

St Mary of the Assumption Parish

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 ABN 37 339 930 909



OUT OF SCHOOL HOURS CARE KEILOR DOWNS 2018 ENROLMENT FORM

All sections of this form must be completed.

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Information about your child

Family Name:		Date of Birth:		* Sex M <input type="checkbox"/> F <input type="checkbox"/>	
				<i>(please tick)</i>	
Given Names:		* Usually called:			
Home Address:					
Language(s) spoken in the home:					
* Is the child of Aboriginal and/or Torres Strait Islander origin? <i>(please tick)</i>					
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal			
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		<input type="checkbox"/> Yes, Torres Strait Islander			
* Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?					
<input type="checkbox"/> No		<input type="checkbox"/> Yes <i>(please tick)</i>			

Information about the child's parent or guardians

Mother	Father
Name	Name
Date of Birth:	Date of Birth:
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Email address:	Email address:
Does the child live with the Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please tick)</i>	Does the child live with the Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please tick)</i>
Guardian (if applicable)	Guardian (if applicable)
Name	Name
Address	Address
Telephone/s (H) (W)	Telephone/s (H) (W)
(Mobile)	(Mobile)
Email address:	Email address:
Does the child live with the guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please tick)</i>	Does the child live with the guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(please tick)</i>

Do you have any children in child care at a Creche, Day Care, Kindergarten that you claim the Centrelink CCR benefit?
 No Yes *(please tick)*

If so, please list their names and date that they first started child care.

Name	Date first attended <i>(can be approximate date)</i>

Other persons to be notified

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Court orders relating to the child

Are there any **court orders** 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:**

- Bring the **original** court order/s for staff to see and a copy to attach to these enrolment form:
- If these orders:
 - change the powers of a parent/guardian to:
 - authorise the taking of the child outside the service by a Nominated Supervisor or educator of the service;
 - in the case of a family day care service, the taking of the child outside the family day carer's resident or family day care venue by a family day carer,
 - for consent to medical treatment or authorisation to administer medication to the child by a Nominated Supervisor or educator
 - to give consent to the transportation of the child by an ambulance service
 - collect the child from the service or family day care, AND /OR
 - give these powers to someone else,

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

.....

Details of people who you authorise to collect your child.

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child
Name	Name
Address	Address
Telephone/s (H) (W) (Mobile)	Telephone/s (H) (W) (Mobile)
Relationship to child	Relationship to child

Child's health information

Name of Doctor/Medical Service:..... Telephone:

Address of Doctor/Medical Service:

* Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No Yes

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Name and position of person at the children's service who has signed the child's health record.

Name: Position:

Child's medical information

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

If **yes** please provide details of any special details of any special needs and any management procedure to be following with respect to the special need.

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

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

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Anaphylaxis

Has your child been diagnosed at risk of anaphylaxis?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Does your child have an auto injection device (eg EipPen®)	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has the anaphylaxis medical management plan been provided to the service?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Has a risk management plan been completed by the service in consultation with you?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

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? (eg asthma, epilepsy, diabetes, migraine etc that are relevant to the care of your child)? No Yes

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

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Does your child have any dietary restrictions? No Yes (please tick)

If **yes**, the following restrictions apply.

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Child's immunisation record

Commencing 1 January 2016 parents who currently have a conscientious objection in place will be given a 63 day grace period to immunise their child, if they haven't done so by then. Children who have a medical contraindication (certified by an immunisation provider) will be exempt from the immunisation requirement.

Parents will still have the right to choose not to vaccinate their children, but the Government has announced that their decision will not be supported by entitlement to child care payments. This means that parents who choose not to immunise their child (and who don't have a valid exemption) will have to pay full child care fees.

Admission of children at a child care service continues to be at the discretion of the management and in accordance with legislation regarding immunisation and access to child care in your state or territory.

Has the child been immunised? No Yes (please tick)

If **yes**, provide the details by:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the child History statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisation received.

Immunisation (valid from March 2008)	Birth	2mths	4mths	6mths	12mths	18mths	4yrs
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DPTa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 mths		18-24 mths
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

*** Other information**

Is there anything else that the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service etc.)

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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 is 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.

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Signature *Date*

Out of School Hours Care Bookings Required

Name:					
Class Teacher:		Year Level:		Room:	

PERMENANT BOOKING		Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>please tick)</i>	
Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday

CASUAL BOOKING:	Yes <input type="checkbox"/> I require occasional casual bookings and I agree to 'BOOK' my child/ren in for the days I need care, prior to my child's attendance.
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NOTE: CHILDREN MUST BE BOOKED IN FOR CARE PRIOR TO ATTENDANCE.
If you have not booked your child in by times stated in our Policy & Procedures, we may not have vacancies available due to the Staff:Child ratios we must adhere to.

ST MARY OF THE ASSUMPTION OSHC KEALBA
PARENT INDUCTION/ORIENTATION CHECKLIST

- When collecting your child please check for important information on double glass entry doors and also information notices in your child's school bag. Please also check for notices in the foyer of the Hall
- Fee notices are emailed out Tuesday fortnightly and deducted from your accounts will be made Friday fortnightly.
- Newsletters, fact sheets and upcoming events will be distributed via your child.
- Please ensure you inform a staff member that you are leaving with your child.
- You will also need to sign your child out before you leave.
- A list and photographs of St Mary of the Assumption OSHC staff members can be found in upstairs in the Hall.
- If you have any suggestions or comments about our OSHC program, please place them in the suggestions box. This can be found in the entry foyer. All families are encouraged to make constructive suggestions.
- Please check the board for changes to policies and procedures. Parents will be asked to have input into these changes through the newsletter and notification in regard to Policies and Procedures. All suggestions will be considered.
- Provided with a copy of the Parent Handbook
- Location of Policies & Procedures Handbook
- Introduction to OSHC staff
- Location of hall
- Location of sign in/out book
- Location of parent info board
- Location of parent suggestion book
- Discussion of how programs are created
- Location of toilet areas
- Location of Kitchen
- Parent complaints procedure
- Location of outdoor areas
- Emergency evacuation procedure
- Child Care Benefit details
- Centre has obtained a copy of child's Immunisation details
- Sun Smart Policy
- Explanation of cancellation of care
- Parent Comments/feedback or suggestions on induction

Parent Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

St Mary of the Assumption Parish

Parish Office: 152 Odessa Avenue, Keilor Downs, Vic 3038
ABN 37 339 930 909



OSHC KEILOR DOWNS

ALL SECTIONS OF THE FORM BELOW MUST BE COMPLETED TO FINALISE ENROLMENT

FAMILY INFORMATION:

ALL SECTIONS OF THIS FORM **MUST** BE COMPLETED PRIOR TO ENROLMENT

Child's (1) Surname:		Child's Christian Name:	
Date of Birth:		Child's CRN No.:	
Child's (2) Surname:		Child's Christian Name:	
Date of Birth:		Child's CRN No.:	
Child's (3) Surname:		Child's Christian Name:	
Date of Birth:		Child's CRN No.:	
CCB Registered Parent's Surname:		CCB Registered Parent's Christian Name:	
Address:		Surburb:	
CRN number:		Date of Birth:	
Email:			
I hereby authorise St Mary of the Assumption Parish to use the abovementioned Centrelink information for use at the St Mary of the Assumption Out of School Hours Care Keilor Downs program.			
Signature:		Date:	

DIRECT DEBIT DEDUCTION REQUEST:

I/We request and authorise St Mary of the Assumption Parish, User ID 382242, to arrange, through its own financial institution, to debit funds from our nominated account at the financial institution shown below according to the fortnightly invoice issued by St Mary of the Assumption Out of School Hours Care program. This debit will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Please deduct money from my/our Financial Institution account.

Bank Name:		Branch:	
BSB:		Account Number:	
Name of Account Holder/s:			

CREDIT CARD DEDUCTION REQUEST:

Cardholder's Name											Expiry Date									
Card Number																				
Cardholder's Signature:																				

Contact: Co-ordinator: Vicki Mamo 0450 211 909

PG RATED DVD'S
PARENT PERMISSION FORM
OSHC KEILOR DOWNS

Dear Families,

Many of our Out School Hours Care students have been asking Educators if they can watch DVD's that are PG rated.

Our current policy states that only 'G' rated movies can be shown at the Program which basically means animated DVD's aimed at young children. We are asking for your permission for your child to watch PG rated movies. Please be aware that the content will be checked by educators to ensure that the storyline is appropriate for the viewing in the OSHC environment.

Please note DVD's are not shown every day, only on special occasions, at the discretion of the OSHC Co-ordinator.

Please complete the slip below and return to the program Co-ordinator

Thank you for your support.

PG Rated DVD's Permission Form

Parent Name _____ **Ph** _____

Student's Name _____

I am happy for my child to watch 'PG' rated DVD's at the OSHC Program.

I do not want my child to watch 'PG' rated DVD's at the OSHC Program.

Parent/ Guardian Signature _____ **Date** _____