We would like to take this opportunity to say welcome to the OSHC & Vacation Care Program.

Enrolment
An enrolment form and an orientation for both you and your child must be completed before the child can attend. Orientation takes approx 15 minutes in the Out of School Hours Care room - please contact the OSHC coordinator on 5261 0946 to make arrangements.

Please note: A separate enrolment form must be completed for each student attending the program.

- A fee of $5.00 for registration is to be paid when submitting the enrolment form.
- Please advise us of any changes to your information.
- A copy of the policy and parent handbook will be available for parents to view on the day.
- Attendance of children is determined by priority of access guidelines stated below.
- A waiting list will apply for permanent bookings. Casual bookings will be accepted if positions are available on the day.

Commonwealth Priority of Access Guidelines
The Federal Government has determined guidelines for allocating places to those families with the greatest need for childcare support.

These guidelines are strictly adhered to by management

First Priority: Children are at serious risk of abuse or neglect
Second Priority: A child/children of parent/s who satisfy, the work/training/study test (under section 14 of the Family Assistance Act)
Third Priority: Any other child

Note: If you are a non-working/studying parent you may be restricted to one day of care per week. Should a working parent require your allocated day of care, every effort will be made to offer you an alternative day. If this not available, you will be given 2 weeks written notice to withdraw your child to make way for a higher priority child.

Hours

<table>
<thead>
<tr>
<th></th>
<th>Morning</th>
<th>Afternoon</th>
<th>Curriculum Day</th>
<th>Vacation Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
<td>7.00am to 8.15am</td>
<td>3.00pm to 6.15pm</td>
<td>7.00am to 6.15pm</td>
<td>7.30am to 6.00pm</td>
</tr>
<tr>
<td>Afternoon</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Curricular/vacation</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Fees

- All parents are eligible for fee assistance through the Childcare Assistance Scheme
- Breakfast and afternoon tea are included for OSHC. Vacation care food to be provided by parent/s (we suggest to pack ample as the children get hungry during the day)
- All parents/children need a CRN number and to be registered with Centrelink before commencement.
- Please inform Centrelink Re: CCR status. We will not backdate claims

Curriculum Day

- Please book as early as possible.
- Advice of cancellations should be received 3 days prior to the day otherwise a full fee may be charged.
- Extra children will only be accepted on the day if a position is available.

Vacation Care

- Cancellations should be received 1 week prior to the day otherwise a full fee may be charged.
- All other information is the same as Curriculum day.
Accounts
Permanent booking accounts can be collected from the OSHC room. Casual booking accounts are sent to the child’s classroom. Payment can be made at the school office, via phone with credit card or internet into the school’s account.

The Schools Bank account number is **BSB 633 000 132 456 138** and it is important to include as a reference your child’s surname and ASC - **NOT PARENTS NAME**.

Safety
- Children must be signed in and out by an adult before and after school – NO EXCEPTION
- Music/Dance/Sports teachers sign in and out children when picking up and drop children off each lesson.

Late Collection
- Children must be picked up by **6.15pm** on School/Curriculum Days and **6.00pm** Vacation Days.
- **A late fee of $10.00 every 5 minutes per child** will apply if a child/ren is not picked up by these times.
- Positions will be withdrawn if constantly late.

Bookings: (Preferably made 24hrs in advance)
- In person at OSHC between 7am to 8.15am and 3pm to 6.15pm
- By phone OSCH direct line 5261 0946 between 7am - 8.15am and 3pm - 6.15pm
- Emergency bookings can be made through the school office on 5261 2360 between 8.30am to 3pm

Registered children who attend without a booking will be cared for however a $10 per child non booking fee may apply.

Cancellations: (Preferably made 24hrs in advance)
School days - 24hrs notice
Curriculum Days - 3 days prior
School Holiday Program - 1 week prior

- OSHC answering machine 5261 0946 (any time)
- In person at OSHC between 7am to 8.15am and 3pm to 6.15pm
- Through the school office on 5261 2360 between 8.30am to 3pm

An Administration fee of $10 may apply if OSHC are not notified of the cancellation.

Illness and Accident
- Parents/carers will be contacted if a child is unwell and asked to pick up child as soon as possible
- Accidents will be recorded and parents asked to sign incident report
- Medications will only be administered when recorded and signed on a medication sheet
- The program follows the school’s Student Management and Welfare Policy

**Anaphylaxis/ Asthmatic Children**

- A Anaphylaxis/Asthma medical management plan must be provided to the centre
- A Risk Minimisation Plan is to be completed by the centre in consultation with the parents

Please feel free to contact the service and talk to the co-ordinator should you have any concerns or enquiries. The OSHC is situated in the Art/Lote room.

Anna Fryar
Co-Ordinator
Torquay College Out of School Hours Care
Enrolment Form

Enrolment Date

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.

Days Requested (please tick) or Casual □

<table>
<thead>
<tr>
<th>Days</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM (7am - 8.15am)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PM (3pm - 6.15pm)</td>
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<td></td>
</tr>
</tbody>
</table>

Child's Details

Family Name: ........................................................................................................... *Sex: M □ F □

Given Names: ........................................................................................................ Date of Birth: ______/_____/____

Language(s) spoken in the home: .................................................................

Starting date:

Is the child of Aboriginal and/or Torres Strait Islander origin?

□ No, not Aboriginal or Torres Strait Islander □ Yes, Aboriginal

□ Yes, Aboriginal and Torres Strait Islander □ Yes, Torres Strait Islander

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

No □ Yes □

Parent/Guardian Details

<table>
<thead>
<tr>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name</td>
<td>Given Name</td>
</tr>
<tr>
<td>Last Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Home Address</td>
<td>Home Address</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone/s (H)</td>
<td>Telephone/s (H)</td>
</tr>
<tr>
<td>(W)</td>
<td>(W)</td>
</tr>
<tr>
<td>(Mobile)</td>
<td>(Mobile)</td>
</tr>
</tbody>
</table>

Does the child live with this person?

No □ Yes □ (please tick) Does the child live with this person

No □ Yes □ (please tick)

Child Care Benefit

Are you applying for Child Care Benefits

Yes □ No □

If Yes did you elect where childcare rebate will go

Yes □ No □

Customer CRN: ................................................................. Child CRN: .................................................................

CCB% ................................................................. Eligible Hours .................................................................
**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?

**please circle**

- Yes    Please complete the following
- No     (go to the next section)

1. Bring the original court order/s 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:
      - Authorize 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; AND/OR
      - Collect the child from the service,
   b) Give these powers to someone else.

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

______________________________________________________________________________

______________________________________________________________________________

- A Parenting plan is required (Reg160)

**Emergency contacts/Authorised Nominee’s/People with Authority to Authorise** (do not include Parent/s name/s)

Your consent is required for other people to:

1. Collect your child from Torquay College OSHC on your behalf
2. Be called in an emergency when you cannot be immediately contacted
3. Authorise staff to administer medicine/Medical treatment
4. Authorise the taking of the child outside the service by an educator on excursions /regular outings

**Persons you want contacted in case of emergency** (do not include Parent/s names/s)

<table>
<thead>
<tr>
<th>Emergency Contact 1</th>
<th>Emergency Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s</td>
<td>Telephone/s</td>
</tr>
<tr>
<td>(H)</td>
<td>(H)</td>
</tr>
<tr>
<td>(W)</td>
<td>(W)</td>
</tr>
<tr>
<td>(Mobile)</td>
<td>(Mobile)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
</tbody>
</table>

**Persons with authority to collect your child (authorised nominee) – (do not include parents/Guardians)**

<table>
<thead>
<tr>
<th>Contact 1</th>
<th>Contact 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s</td>
<td>Telephone/s</td>
</tr>
<tr>
<td>(H)</td>
<td>(H)</td>
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<tr>
<td>(W)</td>
<td>(W)</td>
</tr>
<tr>
<td>(Mobile)</td>
<td>(Mobile)</td>
</tr>
</tbody>
</table>
## Child’s health information

<table>
<thead>
<tr>
<th>Medicare Number</th>
<th>.........................................................</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Doctor/Medical Service:</td>
<td>........................................................</td>
</tr>
<tr>
<td>Telephone:</td>
<td>.........................................................</td>
</tr>
<tr>
<td>Address Doctor/Medical Service:</td>
<td>........................................................</td>
</tr>
</tbody>
</table>

*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 sighted the child’s health record.

Name: ........................................................ Position: ........................................................

## Child’s medical information

Does your child have any special needs?  
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?  
No ☐ Yes ☐

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

### Anaphylaxis

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

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

Has the anaphylaxis medical management plan been provided to the service?  
No ☐ Yes ☐

Has a risk management plan been completed by the service in consultation with you?  
No ☐ Yes ☐

In the case of anaphylaxis you will by 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](http://www.education.vic.gov.au/anaphylaxis).

Service will provide individual bags for children with epipens to be taken to activities. Photos will be displayed on the outside of the bags. Authorisation from parent/guardian to display photo:

<table>
<thead>
<tr>
<th>Child’s name; D.O.B:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Parent/guardian signature: .........................................................</td>
</tr>
</tbody>
</table>

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes 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.

Does the child have any dietary restrictions?  
No ☐ Yes ☐

If yes, the following restrictions apply:

| ......................................................... |
| ......................................................... |
| ......................................................... |
Child’s immunisation record

Has the child been immunised? 

No ☐ Yes ☐

*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 immunisations received.

<table>
<thead>
<tr>
<th>Immunisation (valid from March 2008)</th>
<th>Birth</th>
<th>2 months</th>
<th>4 months</th>
<th>6 months</th>
<th>12 months</th>
<th>18 months</th>
<th>4 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus and acellular pertussis (DTPa)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haemophilus influenza (Type b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inactivated poliomyelitis (IPV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumococcal conjugate (7vPCV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps and rubella (MMR)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningococcal C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella (VZC)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Additional immunisations for Aboriginal and Torres Strait Islander children (if required)

<table>
<thead>
<tr>
<th>12-24 months</th>
<th>18-24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td></td>
</tr>
<tr>
<td>Pneumococcal polysaccharide (23vPPV)</td>
<td></td>
</tr>
</tbody>
</table>

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

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 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 Regulations 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 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.

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.