



**ENROLMENT FORM
BEFORE AND AFTER SCHOOL CARE PROGRAM – 2021**

THE FOLLOWING INFORMATION IS CONFIDENTIAL

PARENT/GUARDIAN DETAILS – 1
First Name:
Surname:
Date of Birth:
Address:
Suburb:
Postcode:
Home Phone:
Work Phone:
Mobile:
Relationship to Child

PARENT/GUARDIAN DETAILS – 2
First Name:
Surname:
Date of Birth:
Address:
Suburb:
Postcode:
Home Phone:
Work Phone:
Mobile:
Relationship to Child

ACCOUNT DETAILS (Please tick)

PARENT/GUARDIAN DETAILS – 1 <input type="checkbox"/>	PARENT/GUARDIAN DETAILS – 2 <input type="checkbox"/>
Are you happy to receive statements and information via email? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Email Address	

CULTURAL INFORMATION

Principal language spoken at home:
Is the child of Aboriginal / Torres Strait Islander descent?
Does your child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child celebrate: Easter - Yes <input type="checkbox"/> No <input type="checkbox"/> Christmas - Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please list)
Relevant cultural details (Food, activities, celebrations etc.) :

CHILD'S DETAILS

Child 1.

First name:		Surname:							
Child resides with:		Both parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Child resides at (address):									
Age:	Date of Birth:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Grade :		Teacher:							
Country of Birth:									
Child's Customer Reference Number (CRN):									
Family Customer Reference Number (CRN):									

Child 2.

First name:		Surname:							
Child resides with:		Both parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Child resides at (address):									
Age:	Date of Birth:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Grade :		Teacher:							
Country of Birth:									
Child's Customer Reference Number (CRN):									
Family Customer Reference Number (CRN):									

Child 3.

First name:		Surname:							
Child resides with:		Both parents	<input type="checkbox"/>	Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	Guardian	<input type="checkbox"/>
Child resides at (address):									
Age:	Date of Birth:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>			
Grade :		Teacher:							
Country of Birth:									
Child's Customer Reference Number (CRN):									
Family Customer Reference Number (CRN):									

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT OUR CHILD - in the event of an accident, injury, trauma or illness where parents/guardian cannot be contacted. Maximum 30 minutes from the service.

I, _____, consent to medical treatment of, or authorise administration of medication to my child (Reg. 160 (IV)).

Name	Address	Phone	Relationship to child

COURT ORDERS

Parents

All parents have powers and parental responsibilities in relation to their children, which can only be challenged by a court order. The Children’s Services Regulations 1998 refer to these powers, 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

The definition of ‘guardian’ under the Children’s Services Act 1996 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.

Court Orders Relating to the Child

Are there any orders regarding the powers and responsibilities of the parenting plans and parent orders in relation to the child or access to the child?

No (Please go to next section)

Yes (Please complete the following)

Please bring the original court order/s for staff to see and a copy to attach to the enrolment form if these orders:

a) Change the powers of a parent I guardian to:

- Authorise the taking of the child outside the service by a staff member of the service
- Consent to the medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child and /or

b) Give these powers to someone else.

Please describe these changes and provide the contact detail of any person given powers.

FEES

Have you applied for Child Care Benefit? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please provide relevant information – C.R.N = Customer Reference Number for Child Care Benefit)
Parent /Guardian C.R.N
Parent /Guardian C.R.N

<p>CLAIMING CHILD CARE BENEFIT (CCB)</p> <p>Hurstbridge Primary School is now on the CCMS (Child Care Management System) for CCB. This means that you are the only person who can contact Centrelink about your CCB.</p> <p>CCB is only provided by Centrelink if we have the correct name, date of birth (DOB) and Customer Reference Number (CRN) for the person claiming CCB. Before you use care, please phone Centrelink on 13 61 50 and register to receive CCB when you use care at Hurstbridge Primary School's Out of School Hours Care.</p> <p>When your details are entered into our database we will ask Centrelink to 'formalise' your child's enrolment for CCB. If the enrolment is formalised you will receive CCB. Centrelink will also tell us how many eligible hours you have and will determine whether a child is of school age.</p> <p>If the enrolment is not successful (due to mismatching of DOB and CRN for either child or parent, or non-immunisation) CCB will not be received until any problems are resolved by you directly with Centrelink.</p> <p>CHILD CARE TAX REBATE (CCTR)</p> <p>As well as CCB all eligible families will receive CCTR of 50% of out of pocket expenses up to \$7500 per child per year. This is not means tested but you must be assessed as being eligible for CCB (a 'formal' enrolment). CCTR is payable quarterly. Details are available at www.familyassistgov.au</p>
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<p>MEDICAL INFORMATION</p> <p>Does your child suffer from any medical condition that our program staff need to be aware of? If yes, please give details:</p>
Allergies:
Medical Allergies:
Asthma: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please provide a copy of your child's Asthma Management Plan)
Developmental delay or disability including intellectual, sensory or physical impairment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any dietary restrictions I food preferences I likes I dislikes? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:
Medicare No: Do you subscribe to Ambulance Service? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state your Ambulance Subscription Number and Category
If your child has any medical condition, do they have an Action Plan? Please provide details and copies of the Action Plan.

DOCTOR'S INFORMATION

Child's Doctor's Name	Phone:
Address:	
Has your child been immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the immunisations up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH CARE FOR FAMILY OR SIBLING / PENSION CARD

If applicable, please circle benefit received, write the expiry date and provide a photocopy.		
Health Care	Pension	Other: _____
Exp: _____	Exp: _____	Exp: _____

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE PROGRAM

BEFORE CARE

Monday Tuesday Wednesday Thursday Friday

AFTER CARE

Monday Tuesday Wednesday Thursday Friday

POLICY AND PHILOSOPHY STATEMENT

I agree to abide by all policies and philosophy guidelines of the service.	
I will pay accounts for child care in full by the due date.	
I understand that my child's booking will be cancelled when accounts are not paid in full buy the due date.	
I understand that booked care will be charged for, whether used or not.	
I understand that I may incur additional expenses due to incursions, excursion and increase of fees.	
Parent/Guardian (1): _____ Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>	
Parent/Guardian (2): _____ Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Signature </div>	

PRIVACY NOTIFICATION

Hurstbridge Primary School Out of School Hours Care used the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request by contacting the Approved Provider.

DECLARATION AND PERMISSION

I / We _____ (print full name of the person/s with parental responsibility of the child/children referred to in this enrolment form)

- I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Out of School Hours Care in the event of any change to this information.
- I agree to collect or arrange for the collection of the child referred to in this enrolment form (**within the hour**) if he/she becomes unwell at the service.
- I consent to the staff of the Out of School Hours Care seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by Hurstbridge Primary School Out of School Hours Care.
- I consent to transportation of the child by an ambulance service.
- I understand that my fees are to be paid weekly or fortnightly and failure to do so may result in the cancellation of my child's place within the service.
- I understand that a non cancellation fee child will apply.
Before School Care non cancellation - \$16.00
After School care non-cancellation - \$22.00
- I agree to let the Out of School Hours Care know before **2:00pm**, if my child is not attending after school care.
- I agree to let the Out of School Hours Care know before **6:00pm** if my child is not attending the following morning session.
- I agree to inform the Out of School Hours Care of any infectious diseases my child has contracted and agree to comply with the exclusion period in the Department of Health Schedule.

Name _____ Date _____

Signature _____

DECLARATION AND CONSENT

I / We give permission for the staff at Hurstbridge Primary School Out of School Hours Care to:

- Video or photograph my child for use within the Service. Yes No
- Photograph my child for use in the local media Yes No
- Photograph my child for use on the website. Yes No
- Allow Professionals as required to assess my child's development.
(Parents will be consulted when required for their child) Yes No
- Apply 30+ Sunscreen as per the Service Sun Smart Policy Yes No
- Check my child's hair in the event of head lice. Yes No
- Take part in supervised walks within the Education Precinct. These walks will only be short distances from the service, usually less than 750 metres. Yes No
- To evacuate your child, in the event of an emergency, to a safe location situated outside the service grounds as per emergency evacuation plan. Yes No
- Display a picture of your child and /or name and relevant emergency or medical details. This is for the purpose of staff awareness and your child's safety. Yes No
- I am interested in being on the OSHC committee which meets once a month Yes No
- I have skills that could be shared with the children Yes No

Name _____ Date _____

Signature _____

Hurstbridge Primary School

Before and After School Hours Care

Getting to know your child

The information in this form is designed to help staff get to know our child, their likes and dislikes, routines, culture background, health issues and development. Any information you can provide will help make your child's transition to child care a smooth and happy one. The information contained will be maintained in confidence for use by the staff directly involved in caring for your child.

Child's full name: _____

Parent / Guardian's name: _____ Parent / Guardian's name: _____

Child's Date of Birth: _____ Child's preferred name: _____

Sibling(s) names and ages: _____

Languages spoken at home: _____

Other members of household (if any): _____

Has your child been in care before? Yes No

Details:

Is your child toilet trained? Yes No

How would you describe your child's health? _____

Is he / she under any medical treatment? _____

Has he / she had any history of illness? _____

Is there anything about his/ her physical wellbeing that you would like to convey to staff? If so please describe and outline your preferred management procedures. _____

What are your child's daily eating habits? _____