



Macedon Primary School Outside School Hours Care

67 Smith Street, Macedon Vic 3440

Telephone: 03 5426 1518 Email: oshp@macedonps.vic.edu.au

Enrolment Form

This form is for children who will be attending the Macedon Primary School Outside School Hours Care Program. Please take the time to **complete all questions** on this form. If you have more than one child attending the program, please complete a separate form for each child. If you have any questions about this form or the program, please contact the Educational Leader/Nominated Supervisor.

Child Bookings

Select one or both of the following:

- ☐ **Casual booking – ad hoc or short-notice care**
- ☐ **Permanent booking – pre-booked, regular care**

Before School Care 7:00am-8:45am \$20

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

After School Care 3:30pm-6:30pm \$30

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

First date that care will be required: _____

Child's Personal Details

Surname:		First Name:	
Date of Birth:		Gender:	
Preferred Pronouns:			
Residential Address:			
		Post Code:	
Postal Address:		Post Code:	
Email Address:			

Parent / Guardian Information			
Parent/Guardian # 1			
Name:		Country of Birth:	
Relationship to Child:			
Residential Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email Address:	
Preferred Contact Method:	☐ Email ☐ SMS ☐ Phone call		
Cultural background:			
Parent/Guardian # 2			
Name:		Country of Birth:	
Relationship to Child:			
Residential Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email Address:	
Preferred Contact Method:	☐ Email ☐ SMS ☐ Phone call		
Cultural background:			
Parent/Guardian # 3			
Name:		Country of Birth:	
Relationship to Child:			
Residential Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email Address:	
Preferred Contact Method:	☐ Email ☐ SMS ☐ Phone call		
Cultural background:			

Emergency Contacts/ Authorised Nominees (These people should be different to the parent/carer as they will be used in case of emergency or if we are unable to contact the parent/carer for advice) **Note: Authorised nominee** means a person who has been given permission by a parent or family member to collect the child from the education and care service.

Emergency Contact/ Authorised Nominee # 1		
Name:		☐ Authorised to consent to medical treatment of, or to authorise administration of medication to the child ☐ Authorised to authorise an educator to take the child outside the education and care services premises ☐ Authorised to collect the child from the education and care service ☐ This person is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted
Relationship to Child:		
Address:		
Home Phone:		
Mobile Phone:		
Emergency Contact/ Authorised Nominee # 2		
Name:		☐ Authorised to consent to medical treatment of, or to authorise administration of medication to the child ☐ Authorised to authorise an educator to take the child outside the education and care services premises ☐ Authorised to collect the child from the education and care service ☐ This person is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted
Relationship to Child:		
Address:		
Home Phone:		
Mobile Phone:		

CHILD CARE SUBSIDY DETAILS		
Arrangement type:	I declare that an arrangement to provide care has been made, of the following type: ☐ Complying Written Arrangement (Child Care Subsidy Payable) ☐ Relevant Arrangement (no Child Care Subsidy Payable)	
Child's Centrelink CRN (Customer Reference Number)		
Mother/Parent 1's CRN		
Father/Parent 2's CRN		
Who is Child Care Subsidy paid to?	☐ Mother/Parent 1	☐ Father/Parent 2

Custody Arrangements:		
Who is responsible for making the child's decisions?		
Is there an Access Alert, Parenting order, Parenting plans, Court Order or other Legal Order for your child, a family member, or yourself?	Yes	No
If yes , please attach copy of the court order, parenting order and parenting plans relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.		

Medical Information:		
Please note that a current medical management plan signed by a medical practitioner will need to be provided to educators for all medical conditions prior to the child attending the service. A risk minimisation plan and communication plan will be completed by the service in consultation with you.		
Does your child have a disability/additional need?	Yes	No
Details of disability/ additional need:		
Does your child have any other medical conditions that we should know about?	Yes	No
If yes, please specify what they are:		
Does your child require any other aids (e.g. vision, hearing, mobility) etc?	Yes	No
If yes, please specify what the aids are:		
Asthma		
Does your child have asthma?	Yes	No
If yes, please confirm that you have provided an asthma management plan.	Yes	No
Epilepsy		
Does your child suffer from epilepsy or seizures?	Yes	No
If yes, please confirm that you have provided a medical management plan.	Yes	No
Diabetes		
Does your child suffer from diabetes?	Yes	No
If yes, please confirm that you have provided a diabetes management plan.	Yes	No
Allergies:		
Does your child suffer from any allergic reactions?	Yes	No
Please provide details of allergens:		
Does your child suffer from Anaphylaxis?	Yes	No
Please provide details of allergens:		
If yes to either of the above, Allergy Management Plan or Anaphylaxis Management Plan completed and received	Yes	No
Does your child have any dietary restrictions?	Yes	No
Please provide details:		
Medications:		
Does your child require medication assistance whilst in care?	Yes	No
Name of medication/s and what they are for:		
Does your child require the use of Pro Re Nata (PRN) (as needed) medication whilst on program	Yes	No
Name of medication/s and what they are for:		
Please note: Prescribed medication must be presented in its original packaging with the child's name on it or in a Webster pack provided by a pharmacist. Liquids and PRN medication must be in the original packaging.		

Child's Current Medical Information			
Practice Name:		Phone No:	
Doctor's Name:			
Address:			
Child's Medicare No:		Health Care Card No:	
Companion Card No (if applicable):		Expiry	
Immunisation			
Is your child up to date with their immunisation schedule?		Yes	No
Staff member who sighted health record (if applicable):			
Cultural information			
Does your child identify as of Aboriginal or Torres Strait Islander origin?			
☐ No, not Aboriginal or Torres Strait Islander		☐ Yes, Torres Strait Islander	
☐ Yes, Aboriginal		☐ Yes, both Aboriginal and Torres Strait Islander	
Are there any special cultural, religious, or dietary considerations or additional needs?		Yes	No
If yes, please provide full details:			
What is your child's cultural background?			
What is the language used in your child's home?			
Permissions			
Do you give permission for your child to watch PG rated movies whilst in care?		Yes	No
Do you give permission for your child to have 30+ SPF sunscreen applied whilst in care?		Yes	No
Do you give permission for your child to have the photo taken for internal documentation purposes?		Yes	No
Do you give permission for your child to have photos or videos taken for promotional purposes for the school council? (This includes but not limited to social media, TV, and print media)		Yes	No
Do you give authorisation for the school council to provide your child's information to third parties for Quality purposes?		Yes	No
Do you give permission for your school to provide the following specific documents to OSHC?			
Copy of any Access Alert, Parenting order, Parenting plans, Court Order, or other Legal Order?		Yes	No
Copy of any Medical Management forms/plans?		Yes	No
Copy of Student Profile?		Yes	No
Copy of Student Safety Plan?		Yes	No
To share information regarding your child's supports between the school and the OSHC?		Yes	No

Declaration

I _____

Print Full Name

A person with authority of the child referred to in this enrolment form,

- declare that the information provided for the purpose of this enrolment is true and correct and that I undertake to immediately inform the children's service in the event of any change to this information.
- * agree that an arrangement for care has been made with Macedon Primary School Council for outside school hours care
- * declare that the same information has been provided to Centrelink or any other relevant Government department
- * consent to relevant records, enrolment and attendance information to be kept in accordance with the service's records policies, and submitted to the Department of Education Skills and Employment (DESE) or Centrelink, including for the purpose of calculating Child Care Subsidy
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if they become unwell at the service.
- authorise for the approved provider to seek emergency medical treatment for my child from a registered medical practitioner, hospital, or ambulance service.
- authorise for transportation of my child in an ambulance service if deemed necessary.
- consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable and necessary and that I will reimburse any necessary expenses incurred by the children's service
- have read, understand, and agree to follow the fee payment structure and related policies.

Signature

Date

Parental Responsibility

Parents

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These are not affected by the relationship between the parents, such as whether 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

The definition of "parent" under the *Education and Care Services National Law Act* (the National Law) includes either a guardian of the child (being "the legal guardian of the child" in the National Law) or a person "who has parental responsibility for the child under a decision or order of a court".

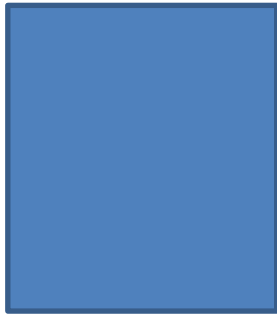
Confidentiality of enrolment records

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 by Regulation 181 of the *Education and Care Services National Regulations* (the National Regulations).

Provider Responsibility

Macedon Primary School Council, as the Provider of the service, acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in the provider's children's service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, the provider accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the provider, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and the provider's Privacy Policy. As part of your enrolment with The Provider, you will receive information from time to time regarding our programs and services.

Child Profile



Name:		Date of Birth:	
Diagnosis:	[disability diagnosis if applicable]		
Allergies/ medication:			
Emergency contact:			
Photo permission:			
Profile Creation Date:		Profile Review Date:	

Interests and Strengths		
Goals		
Support Needs (sensory, self-care, fears, communication, eating and drinking, personal hygiene, rest, and relaxation)		
Behaviours of concern (optional to complete for specific behaviours of concern)		
Trigger		
Behaviour	Could mean	Support required
Family Information (Strengths/skills of family members, family arrangement, living arrangement, any other important information)		

Medical Details Form

Child's Name:		Age:	
Creation date:			

Medical Condition or Intolerance	
Symptoms	
Management	
Name of Medication required	
Dosage (oral/or)	Time to be administered
Medication form completed upon administering medication	
Any medication to be administered must be recorded by staff on the medication form as per process. Parents and guardians will not be required to sign in regular medication if it is recorded on this form however they will be required to sign to acknowledge the child has received the required dose.	
☐ I give permission for this form to be displayed during the program I as parent/guardian of state that the information I have provided is to the best of my current knowledge. Signature Date.....	