



Laurimar Primary School OSHC Enrolment Form 2017

It is essential that this form is fully completed and signed before your child attends the children's service. A parent or guardian who has lawful authority in relation to the child must complete this form. A separate form needs to be completed for each child.

Information about the child:

Family Name: _____		Given Names: _____	
Usually Called: _____		Date of Birth: _____	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Childs CRN: _____		Number of Children in Care: _____	Grade/Class in 2017 _____
Home Address: _____			
Suburb: _____		Post Code: _____	Country Of Birth: _____
Language(s) Spoken in the home: _____		Primary Language Spoken: _____	
Cultural Background _____			
Designated Pick up spot when not at After Care _____			
*Is the child of Aboriginal and/or Torres Strait Islander origin? (Please tick)			
<input type="checkbox"/> No, not Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Aboriginal	
<input type="checkbox"/> Yes, Aboriginal or Torres Strait Islander		<input type="checkbox"/> Yes, Torres Strait Islander	

Information about the child's parents or guardians: **Only the parent who has registered with Family Assistance Office will need to supply a family CRN and their date of birth to be eligible to claim for Child Care Benefit and Child Care Rebate. *Parents / Guardians are able to authorise educators to take the child outside the education and care service.*

Mother/Guardian		Father/Guardian	
Family Name:		Family Name:	
Given Names:		Given Names:	
Date of Birth:	*CRN:	Date of Birth:	*CRN:
Country of Birth:		Country of Birth:	
Cultural Background:		Cultural Background:	
Address – as per child or: _____		Address – as per child or: _____	
Suburb:	Post Code:	Suburb:	Post Code:
Postal Address – as above or: _____		Postal Address – as above or: _____	
Suburb:	Post Code:	Suburb:	Post Code:
Telephone/s		Telephone/s	
Home: _____ Work: _____		Home: _____ Work: _____	
Mobile: _____		Mobile: _____	
Email: _____		Email: _____	
*Invoices and important weekly notices will be sent to your email address.			
Does the child live with the mother/Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)		Does the child live with the father/Guardian? No <input type="checkbox"/> Yes <input type="checkbox"/> (please tick)	

Emergency Contact Details: *Persons authorised to be contacted and collect the child in the case of an accident, injury, trauma or illness when the parents or guardians cannot be contacted. This person will be authorised to consent to medical treatment of, or to authorise administration of medication to your child. This person is also authorised to authorise an educator to take your child outside the service premises. Please do not include yourself in this section..*

Name: _____	Name: _____
Address: _____	Address: _____
Suburb: _____ Mobile: _____	Suburb: _____ Mobile: _____
Home Phone: _____ Work: _____	Home Phone: _____ Work: _____
Relationship to Child: _____	Relationship to Child: _____

Details of people who you authorise to collect your child: Your consent is required for other people to collect your child from the service on your behalf. In the table below please list the details of those people you authorise to collect the child. In the event that the child is not collected from the service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child. **Photo identification must be produced when requested by staff.**

Name: _____	Name: _____
Address: _____	Address: _____
Suburb: _____ Post Code: _____	Suburb: _____ Post Code: _____
Telephone/s Home: _____ Work: _____	Telephone/s Home: _____ Work: _____
Mobile: _____	Mobile: _____
Relationship to Child: _____	Relationship to Child: _____

If you wish to authorise more people to collect your child, please attach their information to this form.

Court orders relating to the child:

Are there any **court orders, parenting orders 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 question.
 Yes **Please a copy to attach to this enrolment form.**

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

- No go to the next section.
 Yes **Please a copy to attach to this enrolment form.**

Child's health information:

Name Doctor/Medical Service: _____ Telephone: _____
 Address Doctor/Medical Service: _____
 Medicare No: _____ Expiry Date: _____
 Ambulance Cover: No Yes (Please tick) Member No: _____
 Has your child been immunised? No Yes (Please tick)

Child's medical information:

Does your child have any special needs? (Please tick) This information is used to ensure the best possible experience for your child at OSHC . No Yes

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

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

If **yes** please provide details. If further space is required please attach a further page:

Anaphylaxis:

Has your child been diagnosed at risk of anaphylaxis? No Yes (Please tick)

Does your child have an auto injection device (eg EpiPen®)? No Yes (Please tick)

Has the anaphylaxis medical management plan been provided to the service? No Yes (Please tick)

Has a risk management plan been completed by the service in consultation with you? No Yes (Please tick)

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 who is treating your child. A copy of the medical management plan will be attached to your child's enrolment form and displayed in the OSHC service.

Does your child have any other current medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (Please tick)

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

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

If **yes** please complete and return the Special Dietary Requirement Information form attached.

Payment Policy:

Parents/guardians are required to pay their accounts either weekly/fortnightly as set up with ezi-debit forms. Invoices are issued on a Monday and money deducted on a Thursday. All accounts are required to be paid by direct debit with the Ezi-Debit system. Enrolments will NOT be accepted without the completed direct debit forms. The annual administration fee of \$27.50 will be payable once your 2017 enrolment form has been processed.

Accounts that are not kept up to date **WILL** have their child's place forfeited.

Please initial to verify that you have read and understood the OSHC payment policy. _____

Permanent Bookings:

Families can nominate to book their child in to the service on a permanent basis or access the service on a casual basis. The service will have an attendance record of all children who are permanently booked in for each session of care. Casual bookings can be made in person with the staff, over the phone/answering service or via email. Families can cancel or change their permanent booking in person with the staff, over the phone/answering service or via email.

Please tick the appropriate boxes to confirm your permanent booking requirements:

Before School Care:

7:00am-8:45am Monday Tuesday Wednesday Thursday Friday (Please tick)

After School Care:

3:30pm-6:30pm Monday Tuesday Wednesday Thursday Friday (Please tick)

Start Date: _____

Please tick if you would like to use Before and After School Care on a casual basis: (Please tick)

Please tick if you will be accessing Vacation Care: (Please tick)

Cancellation Policy:

All cancellations must be made **at least 48 hours** prior to your booked session, otherwise normal fees will apply. Additional notice is required for Monday sessions; cancellations must be made by 6pm the previous Friday. Tuesday sessions require cancellations by the Monday morning. Please refer to table below.

BEFORE SCHOOL CARE		AFTER SCHOOL CARE	
Booked Day	Cancel by	Booked Day	Cancel by
Monday	6 pm Friday	Monday	6 pm Friday
Tuesday	9am Monday	Tuesday	9am Monday
Wednesday	9am Monday	Wednesday	3pm Monday
Thursday	9am Tuesday	Thursday	3pm Tuesday
Friday	9am Wednesday	Friday	3pm Tuesday

If a booked session is missed due to illness, charges will not apply if you provide OSHC with a medical certificate.

Please initial to verify that you have read and understand the OSHC cancellation policy. _____

Policies:

Please sign to verify that you have read and understood:

- The Shared Information Policy
- Parent and Carer Code of Conduct
- Payments and Fees Policy (renewed October 2016)

I understand that all policies can be found in the Policy Manual kept in the parent information area.

Signature:

Sensitive Information:

We recognise that particular circumstances and anniversaries can seriously impact a child's emotional wellbeing. To provide the best possible care for your child, please feel free to advise us of any significant events that may impact on your child's emotional state.

Please indicate whether you would like the manager and student welfare officer, Emma Renn, to call you to further discuss this information. Anything shared will be held in the strictest confidence by the manager and this knowledge only transferred on a need to know basis.

We will not act on this information unless in our professional opinion sensitive intervention is required.

I would like the manager, Emma Renn, to call for a confidential conversation. Yes I have attached further details.

Other information relating to your child:

Does your child have any specific religious requirements? No Yes (Please tick)

If yes, please specify _____

Does your child have any specific cultural requirements? No Yes (Please tick)

If yes, please specify _____

Please detail any additional needs in regards to your child :

Is there is other additional information that you would like Laurimar Primary OSHC to know about your child? (eg excessive fears, favourite activities, celebrations, or festivities you do or do not want your child to participate in, attending another early childhood service or early intervention service, etc)

I give permission for the service to take photographs of my child to be displayed in the OSHC online journal and room. They will also be included in their individual online portfolios.

No Yes (Please tick)

I give permission for Laurimar Primary OSHC to film my child

No Yes (Please tick)

I give permission for the service to supply my child with 30+ Sunscreen

No Yes (Please tick)

I give permission for OSHC educators to apply face paint for some activities.

No Yes (Please tick)

I give permission for my child to watch PG rated movies

No Yes (Please tick)

School Organised Activities Permission:

Children will also be able to leave the premises early for sports activities and excursions that are run as part of the school curriculum. Dismissal times will be stipulated by the teachers on specific forms and communicated to OSHC staff. For those activities not run by the school a separate permission slip will need to be filled out with the specifics of the activity, ie. music lessons, sports lessons and club commitments. Please see Acceptance and Refusal of Authorisations Policy

I give permission for my child _____ of Grade _____

to attend excursions and Sports practices throughout the year as stipulated by the school.

Parents Name _____ Childs Name _____



Laurimar Primary OSHC

Regular Outings Excursion Permission Form

Armidale Road · Doreen · Vic · 3754 · Ph 9717 6783 · Fax 9717 7199 · Email oshc@laurimarps.com

(Excursion Authorisation Form Reg 102(4))

During the operational hours of the service (including before care, after care, pupil free days and holiday program) opportunities arise for children to go for a walk in the local area, around the wetlands or football oval. There are also times they could attend Woolworths with a staff member to help purchase supplies for the program. LPS OSHC would like to use these opportunities to enhance the children's experience at the service, familiarity with the local area and in building life skills such as identifying and selecting fresh produce. If you would like your child to participate in these opportunities please complete the following form. All relevant risk assessments are available for viewing at the service.

Child's Name: _____ Child's Name: _____

Child's Name: _____ Child's Name: _____

Excursion Destination/venue	Date	Purpose of Excursion	Method of Transport	Departure Time from service	Arrival Time back at Service	Description of activities
Wetlands (behind Laurimar Woolworths)	Regular outing as deemed appropriate by Nominated Supervisor (Reg 102(4c))	To facilitate familiarity of the local areas, including identification of water birds, selecting fresh fruit and produce, and creating healthy habits such as taking walks during holiday periods.	N/A Children will walk.			Children will walk to and around the wetlands.
Laurimar Football Oval						Children will walk to and around the Laurimar football oval and back to the service.
Woolworths & Laurimar Fruit Basket						Children can play at the playground behind the Football Club on the corner of Montville Street and Chaucer Way.
Wetlands – Painted Hills and Flaxen Hills Road						
Playground at Laurimar Football Club						Children will walk across the school crossings at Armidale Road and Hazel Glen Drive to Woolworths and/or Laurimar Fruit Basket.

Anticipated Number of Children attending outing: Anywhere from 2 - 30

Number of OSHC Educators attending the outing: 1 – 5

Anticipated ratio of educators to children: 1:6 maximum

Planned time away from the service: Maximum 1 hour – discretion of staff, depending on activity

Risk Assessment of the excursion has been prepared and is displayed in the service for viewing? Yes

I have read the Regular Outings Excursion Risk Assessment and give my permission for my child or children to attend the outlined excursion above.

Parent/Guardian Name: _____

Date: _____

Parent/Guardian Signature: _____

Declaration and Consent:

I, _____ (Print full name)

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

- Declare that the information on this enrolment record is true and correct and undertake to immediately inform Laurimar Primary OSHC in the event of any changes to the information provided, including medical conditions or health information and booking requirements.
- Agree that my child will not attend the program if they are unwell or suffering from an infectious illness; and will either collect or make arrangements of an authorised person to collect my child if they are injured or become unwell at the service.
- Agree to notify Laurimar Primary OSHC if my child contracts any illness that could impact on the health and wellbeing of others accessing the service.
- Give consent for Laurimar Primary OSHC staff to seek, as reasonable, medical treatment for my child from a medical practitioner, hospital or ambulance service, and authorise for transportation of my child by an ambulance service; and that I will reimburse any necessary expenses incurred to Laurimar Primary OSHC.
- Have provided a medical management plan where applicable.
- Have read, understood and agree to follow all the policies and procedures applicable to Laurimar Primary OSHC. I am clear on my obligations relating to the cancellation policy and all related fees and charges.
- Give permission for my child to participate in all program based experiences offered. I agree to advise Laurimar Primary OSHC in writing if I do not wish for my child to participate in particular activities.
- Understand Laurimar Primary OSHC is not liable for any personal injury; damage or loss of personal property incurred by any individual unless negligence is proven by the Regulatory Authorities.
- Understand that Laurimar Primary OSHC plans for excursions/incursions which I authorise for my child to attend and take part in when selected. *Notification of planned excursions will be advised in writing and an excursion permission notice will need to be completed and signed by a parent/guardian before your child can attend or participate in the activity. I also understand that any planned/advertised excursion or incursion could change due to unforeseen circumstances.*
- Have received and read the Laurimar Primary OSHC Family Handbook 2017 and understand that I can contact the OSHC Manager if I require further assistance in regards to accessing the service.

Parent/Guardian Signature

Date

Confidentiality of enrolment records:

The approved provider of the children's service must ensure that the 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 or where expressly authorised by the parent or prescribed in the Education and Care Services Regulation 2012 (regulation 181)

Lawful Authority:

Parents

All parents have powers and responsibilities in relation to their children that can be changed by a court order. The powers and responsibilities are defined as "lawful authority", they do not affect 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 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" 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.

Date Received:	Received By:	Date Entered:	Staff Signature:
Annual Administration Fee applied:		Medical Management Plans complete?	
Ezi-Debit Forms Completed:		Enrolment Record Complete and Accepted:	



Laurimar Primary OSHC

Special Dietary Requirement Information Form

Armidale Road · Doreen · Vic · 3754 · Ph 9717 6783 · Fax 9717 7199 · Email oshc@laurimarps.vic.edu.au

The information provided on this form will be used to assist Laurimar Primary OSHC staff to plan for and provide food that does not put children's health and wellbeing at risk. The service understands and respects cultural diversity.

Full name of the child: _____ Age: _____

Name of Parent/Guardian: _____ Contact number: _____

Description of your child's dietary requirement (e.g. allergy, intolerance, cultural, religious):

Has your child's dietary requirement been diagnosed by a Medical Practitioner or Paediatrician? If yes please provide details about your child's management plan and attach a copy of the plan:

Please provide details of the symptoms your child displays when they consume food they are sensitive to?

What action would you like Laurimar Primary OSHC to take if your child displays these symptoms whilst attending the service?

Please list any particular foods or snacks that you would like the service to provide for your child while they are attending care?

Is there any additional information you would like to provide the service with in regards to your child's dietary requirements?

Parent/Guardian signature: _____ Date: _____

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete and attach to the Medical Consent form. For more information on Asthma see [section 4.5.10.3 of the Victorian Government Schools' Reference Guide](#). Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name:

School:

Usual signs of asthma: Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking Other

When completing this form please seek the advice of the asthmatic's doctor if necessary.

1. Usual maintenance regime or medical program followed:

Name of Medication	Method (eg. Puffer & spacer, turbohaler)	When and how much?
--------------------	--	--------------------

Does the child require assistance to take their medication? Yes No

2. Peak flow readings: BestCritical(bring own peak flow meter)

3. Signs of worsening asthma: Wheezing Chest tightness Coughing Difficulty breathing Difficulty speaking Other:

Medication and treatment to be used during worsening asthma:

4. Medication and treatment to be used during crisis situations:

See Asthma First Aid Plan attached.

5. List any known asthma trigger factor(s):

6. Has the child been admitted to hospital due to asthma in the past 12 months? Yes No

7. Has the child been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) Yes No

8. Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? Yes No

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The process in such situations is as follows:

- the person's doctor or parents/guardians (if a student) may contact the school Principal for further information on the program and support available;
- a letter from the student's doctor, stating the doctor's decision must accompany this form.

I declare that the information provided on this form is complete and correct.

Parent/guardian:

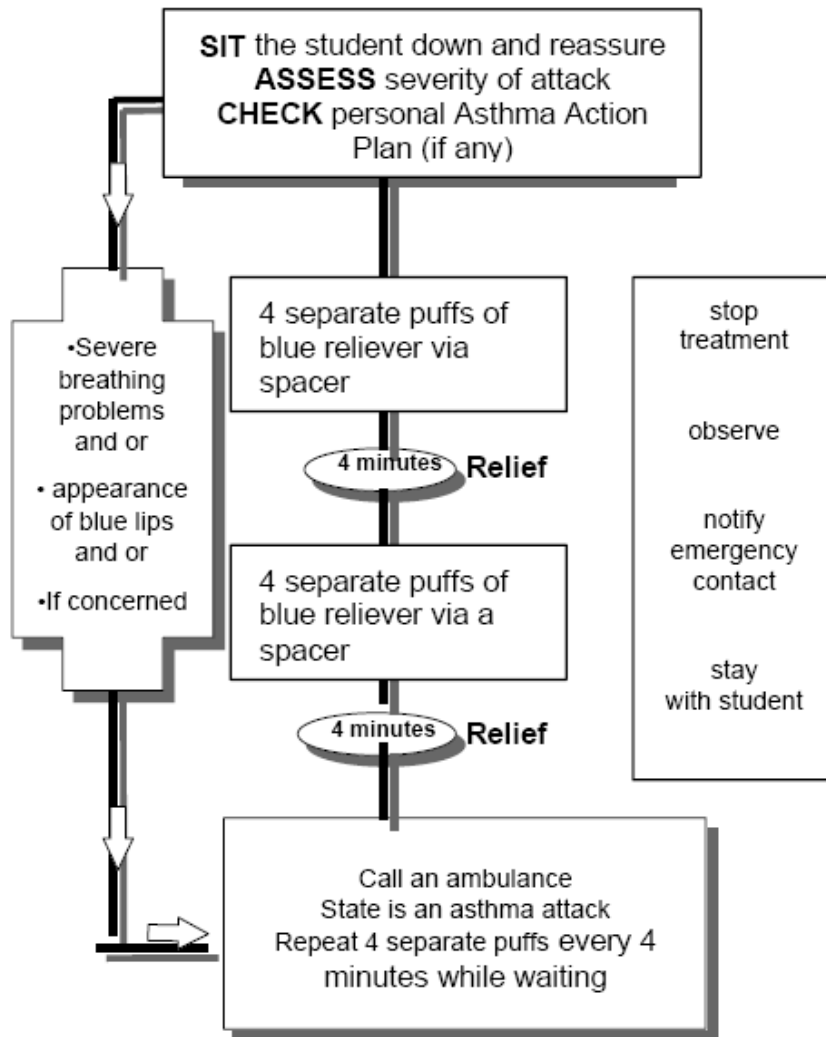
Phone contact(s):

OR

Signature:

Date:

Asthma First Aid Plan



Risk Minimisation Plan

The service will use information provided under asthma trigger factors to determine risk minimisation considerations.

These are

(A copy to be provided to parent/guardian)