



**MANDAMA PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE
ENROLMENT FORM - 2019**

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: _____

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Occupation: _____
 Employer/Company Name: _____

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

Child Care Subsidy (CCS) is a means tested subsidy and will be paid directly to your child's care centre to reduce your fees. To be eligible you will need to earn less than \$351,248 and be undertaking either paid work, self employment, unpaid work in a family business, looking for work, volunteering, training or studying. If you haven't already, update your details through your Centrelink account on MyGov. If you don't have a MyGov account, you can create one and link Centrelink. You will need to provide a combined family income estimate, the hours of recognised activity and details about the type of care your child/children are in.
 More information: The Department of Education has detailed information on the Child Care Subsidy.
 Visit education.gov.au/childcare

CHILD CARE BENEFIT MANAGEMENT (please tick)

I would like to claim CCS as reduced fees	<input type="checkbox"/>	I do not want to claim CCS	<input type="checkbox"/>
I would like to claim CCS as a lump sum	<input type="checkbox"/>	I have registered with the FAO to claim CCS	<input type="checkbox"/>

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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my child/ren to get their face painted at OSHC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give permission for my child/ren to watch G & PG family/children movies at OSHC?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?

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What is your child's favourite activity at home?

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: _____

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