



CONDITIONS OF ACCEPTANCE TO CROYDON HILLS PRIMARY SCHOOL OSHC 2017

Coordinator Contact Number - 9724 4514

OSHC email: asc.croydon.hills.ps@edumail.vic.gov.au

VAC email: ray.mandy.m@edumail.vic.gov.au

A message may be left on the answering machine if not during care hours.

1. Children must not go outside without an OSHC educator and must stay in designated areas
2. Unacceptable behaviour will jeopardise the child's position within the program.
3. **Fees** must be paid on a weekly basis, they are as follows:
 - ~ **\$16.50** per child for After School Care session (3:30pm – 6:30pm; 1:30pm – 6:30pm End of Term)
 - ~ **\$11.50** per child for Before School Care session (6:45am – 8:45am)
4. **Fee Relief** is available for families; Child Care Benefit (CCB) and Child Care Rebate (CCR)
 - Family Assistance Office:** 13 6150
 - Provider CCB Numbers:**

<i>Before School Care:</i>	1 - 6PX - 219	<i>After School Care:</i>	1 - 6PX - 3787
<i>Vacation Care:</i>	1 - 631 - 4932		
5. An enrolment form must be completed before acceptance into the program.
6. **An emergency booking fee of \$5 per child** will be charged for bookings made on the day that care is required
7. Children must be collected by **6:30pm sharp**.
 - ~ A fee of **\$1.00 per minute per child** for late collections
 - ~ Repeated late collections will jeopardise position with the program
8. **Booking Cancellations/Non Attendance**
 - ~ No fee will be charged if notice is given before 6:00pm the night before care is required
 - ~ Full fee will be charged if a message is left on the answering machine after 6:00pm the night before care is required, or no notification is given at all. If care is booked for a Monday, notification must be given by **6pm on Friday**.
9. Bookings will be made according to the priority of access regulation. Refer to OSHC policies.
10. Casual bookings are accepted where vacancies are available, these must be made prior to 6:00pm the night before to avoid the emergency fee.
11. Curriculum days will operate on designated Pupil Free Days and run from 7:30am - 6pm.
12. Notification must be given when contact details of families and emergency contacts change.
13. Before school care opens at 6:45am and **breakfast is served until 8:15am**.
14. Children are responsible for making their way to the OSHC After School Program. However, the preps will be collected from their classroom until the end of first term.
15. We are a SunSmart school; children must wear broad brimmed hats from September 1st - May 30th when the UV rating is higher than 3.
16. Children attending activities before and after school on the school premises must have an activity release consent form completed. This can be obtained from the CHPS OSHC program. An authorised adult is then able to sign your child out and is responsible for them whilst they are participating in the activities. Please note, the OSHC program is **not responsible** for your child once they have been signed out by an authorised adult. Duty of care recommences when/if the child is signed back into the program.

Thank you for your co-operation.

Debby Sedgwick
OSHC Director

**Croydon Hills Primary School Outside School Hours Care Program
2017 Enrolment Form**

Child's family name:

Who's Attending

Child A _____ M / F Date of Birth _____ Age ____
Preferred Name _____ Child's CRN _____

Child B _____ M / F Date of Birth _____ Age ____
Preferred Name _____ Child's CRN _____

Child C _____ M / F Date of Birth _____ Age ____
Preferred Name _____ Child's CRN _____

Are any of the enrolled children of Aboriginal or Torres Strait Island background?

Yes / No

Child A

Child B

Child C

Are any of the children you are enrolling of Non English Speaking background?

Yes / No

Child A

Child B

Child C

Younger children in Family

Name: _____ Date of Birth: _____

Name of service attending: _____

Name: _____ Date of Birth: _____

Name of service attending: _____

Name: _____ Date of Birth: _____

Name of service attending: _____

Parent / Carer Contact Information

Your Contact Details:

Please ensure that names provided are consistent with those registered with the Family Assistance Office.

Primary Parent/Guardian's full name: _____ Male / Female

Date of Birth: _____ **Centrelink CRN Number:** _____

Ph: (hm) _____ (mob) _____

Home Address: _____

Post Code: _____

Place of work: _____ Work Ph: _____

Email address for correspondence: _____

Are you a single supporting parent? Yes / No

Are you of Aboriginal or Torres Strait Island Background? Yes / No

Is English your first language? Yes / No

If no, language spoken at home: _____

Employment Status: Full time Part time Not Working Respite

If part time/casual please indicate days of work Mon Tues Wed Thu Fri

Other Parent / Carer Contact Information

Other Parent / Guardian name: _____ Male / Female

Ph: (hm) _____ (mob) _____

Home Address: _____

Post Code: _____

Place of work: _____ Work Ph: _____

Are you of Aboriginal or Torres Strait Island Background? Yes / No

Is English your first language? Yes / No

If no, language spoken at home: _____

Employment Status: Full time Part time Not Working Respite

If part time/casual please indicate days of work Mon Tues Wed Thu Fri

Culture

Please list the cultural background of the child _____

Please list the cultural background of each parent/guardian; _____

Child's Interests / Hobbies

Child A

What are your child's interests and hobbies?

E.g.. sports, art, cooking, games, books etc.

Any fears or phobias?

Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

Child B

What are your child's interests and hobbies?

E.g.. sports, art, cooking, games, books etc.

Any fears or phobias?

Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

Child C

What are your child's interests and hobbies?

E.g.. sports, art, cooking, games, books etc.

Any fears or phobias?

Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

Authorisations

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service. If Parents cannot be contacted immediately, the following people will be contacted.

1. Full Name: _____
Address: _____
Home Phone: _____ Mobile: _____
Relation to child: _____

2. Full Name: _____
Address: _____
Home Phone: _____ Mobile: _____
Relation to child: _____

Do you consent to the transportation of your child by an ambulance service in the event of an emergency?
YES / NO

Full Name: _____ Signature: _____

Please list any person who is authorised to permit an educator to allow another adult to take your child out-side the education and care premises **(MUST BE 18+)**.

1. Full Name: _____ Relation to child: _____
Address: _____
Home Phone: _____ Mobile: _____

2. Full Name: _____ Relation to child: _____
Address: _____
Home Phone: _____ Mobile: _____

3. Full Name: _____ Relation to child: _____
Address: _____
Home Phone: _____ Mobile: _____

4. Full Name: _____ Relation to child: _____
Address: _____
Home Phone: _____ Mobile: _____

Court Orders / Behaviour Management / Allergies

Are any of the children you are enrolling involved in a court order? Yes / No
If yes, please circle for which child the court order is for and supply a copy of the court order for our records.

Child A Child B Child C

Have any of the children you are enrolling been diagnosed with disabilities or are they undergoing diagnosis / assessment? Yes / No

Child A Child B Child C

Please specify what kind of disability, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff for the form

Have any of the children you are enrolling been diagnosed with a medical condition? E.g.. Asthma, fits/seizures, allergies, anaphylaxis, diabetes. Yes / No

Child A Child B Child C

Please specify what medical condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff

Do any of the children you are enrolling have behavioural conditions? E.g. ADHD, non-responsive, uncooperative. Yes / No

Child A Child B Child C

Please specify what behavioural condition, how it affects your child and what management plans are in place including medication.

Please note: If your child is medicated regularly there is a separate form that you must complete.

Medical Details

Doctor / Medical Centre Name _____
Street Address _____
Suburb _____
Telephone Number _____

Family Medicare Details

Medicare number _____ Valid to (date) _____
Reference number on Medicare card **Child A:** _____ **Child B** _____ **Child C** _____
Do you have Private Health Insurance? Yes / No
Do you have ambulance cover? Yes / No
Has your child been immunised? Yes / No
Initials of staff member upon sighting record: _____

Please bring documentation of child/rens immunisation records.

For child/ren who attend Croydon Hills Primary School and the office has sighted their immunization records, this is not necessary.

Dietary, Lifestyle and Religious Requirements

Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices? Yes / No

Child A Child B Child C

Please specify what foods or activities your child/ren cannot participate in.

General Child Details

Is there anything else you would like us to know about your child/ren?

Consent Form

I give the following consents for my children:

Child A:

Child B:

Child C:

Website Consent

I give permission for images of my child to be used on the OSHC website.

YES/ NO

Code of Behaviour

I have read the Code of Behaviour (see family handbook) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child/ren is in breach of the guidelines.

YES/ NO

Family Handbook

I have received and read the OSHC Family Handbook and agree to be bound by the information and policies outlined by Croydon Hills OSHC therein. The Family Handbook can be downloaded from the school website.

YES/NO

Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by the CHPS OSHC for the sole purpose of providing childcare services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child/ren is mandatory.

YES/NO

Photography

To being photographed or videoed for the purpose of promoting CHPS OSHC. Our Duty of Care ensures that children's safety and privacy is of the highest priority at all times. Surnames are never used in any of the photo displays.

YES/NO

Movies

I allow my child/ren to watch movies deemed appropriate by staff which have a rating of either 'G' or 'PG' in the centre and on excursions.

YES/NO

Hairspray

I allow my child/ren to have their hair decorated with coloured hairspray during programmed activities

YES/NO

Face Painting

I allow my child/ren to have their face painted during programmed activities.

YES/NO

Medical Attention

I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs.

YES/NO

Disclaimer

I, _____(Print full name), a person with lawful authority if 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 Croydon Hills Outside School Hours Care service in the event of any change to this information.
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.

I agree to abide by all policies and the philosophy guidelines of the service

Yes

No

Print name:

Signature:

Date:

Confidentiality of Enrolment Records

The OSHC Director and Vacation Care Coordinator 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, the management for medical treatment of the child, where expressly authorised by the parent or prescribed in the Education and Care Services National Regulations 2011 part 4.7, Regulation 181 (a-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 Education and Care Services National Regulations 2011 refer to these powers and responsibilities as 'lawful authority'. It is not affected by the relationship between parents, such as whether or not they have lives 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 a "guardian" under The Education and Care Services National Regulations 2011 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.

2017 Prep Information

Please Attach a Copy of your 2016 Transition Learning and Development Statement

~ ACTION PLANS MUST BE SUBMITTED FOR ALLERGY /
ANAPHYLAXIS / ASTHMA CHILDREN ~

Bookings

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require.

Before School Care Centre start date _____

After School Care Centre start date _____

Child A's name: _____

Child B's name: _____

Child C's name: _____

Casual and Extra Bookings can be discussed with the OSHC director and will be subject to availability. The first 2 days of the 2017 school year are curriculum days. Please advise below if you would like your child/ren to attend. Please see following page for curriculum day details.

Curriculum Days	Cost	Child A	Child B	Child C
Monday 30 th January	\$60			
Tuesday 31 st January	\$60			

Child A:	Cost	Mon	Tues	Wed	Thurs	Fri
Before School Care days attending	\$11.50					
After School Care days attending	\$16.50					

Child B:	Cost	Mon	Tues	Wed	Thurs	Fri
Before School Care days attending	\$11.50					
After School Care days attending	\$16.50					

Child C:	Cost	Mon	Tues	Wed	Thurs	Fri
Before School Care days attending	\$11.50					
After School Care days attending	\$16.50					

Curriculum days

Monday 30th and Tuesday 31st January 2017
7:30am – 6:00pm

Two action packed days of incursions with
Bubble Soccer2u
10am – 4pm
Giant inflatables and Laser Tag

Cost \$60 each day
Before CCB and CCR

Bring your own lunch, snacks, drink bottles & **hats**

Bring your own water pistols or water toys
(*weather permitting*)



My family and my home

Name.....

What I like to do...

All about me!

My favourite foods...

Places I like to go...

Activities I like to do in OSHC...

My favourite time of year...

A picture of me!

What I am really good at.....

How I learn best...