

MANDAMA PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE ENROLMENT FORM - 2023

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

This enrolment application will not be processed unless a Centrelink Reference Number (CRN) is clearly indicated here. If you DO NOT intend to claim Child Care Subsidy as reduced fees, we still need your CRN to comply with government reporting requirements.

PARENT/LEGAL G	GUARDIAN DETAILS
(This must be the person whose reference number is listed above)	
Name:	Name:
Address:	Address:
Postcode:	Postcode:
Date of Birth://	Date of Birth://
Relationship to child/ren:	Relationship to child/ren:
Telephone:	Telephone:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Email:	Email:
The email you provide is where your accounts will be sent	
Country of Birth:	Country of Birth:
Main language spoken at home:	Main language spoken at home:
Family ethnic origin:	Family ethnic origin:
Is this person authorised to collect the child/ren and	Is this person authorised to collect the child/ren and
approve the child/ren to be removed from the centre?	approve the child/ren to be removed from the centre?
Yes No (please circle)	Yes No (please circle)
Does the child/ren live with this parent/guardian?	Does the child/ren live with this parent/guardian?
Yes No (please circle)	Yes No (please circle)
Is this person responsible for fee payment?	Is this person responsible for fee payment?
Yes No (please circle)	Yes No (please circle)
If No, please provide details of the responsible person/	If No, please provide details of the responsible person/
agency and attach necessary payment agreement (in	agency and attach necessary payment agreement (in
writing) from agency.	writing) from agency.
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Is this person authorised to consent to emergency	Is this person authorised to consent to emergency
medical treatment for the child/ren or to authorise	medical treatment for the child/ren or to authorise
the administration of medication to the child/ren?	the administration of medication to the child/ren?
Yes No (please circle)	Yes No (please circle)
Do you authorise the OSHC staff to seek medical	Do you authorise the OSHC staff to seek medical
treatment from a registered medical practioner,	treatment from a registered medical practitioner,
hospital or ambulance service?	hospital or ambulance service?
Yes No (please circle)	Yes No (please circle)
Do you authorise the OSHC staff to transport the child	Do you authorise the OSHC staff to transport the child
in an ambulance in the event of an emergency?	in an ambulance in the event of an emergency?
Yes No (please circle)	Yes No (please circle)
ч <i>У</i>	
Signature:	Signature:
Do you give permission for Mandama OSHC to contact	Do you give permission for Mandama OSHC to contact
you on your mobile? Yes No (please circle)	you on your mobile? Yes No (please circle)
Occupation:	Occupation:
Employer/Company Name:	Employer/Company Name:

MANDATORY ADDITIONAL EMERGENCY CONTACTS - AUTHORISED NOMINEE					
There may be times or situations where a child has an accident, inury, trauma or illness & the parent/guardians cannot be					
reached or are unable to collect their child. Please nominate two	· ·				
emergency and/or are authorised o collect your child/ren. Each					
of 30 minutes from the Service & provide identification when col					
an ambulance wil be called. Please obtain the person's consent l					
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 &	Is this person authorised to collect your child/ren &				
remove them from the service?	remove them from the service?				
Yes No (please circle)	Yes No (please circle)				
Is this person authorised to confirm if other people are	Is this person authorised to confirm if other people are				
able to collect your child if you are not contactable?	able to collect your child if you are not contactable?				
Yes No (please circle)	Yes No (please circle)				
Is this person authorised to consent to the service	Is this person authorised to consent to the service				
taking this child outside the service premises in the	taking this child outside the service premises in the				
event that you cannot be contacted? Eg: Excursions	event that you cannot be contacted? Eg: Excursions				
Yes No (please circle)	Yes No (please circle)				
(Individual authorisation forms will need to be signed by an	(Individual authorisation forms will need to be signed by an				
authorised person before each outing).	authorised person before each outing).				
	Is this person authorised to consent to emergency Is this person authorised to consent to emergency				
nedical treatment for your child/ren or to authorise medical treatment for your child/ren or to authorise					
	he Coordinator / Educators to administer medication the Coordinator / Educators to administer medication				
to the child/ren if you cannot be contacted?	to the child/ren if you cannot be contacted?				
Yes No (please circle)	Yes No (please circle)				
Is this person authorised to give consent to the	Is this person authorised to give consent to the				
ansportation of the child by an ambulance service? transportation of the child by an ambulance service?					
Yes No (please circle)	Yes No (please circle)				
Parent Signature:	Parent Signature:				
	DETAILS				
Child's Name (3)	Child's Name (4)				
Child's Centrelink CRN:	Child's Centrelink CRN:				
Date of Birth:/ Gender M / F	Date of Birth:/ / Gender M / F				
Current Age: Grade (2023):	Current Age: Grade (2023):				
Child's Address:	Child's Address:				
Is this child of Aboriginal or Torres Strait Islander origin?	Is this child of Aboriginal or Torres Strait Islander origin? Is this child of Aboriginal or Torres Strait Islander origin?				
Yes No (please circle)	Yes No (please circle)				
If yes, please circle	If yes, please circle				
Aboriginal Torres Strait Islander Both	Aboriginal Torres Strait Islander Both				
Country of Birth?	Country of Birth?				
Does your child speak a language other than English at home Does your child speak a language other than English at home					
Yes No (please circle) Yes No (please circle)					
If yes, what language?	If yes, what language?				

MEDICAL / HEALTH CONDITIONS			MEDICAL / HEALTH CONDITIONS			
ANAPHYLAXIS			ANAPHYLAXIS			
Has your child been diagnosed at risk	Yes	No	Has your child been diagnosed at risk	Yes	No	
of Anaphylaxis by a doctor?			of Anaphylaxis by a doctor?			
If yes, please complete the additional			If yes, please complete the additional			
information below			information below			
Does your child have an auto injection	Yes	No	Does your child have an auto injection	Yes	No	
devise (eg. Epi Pen)?			devise (eg. Epi Pen)?			
(If yes, the auto injection devise is			(If yes, the auto injection devise is			
required at the program at all times. This			required at the program at all times. This			
is a legal requirement. In the case of			is a legal requirement. In the case of			
anaphylaxis you will be provided with a			anaphylaxis you will be provided with a			
copy of the service anaphylaxis			copy of the service anaphylaxis			
management policy.)			management policy.)			
Has the Program been provided with a	Yes	No	Has the Program been provided with a	Yes	No	
current Anaphylaxis Action Management		_	current Anaphylaxis Action Management			
plan?			plan?			
(An individual medical management			(An individual medical management			
plan is required for your child signed by the			plan is required for your child signed by the			
doctor treating your child.)			doctor treating your child.)			
More information is available at			More information is available at			
www.education.vic.gov.au/anaphylaxis_			www.education.vic.gov.au/anaphylaxis_			
Have risk management and communication	Yes	No	Have risk management and communication	Yes	No	
plans been completed by the service in	165	NO	plans been completed by the service in	165	NU	
consultation with you?			consultation with you?			
ASTHMA			ASTHMA			
Has this child been diagnosed with	Yes	No	Has this child been diagnosed with	Yes	No	
Asthma by a doctor?	103	NO	Asthma by a doctor?	105	NO	
(If yes, you must provide a current			(If yes, you must provide a current			
Asthma Management Plan signed by the			Asthma Management Plan signed by the			
medical practitioner treating your child.)	Vaa	Nia	medical practitioner treating your child.)			
Have risk management and communication	Yes	No	Has risk management and communication	Yes No		
plans been completed by the service in			plans been completed by the service in			
consultation with you?			consultation with you?			
Does this child have any other medical			Does this child have any other medical			
conditions diagnosed by a doctor?	Yes	No	conditions diagnosed by a doctor?	Yes	No	
For eg. Epilepsy, Diabetes			For eg. Epilepsy, Diabetes			
If yes, what medical condition:			If yes, what medical condition:			
If yes, please provide further details of			If yes, please provide further details of			
condition and attach a current Medical			condition and attach a current Medical			
Action Plan			Action Plan			
Does this child have any additional needs			Does this chld have any additional needs			
diagnosed by a medical practioner?	Yes	No	diagnosed by a medical practioner?	Yes	No	
For eg. ASD, ADD,ADHD	or eg. ASD, ADD,ADHD		For eg. ASD, ADD, ADHD			
If yes, please provide details:			If yes, please provide details:			
Does this child have any allergies or			Does this child have any allergies or			
sensitivities diagnosed by a doctor?	Yes	No	sensitivities diagnosed by a doctor?	Yes	No	
If yes , please provide details and			If yes, please provide details and			
treatment required			treatment required			
Does this child have any dietary			Does this child have any dietary	Yes	Yes No	
requirements or restrictions or food	Yes	No	requirements or restrictions or food			
intolerances?			intolerances?			
If yes, please provide prohibited food &			If yes, please provide prohibited food &			
information			information			
Is this child fully immunised?	Yes	No	Is this child fully immunised?	Yes	No	
·			OFFICE USE ONLY			
OFFICE USE ONLY						
OFFICE USE ONLY	Yes	No		Yes	No	
OFFICE USE ONLY Health record/s sighted?	Yes	No	Health record/s sighted?	Yes	No	
OFFICE USE ONLY	Yes	No		Yes	No	

DOCTOR'S INFORMATIO							
Name of Doctor:			Me	edical Service:			
Address:							
Phone Number:							
Do you suscribe to an Ambu				(Please Circle)			
If yes, please state the Amb	ulance Su	bscriptior	Number and Cate	egory			
Private Health Cover Yes	No	(please ci	rcle) Private He	alth Fund Name:			
Child (1) Medicare Number:				Child (2) Medicare Nun	nber:		
Child (3) Medicare Number:				Child (4) Medicare Nun	nber:		
CUSTODY DETAILS						T	1 1
If parents are separated or o	livorced c	loes the c	hild have contact	with the other parent?	YES	NO	N/A
Are there any relevant Cour	t Orders,	Parenting	; Orders or Parenti	ng Plans relating to the po	owers, duties	and respor	sibilities
or authorites of any person	in relation	n to the c	hild/ren or access	to the child/ren?	YES	NO	(Please Circle)
If yes, you MUST attach a co	py of all i	relevant o	locumentation & p	paperwork			
Are there any other relevan	t court or	ders relat	ing to the child/ch	ildren's residence or the o	child/children	's contact v	vith a
parent or other person?					YES	NO	(Please Circle)
If yes, please provide all rele	evant doci	umentatio	on & paperwork				
Have photographs and nam	es of unau	uthorised	people been atta	ched to this form?	YES	NO	(Please Circle)
CHILD CARE SUBSIDY							
Child Care Subsidy (CCS) is a	means te	ested sub	sidy and will be pa	id directly to the service t	o reduce fees	families pa	ıy.
To claim Child Care Subsidy	(CCS) fam	ilies must	t meet eligibility re	equirements which include	e, undertakin	g paid work	, self
employment, unpaid work i	n a family	business	etc., residency red	quirements and immunisa	tion requiren	nents. If you	u haven't
already, update your details	through	your Cent	trelink account on	MyGov. If you don't have	e a MyGov aco	count, you	can
create one and link Centreli	nk. You w	vill need t	o provide a combi	ned family income estima	ite, the hours	of recognis	ed
activity and details about th	e type of	care your	child/children are	e in.			
CHILD CARE SUBSIDY CH	ECKLIST		(please tick)				
Have you completed the Ch	ild Care Si	ubsidy as	sessment on the <u>m</u>	nyGov_website?	YES	NO	
Have you received confirma	tion abou	ıt your Ch	ild Care Subsidy?		YES	NO]
PARENTAL/GUARDIAN P	ERMISSI	ON					
I give permission for my chil	d/ren to v	wear nail	polish at OSHC		YES	NO	
I give permission for photos	& video f	ootage of	f my child/ren to b	e taken at OSHC &			
understand that the photos	& footage	e is for th	e service use only	& can be on display	YES	NO	
I give permission for my chil	give permission for my child/ren to get their face painted at OSHC YES NO						
I give permission for my chil	d/ren to v	watch G 8	k PG family/childre	en movies at OSHC	YES	NO	
I give permission for staff to	supply m	iy child/re	en with sunscreen	and insect repellent			-
and if needed, help my child/ren apply it YES NO							
I give permission for band-Aids to be applied when necessary YES NO							
PARENT/GUARDIAN SIGNA	TURE:					-	-
PLEASE INDICATE BELOW	/ THE RE	ASON FO	DR REQUIRING C	ARE AT MANDAMA OS	SHC (Please	circle)	
(to ensure compliance with	the Priori	ty of Acce	ess guidelines)				
Working/Seeking Work	YES	NO]	Social Care	YES	NO]
Studying	YES	NO	1	Respite	YES	NO	1
BOOKING NEEDS						•	
Please tick the days and t	ype of ca	are you r	need (am and/or	pm)			
What date would you like		-	-	. ,			
,							
Please circle if you want y	our boo	king to h	e Permanent or	Casual	Р	С	
		0.00				-	
	Monday		Tuesday	Wednesday	Thursd	av	Friday
Before School Care						,	1
(If Permanent)							
After School Care			1	1			1
(If Permanent)							
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MEDICAL / GENERAL DECLARATION

I/We _

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 beomes 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 & understand that the OSHC staff do permit self administration of medication with staff supervision.

• If I am unable to collect my child/ren by closing time I will organise for one of the people listed as authorised contacts to collect my child prior to closing time & let the Coordinator know. I am aware that if my child has not been collected by closing time & I'm unable to be contacted, those persons nominated as authorised contacts will be called to collect my child

• 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 agree to keep my fees up to date & understand that a late payment fee will be applied and my child's position will be put on hold if fees are not kept up to date.

• I understand that all permanent bookings are paid for even when my child is absent due to sickness or holidays.

• 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 a	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	
ves your clind have any disinces, rears of concerns: L.g. crowded situations, roud hoises, strangers	
Albert is a coloring activity for your shild?	
What is a calming activity for your child?	
What is your child's favourite activity at home?	
Does your child have any problems with hearing, sight or speech?	
Does your child have any physical disbaility or delay, including intellectual, sensory or physical impairn	nent?
s there anything that you do or modify at home that may assist us to meet the educational needs of yo	our
child?	

Is this the first time your child has been in care? If *yes,* please indicate the type of early education and care your child has experienced?

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Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?

Is this the first time your child has been in care? If *yes,* please indicate the type of early education and care your child has experienced?

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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