☐	☐

Please note Pupil Free and Vacation Care are casual bookings and a separate booking form will be available prior to the event.

As part of your enrolment at our service we require you to confirm, acceptance of the above placement in order to be able to receive Government funding on your behalf. Acceptance of these terms as well as some of the information in the enrolment form can be used as a Complying Written Agreement (CWA) for Child Care Subsidy (CCS) purposes. Please read these items and confirm by signing below.

I confirm,

- My details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and finish times of these sessions of care.
- Care may be provided on a permanent/ routine basis or a casual/ flexible where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and if applicable in other information the service has given me (original enrolment form) which are subject to change over time based on advice from the provider and acceptance by me.

Signature of Parent/ Guardian: _____ Date: _____

** Please note that each time you have a change in bookings you will be required to fill out a new Confirmation of Childcare Agreement (CWA) **

General Consents

☐ ☐ I/we agree to notify the Coordinator of any change to information provided on the Enrolment Form.

☐ ☐ I/we agree for my/our child's health/medical information to be displayed within the OSHC room/Multipurpose room. I/we understand that the room is used by others and as such this information may be viewed by people from outside the program. I/we acknowledge that this information is deemed necessary to be displayed by the Coordinator to ensure the health and safety of my/our child.

☐ ☐ I/we have read and understand the RPPS OSHC Fee Policy and agree to pay all childcare fees incurred.

☐ ☐ I/we understand that it is my/our responsibility to ensure all Child Care Subsidy requirements are fulfilled and if I/we fail to do so I/we will be responsible for paying full fees.

☐ ☐ I/we understand that it is necessary to personally sign children out as required for the various care sessions. If any person apart from those listed on the Enrolment Form is to collect and sign out my/our child/children, I/we agree to notify the Coordinator in advance and in writing to this effect.

☐ ☐ I/we agree to inform the Coordinator of any absence of my child/children as soon as possible and understand that there may be fees associated with changing bookings.

☐ ☐ I/we agree to keep my/our child/children from attending the Program should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC). I/we accept that the Coordinator will enforce the NHMRC 'Recommended Minimum Exclusion Periods from School, of Infectious Disease Cases'.

☐ ☐ I/we give permission for staff to apply sunscreen to my/our child/children prior to outdoor play.

☐ ☐ I/we give permission for RPPS OSHC to use the email address provided to contact me/us regarding account issues and keep me/us updated with service newsletters and information.

☐ ☐ I/we agree to pay any relevant additional charges including, but not limited to, late fees and incursion fees.

☐ ☐ I/we give permission for my/our child/children to watch PG rated movies.

☐ ☐ I/we give consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site and on display boards and in the child's individual portfolio book.

☐ ☐ I/we give consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed in the Rowellyn Park Primary School Newsletter, website and parent portal (Compass).

Parent/Guardian 1

.... Date: / /

Name *Signature*

Parent/Guardian 2

.... Date: / /

Name *Signature*

Declaration and Consent to Emergency Medical Treatment

I, *(print full name)* ..... a person with lawful authority of the child/ren referred to in this enrolment form:

☐ 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 s/he becomes unwell at the service;

☐ Consent to the Nominated Supervisor or Responsible Person placed in day-to-day charge to seek: service medical treatment for the child from a medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.

..... Date: / /

Signature