MANDAMA PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE
ENROLMENT FORM - 2018

Centrelink Reference Number for this family: ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

This enrolment application will not be processed unless a Centrelink Reference Number is clearly indicated here. Call the Family Assistance Office on 13 61 50 to obtain your number if you are unsure. If you DO NOT intend to claim Child Care Benefit as reduced fees, we still need your Centrelink Reference Number to comply with government reporting requirements.

PARENT/LEGAL GUARDIAN DETAILS

(This must be the person whose reference number is listed above)

Name: _____
Address: _____
_____
Postcode: _____
Date of Birth: ___ / ___ / ___
Relationship to child/ren: _____
Telephone:
Home: _____
Work: _____
Mobile: _____
Email: _____

Do you wish to have your accounts emailed to you?
Yes No (please circle)

Country of Birth: _____
Main language spoken at home: _____
Family ethnic origin: _____

Is this person authorised to collect the child/ren and approve the child/ren to be removed from the centre?
Yes No (please circle)

Does the child/ren live with this parent/guardian?
Yes No (please circle)

Is this person responsible for fee payment?
Yes No (please circle)

If No, please provide details of the responsible person/ agency and attach necessary payment agreement (in writing) from agency. _____

Is this person authorised to consent to emergency medical treatment for the child/ren or to authorise the administration of medication to the child/ren?
Yes No (please circle)

Do you authorise the OSHC Coordinator/Educators to seek medical treatment from a registered medical practitioner, hospital or ambulance service and/or ambulance transportation for the child/ren? (If contact with you is not possible)
Yes No (please circle)

Do you give permission for Mandama OSHC to contact you on your mobile?
Yes No (please circle)

Occupation: _____

Employer/Company Name: _____

Name: _____
Address: _____
_____
Postcode: _____
Date of Birth: ___ / ___ / ___
Relationship to child/ren: _____
Telephone:
Home: _____
Work: _____
Mobile: _____
Email: _____

Do you wish to have your accounts emailed to you?
Yes No (please circle)

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Yes No (please circle)

Do you give permission for Mandama OSHC to contact you on your mobile?
Yes No (please circle)

Occupation: _____

Employer/Company Name: _____

CHILD DETAILS

Child's Name (1)	
Child's Centrelink CRN:	
Date of Birth: ___/___/___ Gender M / F	
Current Age: _____ Grade (2018): _____	
Child's Address:	
Is this child an Aboriginal or Torres Strait Islander? Yes No (please circle)	
Country of Birth of Child?	
Does this child have any additional needs? Yes No	
If yes, please provide details:	

Child's Name (2)	
Child's Centrelink CRN:	
Date of Birth: ___/___/___ Gender M / F	
Current Age: _____ Grade (2018): _____	
Child's Address:	
Is this child an Aboriginal or Torres Strait Islander? Yes No (please circle)	
Country of Birth of Child?	
Does this child have any additional needs? Yes No	
If yes, please provide details:	

MEDICAL CONDITIONS

ANAPHYLAXIS		
Has your child been diagnosed at risk of Anaphylaxis? **If yes**, please complete the additional information below	Yes	No
Does your child have an auto injection devise (eg. Epi Pen)? (If yes, the auto injection devise is required at the program at all times. This is a legal requirement. In the case of anaphylaxis you will be provided with a copy of the service anaphylaxis management policy.)	Yes	No
Has the Program been provided with a current Anaphylaxis Action Management plan? (An individual medical management plan is required for your child signed by the doctor treating your child.) More information is available at www.education.vic.gov.au/anaphylaxis	Yes	No
Have risk management and communication plans been completed by the service in consultation with you?	Yes	No
ASTHMA		
Has this child been diagnosed with Asthma? (If yes, you must provide a current Asthma Management Plan signed by the medical practitioner treating your child.)	Yes	No
Have risk management and communication plans been completed by the service in consultation with you?	Yes	No
Does this child have any other medical conditions? Eg. **Epilepsy, Diabetes etc.** **If yes**, you must provide further details of any medical condition and attach a current medical Action Plan.	Yes	No
Does this child have any allergies or sensitivities? **If yes**, please provide details and treatment required.	Yes	No
Does this child have any dietary requirements/ restrictions or food intolerances? If yes, please provide further information:	Yes	No
Is this child fully immunised?	Yes	No

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Does this child have any dietary requirements/ restrictions or food intolerances? If yes, please provide further information:	Yes	No
Is this child fully immunised?	Yes	No

MANDATORY ADDITIONAL EMERGENCY CONTACTS

There may be times when your child has an accident, injury or illness and the parent/guardians cannot be contacted. To deal with these situations we require additional emergency contacts who must be over 18 years of age. Please provide 2 contacts. If the situation is life threatening an ambulance will be called. **All details must be included.**

Name:	Name:
Address:	Address:
Postcode:	Postcode:
Relationship to child/ren:	Relationship to child/ren:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Is this person authorised to collect your child/ren and remove them from the service? Yes No (please circle)	Is this person authorised to collect your child/ren and remove them from the service? Yes No (please circle)
Is this person authorised to confirm if other people are able to collect your child if you are not contactable? Yes No (please circle)	Is this person authorised to confirm if other people are able to collect your child if you are not contactable? Yes No (please circle)
Is this person authorised to consent to an educator taking this child outside the service premises, eg: Excursions Yes No (please circle) (Individual authorisation forms will need to be signed by an authorised person before each outing).	Is this person authorised to consent to an educator taking this child outside the service premises, eg: Excursions Yes No (please circle) (Individual authorisation forms will need to be signed by an authorised person before each outing).
Is this person authorised to consent to emergency medical treatment for your child/ren or to authorise the administration of medication to the child/ren in your absence? Yes No (please circle)	Is this person authorised to consent to emergency medical treatment for your child/ren or to authorise the administration of medication to the child/ren in your absence? Yes No (please circle)

DETAILS OF PEOPLE AUTHORISED TO COLLECT YOUR CHILD AND REMOVE FROM THE SERVICE (Authorised Nominee)

Your consent is required for other people to collect your child/ren from the children's service on your behalf. In the table below, please list the details of those people you have authorised to collect your child/ren. This list may be added to or changed throughout the year.

In the event that your child/ren is not collected from the children's service and the parents or legal guardians cannot be contacted, this list will also be used to arrange someone to collect your child.

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Relationship to child/ren:	Relationship to child/ren:
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Relationship to child/ren:	Relationship to child/ren:

OFFICE USE ONLY			**OFFICE USE ONLY**		
Health record/s sighted?	Yes	No	Health record/s sighted?	Yes	No
Staff Member & Signature:			Staff Member & Signature:		
Position:			Position:		

DOCTOR'S INFORMATION

Name of Doctor/Medical Service: _____

Address: _____

Phone Number:_____

Do you subscribe to an Ambulance Service? Yes No (Please Circle)

If yes, please state the Ambulance Subscription Number and Category

_____

Child (1) Medicare Number:_____ Child (2) Medicare Number:_____

Child (3) Medicare Number:_____ Child (4) Medicare Number:_____

CUSTODY DETAILS

If parents are separated or divorced does the child have contact with the other parent?	YES	NO	N/A
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/ren or access to the child/ren?	YES	NO	(Please Circle)

If yes, you **MUST** attach a copy of the Order

CHILD CARE BENEFIT

Child Care Benefit (CCB) and the Child Care Rebate (CCR) are administered by the Family Assistance Office (FAO). The FAO is responsible for payment of CCB and CCR across all Australian approved service types. The Child Care Rebate pays up to 50% of out of pocket expanses for child care up to an annual cap. Families can choose to receive the CCR on a fortnightly basis, paid either to their child care service as a fee reduction or directly to their bank account.

To be eligible for CCR families must have used approved child care and received CCB and passed the CCB work/training/ study test requirements. www.mychild.gov.au/childcarerebate.

In order to claim CCB you will need to contact the FAO. Registering for CCB is a one-off process. The FAO can be contacted on 13 61 50 and further information can be found on their website www.familyassist.gov.au

CHILD CARE BENEFIT MANAGEMENT (please tick)

I would like to claim CCB as reduced fees		I do not want to claim CCB	
I would like to claim CCB as a lump sum		I have registered with the FAO to claim CCB/CCR	
I have chosen to have CCR paid to the service		I am not eligible to claim CCR	

Do you have any non school aged children attending child care (Eg. Long Day Care, Family Day Care) in the same week as your school age children?	YES	NO	If yes, how many children? _____

PARENTAL/GUARDIAN PERMISSION

I give permission for my child/ren to wear nail polish at OSHC?	YES	NO
I give permission for my child/ren to have their photo taken at OSHC and understand that these photos are for the service use only?	YES	NO
I give permission for my child/ren to get their face painted at OSHC?	YES	NO
I give permission for my child/ren to watch G & PG family/children movies at OSHC?	YES	NO
I give permission for staff to supply my child/ren with sunscreen and insect repellent and if needed help my child/ren apply it?	YES	NO

PARENT/GUARDIAN SIGNATURE:_____

PLEASE INDICATE BELOW THE REASON FOR REQUIRING CARE AT MANDAMA OSHC (Please circle)

(to ensure compliance with the Priority of Access guidelines)

Working/Seeking Work	YES	NO	Social Care	YES	NO
Studying	YES	NO	Respite	YES	NO

BOOKING NEEDS

Please tick the days and type of care you need (am and/or pm)

What date would you like care to commence? _____

Please circle if you want your booking to be Permanent or Casual P C

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care (If Permanent)					
After School Care (If Permanent)					

MEDICAL / GENERAL DECLARATION

I/We _____ (Print full name/s)

Person/s with lawful authority of the child referred to in this enrolment form.

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC Service in the event of any change to this information.
- Consent to the staff of the OSHC Service seeking medical treatment by a medical practitioner, hospital or ambulance service and agree to meet any expenses attached to such treatment.
- I undertake to inform the staff of any absence of my child/children.
- I acknowledge that my child/children will not attend the Program if suffering from an infectious or contagious disease.
- In the event that my child is injured or becomes ill during the Program I agree to collect or make arrangements for the collection of my child (an authorized person) as soon as possible.
- Acknowledge and understand that the OSHC staff do permit self administration of medication with staff supervision.
- I accept full responsibility for my child/children's belongings whilst at the Service.
- Agree that Mandama OSHC and staff are to be free and clear of all responsibility whatsoever for accident, illness, theft of clothing or valuables during my child/children's participation in the Program.
- Give permission for my child to travel on chartered/community bus, staff car or by foot for excursion purposes and go on local walks to playgrounds etc. accompanied by staff.
- I agree to abide by the OSHC Behaviour Guidance Policy. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed I will be notified and my child may be removed from the program.
- Give permission for Mandama staff to remove my child from the service (Medical/excursions/routine outings)
- I understand and agree to abide by the Policy on the Payment of Fees.
- I understand and agree to abide by the Pick up Procedure Policy for my child/children.
- I understand and agree to abide by the General Policies of the Service.
- I understand that all Enrolment details are private and confidential. This information will be used for Program purposes only and will be accessible to OSHC staff and the Principal(s). I understand that I can access this information and correct any necessary details whenever I wish.

PARENT/GUARDIAN SIGNATURE_____

DATE_____/_____/_____

ACTIVITIES & INTERESTS - GETTING TO KNOW YOUR CHILD

The Mandama OSHC Program aims to provide an environment that caters for children's interests, strengths, needs and abilities. Please fill in the details below to help ensure your child has their needs met whilst at the program

Name of Child:

Are there any activities that your child particularly enjoys or has a special interest in?

Are there any other special considerations the staff need to be aware of to ensure the participation of your child in all planned activities? E.g. Cultural/Religious.

Have you any behavioural/interaction concerns? E.g. Shy, slow to form friendships, may be aggressive.

Does your child have any dislikes, fears or concerns? E.g. Crowded situations, loud noises, strangers

What is a calming activity for your child?

What is your child's favourite activity at home?

Name of Child:

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PARENTS AND GUARDIANS - Do you want to me more involved?

The Mandama OSHC Program would love to hear from parents, guardians, grandparents, relatives, friends or anyone in our community who would like to be involved with the program.

We would love to hear from people who may:

Have a skill they can come & show or teach the children e.g. Artist, musician, dancer, carpenter, baker, chef etc

Come & talk to the children about their job/occupation e.g. Policeman, nurse, firefighter, doctor, builder, scientist etc

Like to share with the children something about their culture e.g. Cooking a signature dish, teaching a dance, reading a story.

Be able to share some life experiences & or personal challenges with the children e.g. Travelled overseas, grew up during the war, renovated a house or even jumped out of a plane.

Are able to help with maintenance e.g. Gardening

Name of Person who is able to contribute to the program: _____

They are able to get involved by: _____