

PRESTON PRIMARY SCHOOL

OUT OF SCHOOL HOURS CARE PROGRAM

REGISTRATION FORM 2019



CHILD'S SURNAME:

1. INFORMATION ABOUT THE CHILD'S PARENT/GUARDIAN/CARER

Parent/Guardian/Carer 1

Surname:

First name:

(Same person as registered for Child Care Benefit)

Family Customer Reference Number (CRN):

Are you registered for Child Care Subsidy (CCS)?

Yes No

If you do not provide a family CRN and date of birth you WILL NOT be eligible for CCS and will incur the full cost of program fees. Please ensure you notify Centrelink that your child will be attending the Preston Primary School Out of School Hours Care Program to be eligible for CCS

Relationship to Child:

Date of Birth:

Home Address:

Suburb:

State:

Postcode:

Telephone: (H)

(M)

(W)

Email:

Business/Institute Name:

Work/Study Address:

Not Working or Studying

Language/s spoken at home:

Cultural Background:

THIS PERSON HAS AUTHORISATION:

- To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child; Yes No
- To administer medication to the child; Yes No
- To authorise an educator to take a child outside the service on excursions; regular outings; Yes No
- Collect the child from the service Yes No

A Parent or Guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the Permission Conditions section of this enrolment form. Preston Primary School Out of School Hours Care Program must collect the children's enrolment information on this form, as required by the Education and Care Services National Regulations 2011 and Education and Care Services National Law Act 2010

Parent/Guardian/Carer 2

Surname:

First name:

Relationship to Child:

Date of Birth:

Home Address:

Suburb:

State:

Postcode:

Telephone: (H)

(M)

(W)

Email:

Business/Institute Name:

Work/Study Address:

Not Working or Studying

Language/s spoken at home:

Cultural Background:

THIS PERSON HAS AUTHORISATION:

- To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child; Yes No
- To administer medication to the child; Yes No
- To authorise an educator to take a child outside the service on excursions; regular outings; Yes No
- Collect the child from the service Yes No

2. EMERGENCY CONTACTS (AUTHORISED NOMINEE)

Authorised Nominee is a person who is delegated authorization by a parent/guardian/carer to collect the child, authorise administration of medication, authorise an educator to take the child outside of the service location, authorise medical treatment or transport in an ambulance from the Preston Primary School Out of School Hours Care Service.

Authorised Nominee 1:

Surname:

First name:

Relationship to Child:

Home Address:

Suburb:

State:

Postcode:

Telephone: (H)

(M)

(W)

THIS PERSON HAS AUTHORISATION:

- To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child; Yes No
- To administer medication to the child; Yes No
- To authorise an educator to take a child outside the service on excursions; regular outings; Yes No
- Collect the child from the service Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No

Authorised Nominee 2:

Surname:

First name:

Relationship to Child:

Home Address:

Suburb:

State:

Postcode:

Telephone: (H)

(M)

(W)

THIS PERSON HAS AUTHORISATION:

- To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child; Yes No
- To administer medication to the child; Yes No
- To authorise an educator to take a child outside the service on excursions; regular outings; Yes No
- Collect the child from the service Yes No
- Be notified in the event of any accident, injury, trauma or illness involving the child, if both parents are not contactable Yes No

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INTENTIONALLY**

3. INFORMATION ABOUT THE CHILD

Family Name:	Given Names:
Usually called:	Sex: (please tick): <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Place of Birth:
Child's Customer Reference Number (CRN):	
What class is your child in:	
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)

4. 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

5. 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.

6. 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:

7. 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, text message to **0407 351 708** or via the My Family Lounge app. **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.

8. PARENT/CARER DECLARATION

Please Complete and Sign

I,..... **Being a person of parental responsibility of the afore**

Insert Parent/Carer Name in

BLOCK LETTERS

mentioned child

Parental responsibility is defined in the Family Law Act as meaning 'all the duties, powers, responsibilities and authority which, by law, parents have in relation to children.' Parental responsibility arises for each parent of a child under the age of 18.

1. Agree to enrol my child/ren with Preston Primary School OSHC to provide services and activities for my child/ren. I declare that the information I have provided on the registration form is true and correct and I have completed the registration form to the best of my knowledge regarding all aspects of my child/ren including any medical conditions and allergies. I agree to immediately notify Preston Primary School OSHC by updating my details.
2. Confirm that I have the lawful authority and capacity as the child/ren's legal parent or guardian to enroll my child/ren with Preston Primary School OSHC. I will immediately notify and provide a copy to Preston Primary School OSHC, of any order a court makes for the custody and care of the child/ren I have enrolled with Preston Primary School OSHC.
3. Agree that I will inform the OSHC educators of any absence of my child/ren by emailing or texting the service.
4. Understand that I must give written notice on the OSHC extracurricular activity form each term if my child is to leave the service, E.g. Chess Club, Kelly Sports and accept that once they leave the program, OSHC employees are no longer responsible for the supervision of my child/children.
5. Agree that my child (if applicable) will be walked to and from the Preston Primary School Senior Campus (Tyler Street, Preston) and Preston Primary School Junior Campus (Bowden Street, Preston)
6. Give permission for my child/ren to be photographed for non- public displays i.e.- only within the service and venue which may include the school surroundings, reflection journal, school and OSHC newsletters and school website. I can choose to ask that my child is not photographed at all by placing a request in writing to the program coordinator.
7. Give permission for my child/ren to participate in the program based activities organized by Preston Primary School OSHC for the days my child/ren attend the Preston Primary School OSHC service.
8. Give permission for my child/ren to watch G and PG rated films and play G and PG rated games at the service. Unless otherwise stated on the registration form.
9. Understand that my child/ren will be under the direction and control of Preston Primary School OSHC educators, who will follow Preston Primary School OSHC's policies and procedures (including behavior guidance procedures if required).
10. Understand that if my child continues to misbehave after behavior guidance procedures have been followed, I will be notified by Preston Primary School OSHC educators and may be required to collect my child/ren. I agree to immediately make arrangements to collect my child/ren from the Preston Primary School OSHC service. I acknowledge that Preston Primary School OSHC may cancel my child/ren's enrolment.
11. Authorize educators to apply sunscreen to my child/ren when required, unless I have notified Preston Primary School OSHC on the registration form that I will supply my own sunscreen (which I undertake to ensure is always supplied) and my supplied sunscreen will be applied to my child/ren.
12. Acknowledge that my child/ren may not be able to participate in outdoor activities unless I provide and they wear a hat during Terms 1 & 4.
13. Take full responsibility for my child/ren's belongings while they are at the Preston Primary School OSHC service.
14. Acknowledge that Preston Primary School OSHC will not accept my child/ren at the Preston Primary School OSHC service if my child/ren is suffering from an infectious or contagious disease or in the opinion of Preston Primary School OSHC educators is too unwell to attend the Preston Primary School OSHC service. I agree to immediately make arrangements and collect my child/ren from the venue if requested by Preston Primary School OSHC educators. I agree that I will not bring my child/ren back to the Preston Primary School OSHC service until 24 hours after the illness or disease has passed (or until I have produced a medical certificate if requested by Preston Primary School OSHC educators).
15. Will provide, if applicable, the relevant and completed anaphylaxis and risk management form, asthma or epilepsy 'Action Plan' for my child which I agree to update every 12 months. Authorise the service to display the current Action Plan.
16. Acknowledge and understand that Preston Primary School OSHC and its educators do not take responsibility for and will not supervise my child/ren:
 - a. before they have been signed into the Before Care program by a parent/guardian; or
 - b. after they have been signed out of the After Care program by a parent/guardian.
17. Give permission for and consent to my child/ren being given basic first aid treatment in the event of an accident, incident or illness. I agree to collect my child/ren if an Preston Primary School OSHC educators

member requests due to an accident, illness or if he/she becomes unwell at the Preston Primary School OSHC service. I give permission for Preston Primary School OSHC educators to seek and arrange medical or emergency medical treatment if my child/ren requires it from a medical practitioner, hospital or ambulance service. I consent to Preston Primary School OSHC and its educators releasing my child/ren into the care of a medical practitioner, ambulance service representative, hospital or other medical personnel as deemed necessary. I agree to cover the cost and expense of any medical treatment and authorize Preston Primary School OSHC to deduct as a fee any amounts paid by Preston Primary School OSHC, by way of reimbursement.

18. Agree and acknowledge that Preston Primary School OSHC does not accept any liability for personal injury, property damage or loss sustained by any child/ren due to them participating in an Preston Primary School OSHC service unless the injury, damage or loss was caused by the proven negligence of Preston Primary School OSHC, or is otherwise required by law.
19. Indemnify Preston Primary School OSHC against any costs, expenses or liability incurred as a result of any damage or injury caused by my child/ren to:
 - a. property at the venue or an excursion location; and
 - b. any other child/ren and Preston Primary School OSHC educators at the Preston Primary School OSHC service.
20. Understand that I am required to complete a new registration form annually.
21. Agree to abide by the Preston Primary School OSHC cancellation procedures and will inform Preston Primary School OSHC educators at the venue, of any absence of my child/ren. I will be charged for the session in accordance with the cancellation policy or if I do not follow the cancellation procedures.
22. Understand that any parent who cancels a permanent booking more than 3 times in a term will lose their permanent bookings.
23. Understand that I am not permitted to park on school grounds, this includes the staff car park. Understand that if my child/ren is not collected from the Preston Primary School OSHC service by the advertised closing time of 6.00PM, I will be charged a late fee which is calculated per minute per child and I agree to pay this additional cost.
24. Acknowledge that it is my responsibility to provide Preston Primary School OSHC and the Family Assistance Office with all relevant information to be eligible to claim the Child Care Benefit and Childcare Tax Rebate.
25. Agree and consent to Preston Primary School OSHC direct debiting (my bank account or credit card via Ezidebit. Cash and EFTPOS payments are not accepted) all fees that I may incur by using an Preston Primary School OSHC service on a fortnightly basis, (Including but not limited to service fees, late fees, late payment fees, dishonour fees and cancellation fees). I undertake to keep my bank account and/or credit card details up to date at all times. I understand fees and charges are subject to change.
26. Acknowledge that Preston Primary School OSHC may amend and update its policies, regulations or terms and conditions from time to time and the amended document can be accessed via the service. Preston Primary School OSHC will email families advising when policies and procedures are updated. I agree to comply with conditions and amended policies and procedures.
27. Acknowledge that Preston Primary School OSHC is required to disclose information to the Department of Education and other government agencies. I understand that Preston Primary School OSHC adheres to the Privacy Act 1988 and will ensure that information in my child/ren's enrolment record is not divulged to another person unless necessary for the care or education of my child/ren, to manage medical treatment of my child/ren, where expressly authorized by the parent, prescribed in the Children's Services Regulations 2009 (regulation 35(1)(d-e), if required by law or in accordance with the Privacy Act 1988.
28. I agree to comply with:
 - a. all operational policies and procedures which are available at each Preston Primary School OSHC venue;
 - b. all of the terms and conditions referred to above.

Parent/Guardian 1 signature..... Dated/...../.....

(Same person as registered for Child Care Benefit)

Parent/Guardian 2 signature..... Dated/...../.....

Privacy Statement

Our OSHC Service uses the registration form to collect personal information for the purpose of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You will be able to amend or correct information on request.