



1. INFORMATION ABOUT THE CHILD

Family Name: _____ Given Names: _____

Usually called: _____ Sex: (please tick): Male Female

Date of Birth: _____ Place of Birth: _____

Child's Customer Reference Number (CRN): _____

Address: _____

Suburb: _____ Postcode: _____

Ethnic/Cultural identity of Child/Family: _____

Language(s) spoken at home: _____

Is the child of Aboriginal origin? Yes No

Is the child a Torres Strait Islander? Yes No

Does the child have any other cultural or religious considerations? Yes No

If yes, please provide details: _____

Is there anything else Preston Primary School OSHC should know about your child?
(eg. Excessive fears, favourite activities or items. Please give details below)

2. PERMISSIONS

Do you give permission for your child to:

Watch PG rated movies? Yes No

Have Sunscreen applied? Yes No

Have face paint applied? Yes No

Be photographed for publicity purposes or newspaper articles? Yes No

Be videoed for in-centre activity days/performances? Yes No

3. COURT ORDERS/PARENTING ORDERS OR PLANS RELATING TO THE CHILD

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

No

Yes -please complete the following

1. Bring in the current court orders to be copied and attached to this registration form.
2. Please describe these changes and provide the contact details of any person given these powers:

It is the parents' responsibility to provide the service with up-to-date current court orders/parenting plans as circumstances change.

4. CHILDS MEDICAL INFORMATION

Does the child have any allergy or sensitivity? Yes No

If yes, written copy of the management procedures that are to be followed or a copy of the management plan supplied by a doctor must be provided prior to commencement of care.

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

If yes, written copy of the management procedures that are to be followed or a copy of the management plan supplied by a doctor must be provided prior to commencement of care.

Does the child have any medical conditions or special needs which are relevant to the children's service (eg. asthma, epilepsy, diabetes, coeliac etc)? Yes No

If yes, written copy of the management procedures that are to be followed or a copy of the management plan supplied by a doctor must be provided prior to commencement of care.

Does the child have any dietary restrictions? Yes No

If yes, please provide a list of the restrictions in writing.

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment Yes No

Diagnosed Yes No

Undiagnosed Yes No

If yes, please provide details:

Has your child been immunised? Yes No

If yes, you must provide the details before your enrolment can proceed

If no,

Are you a conscientious objector? Yes No

If so, you will need to provide proof that you have lodged a conscientious objection form with Medicare.

Medicare Number:

Name of Health Fund: *(If applicable)*

Health Fund Number: *(If applicable)*

Name of Doctor:

Medical Service/Clinic:

Address:

Phone:

Suburb:

State:

Postcode:

5. BOOKING PREFERENCES

I require only **Casual** Bookings

*You will need to send an email or text message when you require care

OR

I require only **Permanent** Bookings

* Meaning your child will be booked in for the days indicated unless cancelled

Indicate **Permanent** sessions required on grids below. Proposed start date ___ / ___ / ___

| Before Care | |
|-------------|--------------------------|
| Monday | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> |

| After Care | |
|------------|--------------------------|
| Monday | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> |

Booking Policy:

Casual Bookings MUST be made before 6pm the day prior for Before Care sessions and before 2:00pm on the day, for After Care sessions. We cannot guarantee that places will be available and encourage all casual bookings to be made at your earliest convenience.

Cancellation Policy:

All Permanent Bookings will incur a fee unless cancelled. Afternoon Care bookings must be cancelled by 8:30am on the day of care and Before Care bookings by 6:00pm the night before. Failure to cancel will result in fee still being charged.

If your child is unwell, please contact the OSHC educators before the cut off time to avoid still being charged a fee

Cancellations and bookings must be made via email at ohsc.preston.ps@edumail.vic.gov.au or text message to **0407 351 708**. **Verbal correspondence cannot be accepted.**

Late collection policy

Please note that the service is licenced until 6.00 pm sharp.

Any parent who fails to collect their child/children by the closing time of 6.00 pm will incur the late fee of **\$1.00 per minute per child**.

After 10 - 15 minutes you will be contacted. If you do not answer, we will attempt to call the emergency contacts/authorised nominees you listed on your enrolment form.

If this is unsuccessful the Department of Health and Human Services will be contacted.

Parents will be advised verbally of the late fee amount and this amount will be applied to the fortnightly invoice for Care.