

**Yarraman Oaks Primary School
Outside School Hours Care Program**

Ensure you complete the boxed information if you wish to receive CCB and/or the 50% tax rebate:

CHILD 1:

CHILD'S SURNAME.....FIRST NAME..... **DOB:**
PLACE OF BIRTH LANGUAGE.....
ADDRESS.....
.....POSTCODE.....
Male Female CLASS/YEAR LEVEL.....

AGE: **CHILD'S CRN:**
Medical Conditions *

(* Please complete medical information sheet attached)

Who does the child reside with?

Both parents Mother Father Guardian
(see below for further custody arrangement information)

CHILD 2:

CHILD'S SURNAME.....FIRST NAME..... **DOB:**
PLACE OF BIRTH LANGUAGE.....
ADDRESS.....
.....POSTCODE.....
Male Female CLASS/YEAR LEVEL.....

AGE: **CHILD'S CRN:**
Medical Conditions *

(* Please complete medical information sheet attached)

Who does the child reside with?

Both parents Mother Father Guardian
(see below for further custody arrangement information)

CHILD 3:

CHILD'S SURNAME.....FIRST NAME..... **DOB:**
PLACE OF BIRTH LANGUAGE.....
ADDRESS.....
.....POSTCODE.....
Male Female CLASS/YEAR LEVEL.....

AGE: **CHILD'S CRN:**
Medical Conditions *

(* Please complete medical information sheet attached)

Who does the child reside with?

Both parents Mother Father Guardian
(see below for further custody arrangement information)

CHILD 4:

CHILD'S SURNAME.....FIRST NAME..... **DOB:**
PLACE OF BIRTH LANGUAGE.....
ADDRESS.....
.....POSTCODE.....
Male Female CLASS/YEAR LEVEL.....

AGE: **CHILD'S CRN:**
Medical Conditions *

(* Please complete medical information sheet attached)

Who does the child reside with?

Both parents Mother Father Guardian
(see below for further custody arrangement information)

PARENTS/GUARDIAN INFORMATION

PARENT REGISTERED WITH THE FAMILY ASSISTANCE OFFICE:

Name.....Relationship to Child.....

DOB:

Place of Birth..... Language spoken at home.....

Address.....Postcode.....

Phone (H).....(W).....(M).....

Parent CRN:

PARENT 2/ GUARDIAN 2

Name.....Relationship to Child.....

Place of Birth..... Language spoken at home.....

Address.....Postcode.....

Phone (H).....(W).....(M).....

IF ANY OF THE DETAILS ALTER THROUGHOUT THE YEAR, PLEASE NOTIFY OUR SCHOOL OFFICE ON (03) 9792 4406.

DAYS YOUR CHILD WILL BE ATTENDING

After Care (Please Tick Days For Permanent Bookings Only, If you want a Casual Booking, Only Tick The Casual Box).

Commencement date

Monday Tuesday Wednesday Thursday Friday OR Casual

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD

(Must be within 30 minutes from service and over 16 years of age)

Name.....Phone (H).....(W).....(M).....

Address.....

Relationship to child:.....

Name.....Phone (H).....(W).....(M).....

Address.....

Relationship to child:.....

CULTURAL INFORMATION

Is your 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

Language spoken at home: ENGLISH OTHER: _____

Relevant cultural considerations eg. Religion, family celebrations, foods, activities etc.

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MEDICAL INFORMATION

**Fields marked with an asterix must be completed as they are mandatory fields.*

*Does your child have any special needs? YES NO (please tick)

If yes please provide details of any special needs and any management procedures to be followed with respect to the special needs.

*Is there any ongoing medication/treatment required? YES NO

If YES, please give details.....

Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis? YES NO

Does your child have an auto injection device (eg EpiPen)? YES NO

Has the anaphylaxis medical management plan been provided to the service? YES NO

Has a risk management plan been completed by the service in consultation with you? YES NO

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. This will be attached to your child's enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis.

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

If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.

*Child's Doctor's Name.....*Phone.....

*Address.....Medicare No.....

*I give permission for my child to have 30+ sunscreen applied to my child as per the YOPSOSHC Sun Smart Policy:

Yes No

SPECIAL DIETARY REQUIREMENTS:

Does your child/children have any Special Dietary Requirements?: YES NO

Child's name _____

Child's name _____

Child's name _____

Child's name _____

If YES, give details: _____

FAMILY INFORMATION

Who does the child reside with?

Both parents Mother Father Guardian

Are there special access/custody arrangements? YES NO

If yes please give details.....

Please Note: If a court order exists please provide this information to the Co-ordinator.

PLEASE READ CAREFULLY AND SIGN

YOPSOSHC Terms and Conditions

1 - I give my permission for program staff to seek and/or provide medical attention for my child/children in the event of an accident or emergency which cannot be treated by basic first aid and agree to meet any expenses that may result. I give permission for my child/children to be released into the care of a medical practitioner or any other medical personnel as deemed necessary. 2 - I give permission for my child to be photographed for non public displays - ie - a photoboard within the OSHC program. 3 - 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. 4 - I accept full responsibility for my child's belongings whilst attending this program. 5 - I undertake to inform the program staff of any absence of my child. 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 myself shall collect the child as soon as practical. 6 - I give permission for my child/ren to participate in program-based activities organised for the days my child/ren will be attending, including watching PG Rated videos / movies /games. 7 - YOPSOSHC does 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 YOPSOSHC its directors or employees. 8. I authorise staff to apply sunscreen to my child if I do not provide such. 9 - 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. 10 - I certify that the information supplied on this form is correct at the time of completion. I have read the program regulations and agree to abide by the program policies contained therein. I agree to advise YOPSOSHC in writing of any changes to these details as they occur. 11. I authorise YOPSOSHC staff and school staff to access/provide my contact information that is held by the school as and when required for administrative purposes.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian: _____

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 authorized by the parent or prescribed in the Children's 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 Regulation 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 1966 also covers situations where a child does not live with his or her parents and there are no court orders. In these case, 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.