

Photographic and Sunscreen Consent

I give permission for my child to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service.

No Yes (please tick)

I give permission for my child to be photographed and/or video taped in the event of media reportage.

No Yes (please tick)

I give permission for my child to have a 30+ sunscreen applied as per the service's Sun Smart Policy.

No Yes (please tick)

I give permission for OSHCare 4 KIDS staff members to inspect my child's head for headlice.

No Yes (please tick)

PARENT/GUARDIAN SIGNATURE/S:.....Date:

Declaration and consent

I, (Print full name).....

a person 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 OSHCare 4 KIDS Pty Ltd in the event of any change to this information as well as booking information;

★ Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;

★ I acknowledge that my child 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, either an authorised person or I shall collect the child as soon as practical.

★ Consent to the proprietor OSHCare 4 KIDS carers to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and agree to meet any expenses that may result.

★ Undertake to inform the staff of any absence of my child from the service.

★ Accept full responsibility for my child's belongings whilst attending the service.

★ I fully understand that if my child continuously misbehaves after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

★ I understand that staff do not supervise my child/children until they are signed into the program. Neither are they supervised after they have been signed out of the program by a parent/guardian.

★ I agree to abide by all policy and philosophy guidelines of the service.

★ I give permission for my child to participate in program-based activities organised for the days my child will be attending, including watching PG rated videos / movies.

★ OSHCare 4 KIDS will not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the program due to any cause whatsoever unless caused by the proven negligence of OSHCare 4 KIDS, its directors or employees.

★ I agree to abide by all booking and cancellation procedures and understand the cost in not abiding by the policies and procedures.

★ I/we agree that fees incurred will be paid via direct debit on a fortnightly basis.

★ I/we understand that if my /our child is not collected from the service by closing time that I/we will incur a late fee penalty as specified in the policy and procedure handbook.

★ I/we confirm that the above information provided is correct and precisely matches the submitted to Centerlink. I/we understand that any discrepancies between the two may lead to the service being unable to claim Child Care Benefit. In this instance I/we will be required to pay full fees.

★ I/we acknowledge that my child can be removed from the program as a result of unpaid debt, continued misbehaviour, or not providing relevant documentation required in this Enrolment Form.

★ Acknowledge that all the information provided on the Enrolment Form can be used for the purpose of debt recovery.

★ I/we agree to pay all debt recovery expenses incurred by OSHCare 4 KIDS program.

★ I/we accept that fees and operation hours are subject to change.

★ I/we accept that an annual administration fee is charged to my account on an annual basis for Before, After School Care and separate annual administration fee for Vacation Care.

★ I/we authorise my child to travel to and from an incursion and excursion via the means arranged by OSHCare 4 KIDS. The mode of transport may be in the means of bus, tram, train or walking.

★ As part of the legislation I/we accept that my child may be taken on a routine outing within the school premises.

★ I/we acknowledge that OSHCare 4 KIDS do not accept my child/children to bring electronic equipment to the program. Items include Gameboys, any form of Play Station, DS, mobile phones and Ipod.

★ I/we have collected a copy of the Parent Handbook from the service and understand that the policy and procedure manual is on display and available for my viewing on request. I/we accept and agree to all the content in both manuals.

★ I/we acknowledge that payment of fees and any outstanding Before, After and Vacation Care amounts will be required to be finalised prior to the use of the following Vacation Care periods. No refunds apply after booking is made, if change of mind or child is sick or misbehaviour.

★ I/we accept all Vacation Care bookings and cancellation policies and procedures stated in the policy manual and all terms and conditions stated online and on the Vacation Care brochure.

★ I/we acknowledge all the terms and conditions in the Debit form provided.

★ I/we understand that if my child has been diagnosed with Anaphylaxis and/or Asthma, I/we must provide a current signed Management Plan to OSHCare 4 KIDS prior to attendance.

★ I/we understand my child will not be accepted to an OSHCare 4 KIDS program if I do not provide an Enrolment Form, Debit Form, or any required Court Orders, immunisation record, signed management plans and or dietary, special needs, health management form/s.

★ I/we acknowledge that OSHCare 4 KIDS is required to disclose information to the Department of Education and other government agencies, as all OSHC services are governed by both Departments. I understand that OSHCare 4 KIDS adheres to the Privacy Act 1988 and will ensure that information in my child/ren's Enrolment records are 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 authorised by the parent, prescribed in the Children's Services Regulations 2009 (regulation 35(1)(d-e) and The Act, if required by law or in accordance with the Privacy Act 1988 and Information Act 2000.

Full Name:..... Relationship: Mother Father Gardian (please tick)

Signature:..... Date:.....

Confidentiality of enrolment records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services Regulations 2009 (regulation 35(1) (d-e))

Lawful Authority

Parents All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child. Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

ENROLMENT FORM 20/_____

PROGRAM (Please circle) BSC ASC VAC

(It is advisable to circle all types)

Insert the name of the school your child attends

Insert the name of the OSHC Program your child will attend

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 end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Family Name: Date of Birth:..... Sex: M F (please tick)

Given Names:.....Usually called:.....

Home Address:.....Suburb:.....State:.....Postcode:.....

Postal Address:.....Suburb:.....State:.....Postcode:.....

Language(s) spoken in the home:..... Primary language spoken:

Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal

Yes, Aboriginal and Torres Strait Islander

Yes, Torres Strait Islander

Information about the child's parents or guardians

Mother/Guardian		Father/Guardian	
Name:	D.O.B.:	Name:	D.O.B.:
Telephone/s (H) (W)	(M)	Telephone/s (H) (W)	(M)
Email address (must provide)		Email address (must provide)	
Occupation:		Occupation:	

Does the child live with only Mother Father Both (please tick)

Details of person/s who you authorise to collect, notify and care for your child (maximum of 30 minutes from the service)

There may be times when your child may need to be collected, delivered or may have an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised. (Must provide two persons.)

Name:	Name:
Address:	Address:
Suburb: State: Postcode:	Suburb: State: Postcode:
Telephone/s (H) (W)	Telephone/s (H) (M)
Relationship to child:	Relationship to child:

OFFICE USE ONLY

Date Enrolment Form Received: ___ / ___ / ___ Date Debit Form Received: ___ / ___ / ___ Date Enrolment Entered: ___ / ___ / ___ Date Given to Program: ___ / ___ / ___

Immunisation Record attached No Yes

Entered by: _____

Management Form attached No Yes N/A Type: _____

Court Order attached No Yes N/A

CCB Formalised No Yes N/A Reason for N/A: _____

Admin Fee Applied No Yes N/A Type: BSC / ASC or VAC

Note: If any Management Plan and or Court Order are NOT supplied (if ticked Yes), Child cannot attend program till information is provided.

Contact us at OSHCare 4 KIDS

P.O. Box 7082 Upper Ferntree Gully Vic 3156

Phone (03) 9758 6744 Website www.oshcare4kids.com.au

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section. Yes please complete the following:

1. Bring the original court order/s for staff to sight and a copy to attach to this enrolment form;
2. If these orders:
 - a) change the powers of a parent/guardian to:
 - ★ authorise the taking of the child outside the service by a staff member of the service;
 - ★ consent to the medical treatment of the child;
 - ★ request or permit the administration of medication to the child;
 - ★ collect the child from the outside school hours care service;
 - b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

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Child's health information

Name Doctor/Medical Service:..... Telephone:.....

Address Doctor/Medical Service:.....Suburb:.....State: Postcode:

Medicare Number:..... Expiry:

Ambulance Cover No Yes Member Number:.....

Child's Health/Medical information

Does your child have any special needs? No Yes (please tick)

If yes please provide details of any special needs and any management procedure to be followed with respect to the special need. If you feel your child requires one on one care, please contact OSHCare 4 KIDS to assist in the needs of your child. You are also required to fill out the special needs requirement form, located on our website.

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Does your child have Inclusion Support Funding? No Yes (please tick) If yes, with who?:

Does your child have any dietary or sensitivity? No Yes (please tick)

If yes please provide details of any dietary or sensitivity and attach a dietary and sensitivity form. (Located on our website)

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Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No Yes (please tick)

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? No Yes

Does your child have an auto injection device (eg EpiPen or Anapen®)? No Yes

Has the anaphylaxis medical management plan with original and current photo been provided to the service? No Yes

Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child (medical management plan will be given on request). As part of OSHCare 4 KIDS anaphylaxis policy you must provide the service an auto injection device for your child who has been diagnosed as anaphylactic, this device will be kept at the service. For more information please contact the service.

Your child will not be accepted to the program if a signed (by doctor) copy of the Management Plan is not provided on enrolment.

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. You are also required to fill out a health management relating to medical conditions specified (located on our website).

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Child's immunisation record

Has the child been immunised? No Yes (please tick)

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting. Child health record means a record that documents a child's health and development assessments and immunisations.

Name and position of person at the OSHC service who has sighted the child's health record.

Name:..... Position:..... Date:

Note: Your child cannot attend any OSHC program until immunisation details are attached or sighted by a OSHC staff member. If your child is not immunised you must still attach a letter from your GP stating that your child has missed immunisation requirements or is not immunised at all.

*Other information

If there is anything else that OSHCare 4 KIDS should know about the child? (eg excessive fears, favourite activities, etc).

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Child's Child Care Benefit Details

Have you applied for Child Care Benefit? No Yes (please tick) (If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit)

Parent/Guardian CRN:Child CRN:

How many children in total receive CCB in your family? (This includes children attending long/day care) Total number of children: _____

Do you receive JET funding? No Yes (please tick) (If you receive JET funding you must attach the approved JET funding letter from Centrelink)

Note: If you do not complete the Child Care Benefit details and provide your child's and parents date of births, you will be charged full fee until information is provided. This is not OSHCare 4 KIDS responsibility to chase up CCB information.

All OSHCare 4 KIDS fees are 50% rebateable (if registered) and is calculated on eligible CCB percentate and approved hours. Call the Family Assistance Office on 13 61 50 to register for CCB, 50% rebate and to check your eligible hours.

Booking details - Use only for Before and After School Care bookings. Bookings for Vacation Care can be made online or by downloading a booking form at www.oshcare4kids.com.au

Before School Care- Permanent

Monday Tuesday Wednesday Thursday Friday (please tick days required)

After School Care- Permanent

Monday Tuesday Wednesday Thursday Friday (please tick days required)

Casual Booking (please tick)

Please ensure you have read OSHCare 4 KIDS bookings and cancellation policy and procedures.

Note: You must inform Head Office of any changes to permanent bookings. If not advised, permanent bookings will roll over each school term and year.

Account Details

OSHCare 4 KIDS policy regarding all accounts is that all payments will be direct debited from your nominated bank account on a Wednesday and Thursday of each fortnight.

Direct debit payments are only accepted by either credit card, cheque or savings bank account, we do not accept cash or cheque payments.

(please read OSHCare 4 KIDS payment policy).

- ★ Accounts will be debited on Wednesday and Thursday of each fortnight (excluding Vacation Care).
- ★ Statements will be emailed on a fortnightly basis. (Post is by request.)
- ★ The Enrolment Form is not valid until the Debit Form is completed and signed. **Your child cannot attend if Debit form is not attached.**
- ★ If a nominated credit card account is provided a surcharge of 1.65% will apply. No fees will apply if a savings/cheque account is nominated.
- ★ If the debit amount does not go through, a \$25 fee will apply per transaction. (This includes dishonours and/or insufficient funds). This amount is seperate from any Ezi debit fees/charges.

Enrolment Checklist

1. Fully completed Enrolment Form (per child) No Yes (please tick)
2. A completed direct debit Form (per family) No Yes (please tick)
3. An attached copy of immunisation record No Yes (please tick)
4. An original completed/signed Anaphylaxis Management Plan with an up to date child's photo No Yes (please tick if applicable)
5. An original completed/signed Asthma Management Plan with an up to date child's photo No Yes (please tick if applicable)
6. A completed copy of Special Needs Management Procedure No Yes (please tick if applicable)
7. A completed Dietary and Sensitivity Form No Yes (please tick if applicable)
8. A completed Epilepsy Management Plan No Yes (please tick if applicable)
9. Copy of Court Order Forms No Yes (please tick if applicable)
10. JET Funding approved letter No Yes (please tick if applicable)
11. You will now post to Head Office, your Erolment Form (per child), Direct Debit form, immunisation details, and any health management or court order forms. No Yes (please tick)

Note: Any item ticked 'Yes' must be attached with this Enrolment Form, along with any Health Management Plans/Forms.

Enrolment Form and relevant documentation are accepted by post ONLY, or in person at OSHCare 4 KIDS Head Office (1A / 1244 Burwood Highway, Upper Ferntree Gully VIC 3156).