



Cambridge Primary School

Out of School Hours Care Program Enrolment Form

Before School Care Hours 6.45 am – 8.45am
PHONE 9748 8901 / 0475 973 325 enquires
Between 6.45 am and 6.45 pm

AFTER School Care Hours 3.15 pm – 6.45 pm
PHONE 9748 8901 / 0475 973 325
Between 6.45 am and 6.45 pm

FAMILY NAME: _____

*** Family CRN:** _____

Name of Parent/Guardian attached to the above CRN: _____

* Family CRN (Customer Reference Number) **MUST** be provided, along with the CRN for each child enrolled.
Contact the Family Assistance Office on 13 61 50 if you do not know your CRN.

Our Service Provider No is 555 0082 44J

CHILD DETAILS:

Child Name:	* Child CRN	Gender	Age	D.O.B.	Grade
Home Address			Post Code		
School Child Attends (if does not attend Cambridge Primary School)					

ENQUIRES REGARDING THIS ENROLMENT

If you have any questions in relation to the completion of this form, please contact:

Coordinator, Cambridge Primary School Outside of School Hours Care Program on:
9748 8901 / 0475 973 325 between 9.00am and 6.45pm; or
Email: OSHC@cambridgeps.vic.edu.au

DISPUTE RESOLUTION

If there are any concerns with this enrolment process, please forward your concerns by mail to:

The Coordinator
Cambridge Primary School Outside of School Hours Care Program
PO Box 1063
WERRIBEE VIC 3030

CONTACT DETAILS:**Parent/Guardian No. 1:**

Name	DOB	Relationship to child	Place of Work
Mobile No.	Home No.	Work No.	
Home Address (including postcode)			
Email Address		How would you like to receive your statements?	
		<input type="checkbox"/> Email <input type="checkbox"/> Print	

Parent/Guardian No. 2:

Name	DOB	Relationship to child	Place of Work
Mobile No.	Home No.	Work No.	
Home Address (including postcode)			

Emergency / Authorised Contacts

Please list below the details of those persons who you have authorised as emergency contacts for the child. This list may be amended at any time. In the event that the parent/guardian cannot be contacted the persons listed below, will be contacted in relation to the following scenarios, where the specific authorisation has been given. **A minimum of two emergency contacts are required**

Name	Contact details (Address/Phone)	Relationship to Child	
	Address: Ph:		
1.	Authorised to collect [Authorised Nominee] (please ensure they bring their photo identification).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Notification in the event of an emergency.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Authorised to consent to medical treatment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Authorised for the administration of medication.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Authorised to authorise an Educator to take the child outside the premises.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Name	Contact details (Address/Phone)	Relationship to Child	
	Address: Ph:		
1.	Authorised to collect [Authorised Nominee] (please ensure they bring their photo identification).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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3.	Authorised to consent to medical treatment.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Authorised for the administration of medication.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Authorised to authorise an Educator to take the child outside the premises.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

CUSTODY RESTRICTIONS

Is there an Access Alert for the Student? (Tick)		YES <input type="checkbox"/> (If Yes, then complete the following questions and present a current copy of the document to OSHC.)		NO <input type="checkbox"/>
Access Type: (tick)	<input type="checkbox"/> Court Order	<input type="checkbox"/> Family Law Order	<input type="checkbox"/> Restraining Order	<input type="checkbox"/> Other
Describe any Access Restriction:				

PRIORITY OF ACCESS

Is your child attending the Program because of work, training or study?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your child in a family that includes a disabled person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a single parent?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Is your child in a socially isolated family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ENROLMENT POLICY

Cambridge Primary School Out of School Hours Care Program endeavours to provide to families, fair and equitable access to the Program. All enrolments will be prioritised as follows:

- Priority 1 Child/children at risk of abuse or neglect and families in crisis
- Priority 2 Families with work, training or study-related commitments.
- Priority 3 All other enrolments

BOOKINGS

Type of care you require: **Casual** **Permanent**

If you require a Permanent booking for your child, please circle the day or days required below including the starting date as well as indicating whether you require Before School Care (BSC) or After School Care (ASC) or both.

Starting Date	Monday (Circle)	Tuesday (Circle)	Wednesday (Circle)	Thursday (Circle)	Friday (Circle)
/ /	BSC/ASC	BSC/ASC	BSC/ASC	BSC/ASC	BSC/ASC

CULTURAL BACKGROUND

	YES/NO	DETAILS
Is your child of Aboriginal and/or Torres Strait Islander descent?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Does your family have a non-English speaking background?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
What is the main language spoken at home?		
What is the cultural background of your family?		
Does your child have any specific cultural or religious requirements? If yes, please specify	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Is there any other additional information that you would like the service to know about your child? (eg excessive fears, favourite activities, celebrations, or festivities you do or do not want your child to participate in). If yes, please specify.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Do you have any skills or interests that you would like to share with the service? If yes, please specify.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	

DIETARY REQUIREMENTS

Does your child have any dietary restrictions?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	<input type="checkbox"/> No meat <input type="checkbox"/> No chicken <input type="checkbox"/> No fish <input type="checkbox"/> No beef <input type="checkbox"/> No pork <input type="checkbox"/> Halal <input type="checkbox"/> Products that contain beef extract <input type="checkbox"/> Other – Please specify:
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MEDICAL AND HEALTH INFORMATION

Doctor / Medical Service	Phone	Address
Medicare No:	Are you a member of an Ambulance Fund?	
	YES <input type="checkbox"/> / NO <input type="checkbox"/> If yes, please provide your Ambulance No.	

Medical Report

Please indicate if applicable to your child

Medical Condition	YES/NO	DETAILS
Anaphylaxis	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Allergies	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Asthma	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Developmental Delay or Disability including intellectual, sensory or physical impairment	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
Other Condition e.g. Diabetes, Grommets, Epilepsy, etc.	YES <input type="checkbox"/> / NO <input type="checkbox"/>	
* Management plans/procedures for each medical condition, as well as any relevant medication, MUST BE PROVIDED, prior to your child first attending.		

Medication

Does your child have prescribed medication that needs to be administered?	YES <input type="checkbox"/> / NO <input type="checkbox"/>	DETAILS
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Please note that a Medication Form needs to be completed daily at the Program by the parent/guardian.

Immunisation

Has your child been immunised?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
As part of the enrolment process, the Program needs to sight these immunisation records. Do you give permission for your child's immunisation records held by Cambridge Primary school to be accessed by Cambridge Primary School Out of School Hours Care Program?	YES <input type="checkbox"/> / NO <input type="checkbox"/>

PHOTOGRAPHY AND IMAGES

There are times when the school or external agencies use photographs/ images of students and their work. This may include use in presentations, the school website, displays, posters, school signage, school publications, newsletters, local media publications and for promotional purposes.

- I give permission or my child to have their photo take for the purposes of observations and other service and programming related activities.
- I give permission for my child to have his/her photograph taken and possibly published by the school and/or medial in relation to Cambridge Primary School activities whilst he/she is a student at this school.
- I give permission for my child to have his/her image published on the Cambridge Primary School Facebook page.
- I do not give permission for my child to have their photo taken.

SUNSMART

Sunsmart recommends that all early childhood education, care service and schools implement a SunSmart policy to ensure a healthy UV exposure balance.

I give permission for educators / staff to assist my child to develop independent, self-help skills by applying the service provided SPF 30 or higher broad spectrum sunscreen to all exposed parts of their own skin including their face, neck, ears, arms and legs. (Recommended from 3+ years.)	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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MEDICAL CONSENT STATEMENT

- I authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and accept responsibility for payment of all expenses associated with such treatment. I understand every effort will be made to contact me in the event of any illness or incident (Reg. 161).
- On enrolling my child I understand the service is unable to care for children who are sick or who have a contagious illness. I further acknowledge a medical clearance may be necessary before my child is able to return.
- I understand legislation requires the service to hold generic medication for anaphylaxis and asthma emergencies. This medication can be administered to my child in an emergency. (Education & Care Services National Regulations 2011, Reg 94).
- I understand the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication, including asthma and anaphylaxis, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed.
- I agree to complete the service medication form detailing the dose, time and date of last doses of any medication given to my child so as to reduce the risk of overdosing.
- I give permission for first aid qualified staff to administer first aid and/or medication to my child as required.

PRIVACY NOTIFICATION

Cambridge Primary School Out of School Hours Care Program is collecting the personal/health information required on this form as per accreditation requirements.

This personal / health information will be solely used by the Program and the Family Assistance Office (where the family applied for child care subsidy). This information shall remain private and confidential within the Program and will only be disclosed to other persons or agencies as consented to by the authorised parent/guardian or in an emergency situation.

The applicant understands that the personal / health information provided is for the Program's accreditation requirements and that they may apply in writing to the Program for access and / or amendment of the information.

Parental / Guardian Consent

I consent to the personal / health information collected on this form and advise that all emergency contacts listed have been notified and have given permission for their details to be provided.

PARENTAL / GUARDIAN DECLARATION

- I approve of my child's involvement in the Cambridge Primary School Out of School Hours Care Programs.
- I agree that the Program and staff **are to be free and clear of all responsibility whatsoever** for accident / illness, damage, theft of clothing or valuables during my child's participation in any activities involved in the Program.
- I agree to pay for the days I have booked and understand that cancellations must be received prior to **10.30am** for After School Care and by **8.30am** for Before School Care.
- I agree to pay an additional **non-cancellation fee** if notification is not received for days where care is not required.
- I agree that the information on this form **is correct** to the best of my knowledge.
- I am aware that the **Outside of School Hours Care Policy and Program** parent handbook is available on the Cambridge Primary School website.
- I consent to the personal / health information collected on this form and advise that all emergency contacts listed have been notified and have given permission for their details to be provided.
- I agree to the details outlined in the **Medical Consent Statement**.
- I agree to the details outlined in the **Privacy Notification**.

SIGNED: _____ Date: ____/____/____
Parent / Guardian

IMPORTANT INFORMATION

Only listed authorised persons will be able to collect children from the Program. Identification, e.g. Victorian Driver's Licence, will be required to be produced before staff can authorise collection of children.

It is the responsibility of the parent / guardian to contact the Family Assistance Office on 13 61 50 to check eligibility for the Childcare Subsidy (Quote our Service Provider No 555 082 44J when making inquiries). The Childcare Subsidy will be effective when the Program is given all necessary information required and receives notification directly from the Family Assistance Office. Until that time the full fee will apply.

After your enrolment has been processed, you will be informed if there is a position available in the Program for your child. **If demand exceeds places available, families will be placed on a waiting list in accordance with the "priority of access".**

Please ensure that you are no later than 6.40pm at After School Care.

AFTER SCHOOL CARE CLOSES AT 6.45PM

A LATE FEE OF \$30.00 PER 15 MINUTES, OR PART OF, WILL APPLY FOR CHILDREN COLLECTED AFTER THIS TIME.

Parent/Guardians should refer to the Out of School Hours Care Policy and Program booklet for all information regarding the Program.

OFFICE USE ONLY:

Enrolment Date	Added to roll	Processed	Medical Alert	Access Alert
Immunisation Records Sighted				
Copy of Medical Management Plan Received				
Medication Received				

ENTERED BY: