

**GROVEDALE WEST PRIMARY SCHOOL  
OUTSIDE SCHOOL HOURS CARE PROGRAM**

ADDRESS: 85 HEYERS RD, GROVEDALE. 3216  
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**ENROLMENT FORM**

Please complete ALL INFORMATION on ALL SIDES of this application in BLACK PEN & USE BLOCK LETTERS

**Centrelink Reference Number- Parent/Guardian:**    -    -

**Centrelink Reference Number-Child:**    -    -

This enrolment application will not be processed unless both Centrelink Reference Numbers (CRN'S) are clearly indicated here. Call the Family Assistance Office on 13 61 50 to get the numbers if you do not have them.

**CHILD DETAILS**

Surname: ..... Given Names: ..... Usually Called: .....

Address: ..... Suburb: ..... Postcode: .....

**Date of Birth:** ...../...../..... **Gender:** Male / Female **Year level:**.....

**PARENT/LEGAL GUARDIAN DETAILS (this must be the person whose reference number is listed above)**

Name: ..... Relationship to Child: ..... Date of Birth: ...../...../.....

Address: as per child or ..... Suburb: ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work Phone: .....

Email address: .....

Is this person responsible for fee payment? YES / NO

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

Does the child live with this parent/legal guardian? YES / NO

Is this person authorised to collect this child and approve the child to be removed from the centre? YES / NO

Is this person authorised to consent to emergency medical treatment for the child? YES / NO

Do you authorise the OSHC Co-ordinator/Educators to seek medical treatment from a registered medical practitioner, dentist, hospital or ambulance service and/or ambulance transportation for the child? (if contact with you is not possible) YES / NO

Is this person authorised to consent to the administration of medication to the child? YES / NO

Occupation: .....

Employer/Company Name: .....

**OTHER PARENT/LEGAL GUARDIAN DETAILS (A guardian is the person with parental responsibility for the child under decision or court order)**

Name: ..... Relationship to Child: ..... Date of Birth: ...../...../.....

Address: as per child or ..... Suburb: ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work Phone: .....

Email address: .....

Is this person authorised to drop off and collect your child? YES / NO

Is this person authorised to confirm if other people are able to collect your child if you are not contactable? YES / NO

Is this person authorised to consent to emergency medical treatment for your child in your absence? YES / NO

Does the child live with this parent/legal guardian? YES / NO

Is this person authorised to collect this child and approve the child to be removed from the centre? YES / NO

Do you authorise the OSHC Co-ordinator/Educators to seek medical treatment from a registered medical practitioner, dentist, hospital or ambulance service and/or ambulance transportation for the child? (if contact with you is not possible) YES / NO

Is this person authorised to consent to the administration of medication to the child? YES / NO

Occupation: .....

Employer/Company Name: .....

## 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.**

No additional contact available  
 Name: ..... Relationship to child: .....

Address: ..... Suburb: ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work Phone: .....

**Authorisations:**

Collection - Is this person authorised to drop off and collect your child from the service? YES / NO

Confirmation-Is this person authorised to confirm if other people are able to collect your child if you are not contactable? YES / NO

Excursion- Is this person authorised to consent to an educator taking this child outside the service premises eg: Excursions YES / NO

(Individual authorisation forms will need to be signed by an authorised person before each outing).

Emergency – Is this person an emergency contact for the child YES / NO

Medical - Is this person authorised to consent to the administration of medication to the child? YES / NO

No additional contact available  
 Name: ..... Relationship to child: .....

Address: ..... Suburb: ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work Phone: .....

**Authorisations:**

Collection - Is this person authorised to drop off and collect your child from the service? YES / NO

Confirmation-Is this person authorised to confirm if other people are able to collect your child if you are not contactable? YES / NO

Excursion- Is this person authorised to consent to an educator taking this child outside the service premises eg: Excursions YES / NO

(Individual authorisation forms will need to be signed by an authorised person before each outing).

Emergency – Is this person an emergency contact for the child YES / NO

Medical - Is this person authorised to consent to the administration of medication to the child? YES / NO

### 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 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. This list may be added to or changed throughout the year.

In the event that your child 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. **Please ensure all fields are completed for each authorised contact.**

Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....	Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....
Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....	Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....
Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....	Name: ..... Address: ..... Telephone (H)..... Telephone (W)..... Telephone (M).....  Relationship to child: .....

<b>MEDICAL CONDITIONS</b>		
<b>ANAPHYLAXIS</b>		
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 (E.g.: 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 <u>current</u> Anaphylaxis Action Management plan? (You are required to provide the service with an individual medical management plan for your child <b>signed by the medical practitioner</b> treating your child. This will be attached to your child's enrolment form.  NB: A risk minimisation plan and a communication plan will be completed by the service in consultation with you	YES	NO
<b>ASTHMA</b>		
Has your child been diagnosed with Asthma? (If Yes, you must provide a current Asthma Management Plan <b>signed by the medical practitioner</b> treating your child).  NB: A risk minimisation plan and a communication plan will be completed by the service in consultation with you	YES	NO
<b>OTHER MEDICAL INFORMATION</b>		
Does your child have any other medical conditions? <b>E.g. Epilepsy, Diabetes, Anxiety, ADD, ADHD, ASD etc.</b> If Yes, you must provide further details of any medical condition & attach a current medical Action Plan if applicable. .....	YES	NO
Does your child have any allergies or sensitivities? If Yes, please provide details and treatment required. ..... NB: A risk minimisation plan and a communication plan will be completed by the service in consultation with you	YES	NO
Does your child have any dietary requirement/restrictions or food intolerances? If Yes, please provide further information. ..... NB: A risk minimisation plan and a communication plan will be completed by the service in consultation with you	YES	NO
Is your child fully immunised? Please supply a copy of your child's Immunisation History Statement.	YES	NO
<b>Office Use only:</b> Have the child's Health Records Been Sighted?  Staff Member .....	YES	NO
Position .....		
<b>FAMILY MEDICAL CONTACT INFORMATION</b>		
Name of child's registered Medical Doctor/Medical Service: ..... Address of Doctor/Medical Service: ..... Telephone: ..... Ambulance Subscription Number: ..... Medicare Number: .....	Name of child's Dentist: ..... ..... Address: ..... ..... Telephone: .....	

COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS		
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 or access to the child? You <b>must</b> attach a copy.	YES	NO

BOOKING INFORMATION (Please indicate which days care is required)
Important- Please note that all care booked either permanent or casual, will be charged, rather than the days you actually use. In the event that you do not use your booked days (e.g. due to RDO's, sickness, annual holidays etc) you will still be charged to retain your booking.

Type of care required (Please circle)	Permanent	Casual	Start Date:		
<b>Before School Care</b> (If permanent)	Monday	Tuesday	Wednesday	Thursday	Friday
<b>After School Care</b> (If permanent)	Monday	Tuesday	Wednesday	Thursday	Friday

CHILD CARE SUBSIDY (CCS)
To claim Child Care Subsidy (CCS) you will need to go online to complete your CCS assessment as soon as possible. This can be done through your <b>Centrelink online account</b> or through your Centrelink account via <b>myGov</b> (my.gov.au). If you do not already have a myGov account, you can create one at my.gov.au and link it to your Centrelink online account. Full fees are payable until this process is completed and confirmed by parent/guardian
I would like to claim CCS as reduced fees <input type="checkbox"/> YES / <input type="checkbox"/> NO

BACKGROUND INFORMATION (please circle)				
Do you give permission for your child to be photographed? (These photos or videos may be used for display in the service. If photographed with other children or if photos form a collage, these photos may be used in other children's portfolios and in the service reflection diary.	YES	NO		
Do you give permission for your child to watch or play PG rated movies and games under the supervision of OSH Staff during the program?	YES	NO		
Do you give permission for the Outside School Hours Care Program staff to supply your child with sunscreen and insect repellent and if needed help your child apply it?	YES	NO		
Please indicate below the reason for requiring care at the Outside School Hours Care Program?				
Working/Seeking Work	YES	NO	Socialisation	YES / NO
Studying	YES	NO	Respite	YES / NO
Are you an Aboriginal or Torres Strait Islander family?	YES	NO		
Family ethnic origin:				
What is the primary language spoken at home:				
Country of Birth of Child:				
Are there any considerations/needs that the program should be aware of?				

PARENT/GUARDIAN DECLARATION
<p><b>I, the undersigned:</b></p> <ul style="list-style-type: none"> <li>agree to pay for all confirmed booked days which includes any absence due to changed holiday plans, illness, changed care arrangements etc, as per the Enrolment and Fee Policy .</li> <li>agree that I and any authorised contact person may need to present photo identification if asked to do so when my child is collected.</li> <li>understand the Outside School Hours Care Program nominated supervisor/approved provider reserve the right to exclude my child from the service after all positive behaviour strategies have been exhausted if my child's or other children or Educators safety and wellbeing is compromised</li> <li>authorise staff, in the event of an accident or illness, to obtain all necessary medical/ambulance assistance and treatment for my child and agree to meet any expenses attached to such treatment.</li> <li>agree that the Grovedale West Primary School and their Officers are to be free and clear of all responsibility whatsoever for accident, illness, theft of clothing or valuables during my child's participation in any of the activities involved in the program.</li> <li>understand that children's personal electronic equipment (ipad's, mobile phones etc) are not permitted at the Outside School Hours Care Program.</li> <li>understand that the staff:child ratio whilst at the program is 1:15</li> <li>give permission for my child to travel on chartered bus for excursion purposes and go on local walks to playgrounds etc accompanied by staff</li> <li>agree that the information I have provided on this form is true and correct and undertake to immediately inform the Outside School Hours Care Program of any change to this information.</li> <li>Understand and agree to abide by the Grovedale West PS OSHC service policies and procedures.</li> </ul>

Name of Parent/Guardian	Signature	Date

**ACTIVITIES & INTERESTS-GETTING TO KNOW YOU AND YOUR CHILD**

The Grovedale West Primary School Outside School Hours Care Program provides an environment for children that foster individuality, recognizing their strengths, interests, 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 will need to be aware of, to ensure the participation of your child in all activities planned?

Have you any behavioral/interaction concerns? Eg: shy, slow to form friendships, may be aggressive?

Does your child have any special considerations, for example religious/cultural requirements that need observing while they attend the program?

Does your child have any dislikes, fears or concerns? Eg crowded situations, loud noises, strangers

What is a calming activity for your child?

What is your child's favourite activity at home?

**PARENTS AND GUARDIANS – Do you want to be more involved?**

The Grovedale West OSH 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 and show or teach the children e.g. artist, musician, dancer, carpenter, baker, chef etc
- come and talk to the children about their job/occupation e.g. policeman, nurse, fire-fighter, doctor, builder, scientist
- 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 and / 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.: carpentry, gardening

Name of person who is able to contribute to the program.....

They are able to get involved by.....

Any further comments?

