

FAMILY NAME:



PATTERSON LAKES PRIMARY SCHOOL

No. 5190

Gladesville Boulevard Patterson Lakes 3197

Phone 9772 4011 Fax 9776 0421

Email: patterson.lakes.ps@edumail.vic.gov.au

P.O. Box 330, Patterson Lakes, 3197

Principal: Carole Mayes

Website: <http://www.patterson-lakes-ps.vic.edu.au>

OUTSIDE SCHOOL HOURS CARE PROGRAM APPLICATION FOR ENROLMENT

2018



Before School Care: 6.45 – 8.45am

After School Care: 3.30 – 6.15pm

Contact: Joy Saunders - 0437 983 561

PRIVACY STATEMENT

The personal & health information requested on this form is being collected for administration purposes and to provide an informed duty of care to your child. The health information collected will be used solely by school council in providing its duty of care or for a directly related purpose. Where you seek a subsidy from the Family Assistance Office, your payment details will be disclosed to that body. If this information is not collected, it may prevent us from providing accurate information in the case of an emergency, or from providing our service to you. You can gain access to your personal health by the state government FOI website [[http:// www.foi.vic.gov.au](http://www.foi.vic.gov.au)].

OUTSIDE SCHOOL HOURS CARE PROGRAM ENROLMENT FORM

Parent / Guardian 1	Parent / Guardian 2
First Name: _____	First Name: _____
Surname: _____	Surname: _____
Date of birth: _____	Date of birth: _____
CRN Number: _____	CRN Number _____
Home address: _____	Home address: _____
Email address: PLEASE PRINT IN BLOCK LETTERS. _____	Email address: PLEASE PRINT IN BLOCK LETTERS _____
Home phone _____	Home phone _____
Mobile phone _____	Mobile phone _____
Work phone _____	Work phone _____
Occupation	Occupation
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not working	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not working
Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)	Does the child live with this guardian? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)
Language spoken at home:	Language spoken at home:
Country of Birth:	Country of Birth:

Name of Parent/Guardian registered to claim CCB.

.....

Please call Centrelink on **13 61 50** if you haven't registered to linked your **CCB/CCR** to the program.

Child's Information.	
Child's CRN:	
First given name	
Preferred name (if applicable)	
Surname	
Address	
Date of birth	
Gender	Male Female (please circle)
Primary language spoken at home.	
Cultural background (if applicable)	

Is your child of Aboriginal and/or? Torres Strait Islander origin?	<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander
---	---

Child's immunisation record: Has your child been immunised? *If yes, provide the details by: attaching a copy of the Immunisation Record printout from local government OR attaching the Child History Statement from the Australian Childhood Immunisation Register.	<input type="checkbox"/> No <input type="checkbox"/> Yes Please attach a copy to the back of your enrolment form.
Child's Medical details:	
Family Doctor:	
Name of Medical practice:	
Address:	
Phone number:	

Authorised Nominees: OTHER THAN THE PARENTS/GUARDIANS

You **MUST** nominate **TWO** Authorised nominees over the age of 18 years to be contacted in the case of an emergency.

Authorised Nominee 1	Authorised Nominee 2
Name:	Name:
Address:	Address:
Home phone:	Home phone:
Mobile phone:	Mobile phone:
Work phone:	Work phone:
Relationship to child:	Relationship to child:

I _____ (parent/ guardian) authorise the above people to

Collect my child from the program Please sign _____	Collect my child from the program Please sign _____
Authorise the service/staff to take my child outside the venue Please sign _____	Authorise the service/staff to take my child outside the venue Please sign _____
Authorise to give consent to the child receiving emergency medical treatment from a registered medical practitioner, hospital or ambulance service. Transportation by ambulance service if required. Please sign _____	Authorise to give consent to the child receiving emergency medical treatment from a registered medical practitioner, hospital or ambulance service. Transportation by ambulance service if required. Please sign _____
Request or permit to the administration of medication to my child by the service staff Please sign _____	Request or permit to the administration of medication to my child by the service staff Please sign _____

Details of people you authorise to **COLLECT** from the program:

In the event that the child is not collected from the Service and the parents cannot be contacted, this list will be used to arrange for someone to collect your child.

Name:	Name:
Address:	Address:
Home phone:	Home phone
Work phone	Work phone
Mobile phone	Mobile phone
Relationship to child:	Relationship to child:

Child's medical information:

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

If yes please provide details of any special needs and any management procedure to be followed with

Respect to the special need.

.....
.....
.....
.....

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?

Yes / No

If yes please provide the program with the information required for your child.

Does your child have any special consideration due to any cultural, religious or dietary requirements or additional needs? Yes / No

If yes please provide details of information required for your child._____

Does your child have any allergies or sensitivity? Yes / No (please circle)

Aspirin Band-Aids Bee Stings Food Penicillin

If yes, please provide details of any allergies and any management procedure to be followed with respect to the allergy.

.....
.....

Anaphylaxis/Allergies? Yes / No (Please circle)

Does your child have any known Allergies or Anaphylaxis?

If yes, what causes the allergies_____

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

Does your child have an auto injection device? (eg EpiPen)	No	Yes
---	-----------	------------

In order to proceed with this enrolment a current action plan is required, sign, stamped and dated by a G.P.

Medication and/or EpiPen must be kept at the service.

Asthma:

Does your child have Asthma? Yes / No (Please circle)

If Yes, in order to proceed with this enrolment a current action plan is required, sign, stamped and dated by a G.P.

Medication must be kept at the service.

Does your child have any other medical condition? Yes / No
If yes, please provide the service with this information.

Does the child have any dietary restrictions? Yes / No (please circle)
If yes, please provide the service with the details.

.....
.....

Court Orders, Parenting Orders and or Parenting Plans:

Are there any court orders, parenting orders and or parenting plans 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 orders, parenting plans and or parenting plans for staff to see 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;**
 - in the case of a family day care service, the taking of the child outside the family day care's residence or family day care venue by a family day carer,**
 - consent to the medical treatment of the child;**
 - request or permit the administration of medication to the child;**
 - collect the child from the service or family day care, AND/OR**
 - b) give these powers to someone else**

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

Permission to use:

Sunscreen: yes / no	Zinc Cream: yes / no	Hair Spray: yes / no	Face
Paint: yes / no			
Photo's display at OSHC: yes / no		Photo's (newsletter/local paper/display):	
yes / no			
Permission to watch PG movies: yes / no			

Additional information about your child.

Is there is anything else that the children's service should know about the child?

.....

.....

.....

.....

ENROLMENT DETAILS:

HOURS TO ATTEND CENTRE

Opening Hours

Before Care 6.45am - 8.45am

After Care 3.30pm - 6.15pm

Requested date to start care: _____

Type of care required: Before School Care After School Care Casual Care

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After School Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have siblings attending other funded care? Yes no

Please DO NOT include the child/ren attending this care.

If yes how many? Name of Child /ren Date of Birth.....

Declaration and consent to emergency medical treatment

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 the children’s 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 s/he becomes unwell at the service;

consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature..... Date.....

CCTV monitoring system

Parents are advised that the school operates a CCTV monitoring system at the entrance and exit doors of the Out of School Hours Care program. This system improves risk management and the personal safety of students, staff and visitors using the service.

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.

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 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.

Definition of Parenting Orders and Parenting Plans.

Parenting Orders means a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 (Commonwealth.)

Parenting Plan means a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 includes a registered parenting plan within the meaning of section 63C (6) of that Act

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