

# Ormond Primary School - Out of School Hours Care



Ormond Primary School manages its own Out of School Hours Program. The service provides a Before and After School Care Program, accommodating 90 children a Vacation Care Program accommodating 60 children on centre based days and a maximum of 30 children on excursion days.

The Before and After School Care Program operates every day during the school term and the Holiday Program is open for 10 days during the April, June and September holidays. A maximum of 15 days is offered during the last three weeks of January.

The Out of School Hours Program provides quality childcare for Ormond Primary School Students. We facilitate recreational and play opportunities that nurtures children's interests and develops socialisation skills at all age levels.

## Before School Care - 7.30am to 8.45am

Cost: \$15.00 per child per session

Breakfast is provided at Before School Care Hours

During the first few weeks of Term 1, Foundation students are escorted to their classrooms.

## After School Care - 3.30pm to 6.00pm

Cost: \$19.00 per child per session

Foundation students are collected from the classroom and escorted to the After School Care Program during Terms 1 & 2. A nutritional snack is provided during the After School Care Session.

## January School Holiday Program - Monday 13<sup>th</sup> January to Friday 31<sup>st</sup> January 2020

Hours 8.00am to 6.00pm

Daily fee: \$60.00 per child

Foundation Students and new students are welcome to attend the school holiday program in January. The Holiday Program Schedule & Booking Form will be available from the Hall, School Office, Compass and the iNewsletter from Friday 27<sup>th</sup> November.

School Holiday Program booking close on Wednesday 11<sup>th</sup> December 2019.

## Enrolment

Enrolment forms must include the child's details, parent home and work details, additional emergency contacts and authorisation regarding collection of children from the program. Please ensure you complete the Before & After School Care booking section on the enrolment form and state the date your child will be commencing care.

All new enrolments must include a copy of your child's Immunisation Certificate.

If your child has special dietary requirements, an allergy e.g. (asthma, anaphylaxis) or a medical condition you may be required to complete additional information and provide further documentation regarding your child's health.

Enrolment forms are to be returned to the Program or the School office with the child's Immunisation Certificate attached by Tuesday 10<sup>th</sup> December. Parents will be notified of their 2020 Placements for Before & After School Care by Friday 20<sup>th</sup> December.

Over a Century of Educating for the Future....

Wheatley Road, Ormond – P.O. Box 465 Bentleigh 3204 – Telephone: (03) 9578 1327 – Facsimile: (03) 9578 4540  
Email: ormond.ps@edumail.vic.gov.au

# Ormond Primary School - Out of School Hours Care



## Child Care Subsidy

If you have been received Child Care Subsidy, at your child's Day Care Centre, in last 10weeks prior to submitting your Out of School Hours enrolment form. Your Child Care Subsidy will be transferred directly to the Out of School Hour Program.

If your child has not attended day care in the past 14 weeks you will be required to update you details. Please provide the following details Name of parent, who is registered with Centrelink to receive the Child Care Subsidy.

If you have not applied for the new Child Care Subsidy or you have not transitioned from Child Care Benefit or Child Care Rebate to the new Child Care Subsidy Scheme since July 2018. Information regarding the new Child Care Subsidy has been included in your student pack.

For further information please contact the Out of School Hours Program on 03 95785826.

Regards,  
April Kopitz  
OSHC Coordinator

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

Family Name: \_\_\_\_\_

**Childs Details**

Child's Full Name: \_\_\_\_\_

Preferred Name: *(if applicable)* \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Level in 2020: \_\_\_\_ Gender: M  F

Child's Country of Birth: \_\_\_\_\_

Does this child have a developmental delay or disability including intellectual, sensory or physical impairment? *(Please tick)*

Yes  No  *If YES - Please provide further information in the child health section on page 3.*

**Parent/Guardian Details**

**Mother**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mothers Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Mothers Country of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Mothers Work Details: Full time  Part time  Study  Home Duties  Other

Does this child live with their mother? *(Please tick)* Yes  No

**Father**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Fathers Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Fathers Country of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Fathers Work Details: Full time  Part time  Study  Home Duties  Other

Does this child live with their father? *(Please tick)* Yes  No

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Guardians – (Only if Applicable)**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Guardians Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

Guardians Country of Birth: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

Guardians Work Details: Full time  Part time  Study  Home Duties  Other

Does this child live with the Guardian? (Please tick) Yes  No

**Custody Arrangements**

**Child resides with:** (Please Circle)

Both Parents

Shared Access

Mother Only

Father Only

*Parents with shared access may be required to complete another enrolment form if parent wish to pay fees on separate accounts. Please inform the Coordinator of your shared child care requirements.*

**Details of Custody Arrangements:** Is there any Court Orders or Parenting Plans relating to the duties, responsibilities or authorities of any person in relation to the child or access of the child?

Yes  No

Is there orders relating to the child's residence or contact, (access) with a parent or other persons?

Yes  No

*Please provide legal documentation. (Court orders)*

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**Lawful Authority**

Please provide two emergency contacts the service can call when the parents or guardian cannot be contacted. *(Please read and sign the Lawful Authority).*

I \_\_\_\_\_ *(Please Print Full Name)* Give my consent for the listed emergency contacts in my absence: to consent to medical treatment of my child, permit the administration of medication and collect my child from the service.

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Emergency Contacts**

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contacts Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contacts Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

**Authorisation & Declaration 2020**

I \_\_\_\_\_ (Please Print Full Name)

A person with parental responsibility of the child referred to in this enrolment form (Reg. 161):  
Authorise the Approved Provider, Nominated Supervisor, or an educator of in the case of Out of  
School Hours educator to seek

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
- transportation of the child by an ambulance service; and
- if relevant, an authorisation given under regulation 102 for the Education and Care Service to take the child on regular outings.
- agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell
- understand that in an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- have read & understood the Education and Care Service's policies including the 'Payment of Fees';

I declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information.

***Signature of the person with parental responsibility*** \_\_\_\_\_

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Authorise Collection of Children**

In addition to the child's parents who is authorised to collect the child from the service. Please inform the program when an authorised person is collecting your child from the service.

*If you require someone not listed on this form to collect your child, please inform the Coordinator in writing.*

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contacts Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contacts Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contacts Phone No: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

**Medical Details**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Membership Number: \_\_\_\_\_

**Child Immunisation Certificate**

Does your child have an immunisation certificate? (please tick) Yes  No

*If YES: Please provide the service with a copy of the child's immunisation certificate with this enrolment form (New Children Only)*

*If NO: If your child does not have an immunisation certificate you will be required to present a letter of exemption from a doctor.*

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Child Health Information**

Does your child have any special needs or additional care requirements? (Please tick)

Yes  No

*If YES - please provide details and any management procedure to be followed with respect to the child's additional needs.*

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**Asthma Information**

Please provide details of your child's asthma symptoms:

Have you provided an asthma plan to the school? Yes  No

My child will have asthma medication in their bag when in attendance at the program: *(please tick)*

Yes  No

Name of Medication	Method (e.g. puffer & spacer, tubuhaler)	When & how much?

**Dietary Requirements**

Does the child have any dietary restrictions? (Please tick)

Yes  No  *If YES - Please provide details.*

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ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Anaphylaxis**

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

Does your child have an auto injection device e.g. EpiPen/Anapen? (Please tick)      Yes     No

Has an anaphylaxis medical management plan been completed in consultation with a doctor?  
(Please tick)      Yes     No

Have you provide the school with a copy of the anaphylaxis management plan?  
(Please tick)      Yes     No

You are required to provide the school and the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This should 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)

**Allergies**

Does your child have any allergies or sensitivity?    *If YES - please provide details of any allergies and any management procedure to be followed with respect to the allergy.*

(Please tick)      Yes     No

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Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes etc., relevant to the care of your child?    *If YES - please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.*

(Please tick)      Yes     No

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**Please note:** if your child has a medical condition, allergy, asthma or dietary requirements you will need to complete additional forms regarding your child's allergy or medical condition. We may contact you for further information regarding your child's health condition prior to your enrolment conformation.



ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Child's Interests**

Art & Craft       Drawing       Board Games       Dramatic Play       Construction Toys   
Drama       Music       Structured Games       Reading       Cooking

Other activities your child enjoys:

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**Additional Information Regarding your Child**

Parents please provide additional information regarding your child's interests or other information that may assist the program to accommodate your child.

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**Before & After School Care Bookings**

Please read attached booking information before completing this section.

**BEFORE School Care** (7.30am – 8.45am)

Commencement Date: \_\_\_\_\_

*(Please tick appropriate box)*

Permanent Daily Basis

Permanent Days Circled

*(Please nominate days)*

Mon

Tue

Wed

Thurs

Fri

**AFTER School Care** (3.30pm – 6.00pm)

Commencement Date: \_\_\_\_\_

*(Please tick appropriate box)*

Permanent Daily Basis

Permanent Days Circled

*(Please nominate days)*

Mon

Tue

Wed

Thurs

Fri

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Child Care Subsidy**

**\*\*For new children attending the service\*\***

If you have received Child Care Subsidy, at your child's Day Care Centre, in last 10 weeks prior to submitting your Out of School Hours Enrolment Form. Your Child Care Subsidy will be transferred directly to the Out of School Hour Program when we enrol your child on our fee system. When you receive the Out of School Hours enrolment confirmation you will be required to update and verify your enrolment with our service on your MyGov account.

If you wish to apply for Child Care Subsidy a step by step guide is available on this web site.  
<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy/how-claim>

**Please provide the following details if you are currently eligible for Child Care Subsidy**

Name of parent, who is registered with Centrelink to receive the Child Care Subsidy?

Parent Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_      Customer Reference Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_      Customer Reference Number: \_\_\_\_\_

**Before & After School Fee Agreement**

To ensure the Before & After School Program is financially viable families are required to pay fees fortnightly at the service or the school office. **No bank transfer payments are accepted.**

Please complete the following fee agreement

*Name and address of person responsible for Before & After School Fees.*

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

I \_\_\_\_\_ (please print full name), hereby agree to pay my Before & After School Care fees **fortnightly**.

I understand that all outstanding fees must be paid for the first half of the term before my child/ren can return to the program in the second half of the term and all fees must be paid at the end of each term before children can attend the following term.

Parent's Name: \_\_\_\_\_ Parents Signature: \_\_\_\_\_

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2020

**Declaration**

Parents please read and initial each individual declaration statement

- a) I/We have read the cancellation and booking procedures and agree to abide by the requirements and late penalties.
- b) I/We understand it is my/our responsibility to inform the program if my/our child is not attending the program for a regular session booking.
- c) I/We understand I must give the service one weeks' notice if I no longer require my child's Before & After School Care permanent booking.
- d) I/We realise the program must be informed if my child is being collected by another person.
- e) I/We agree to abide by the terms of the fee payment scheme and understand all outstanding before & After School Care Fees must be paid at the end of each term, before my child can return to the program the following term.
- f) I/We realise that it is my/our responsibility to inform the program if my child/ren contracts any illness, which could be detrimental to the health of others at the program.
- g) I/We agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.
- h) I/We consent to the Coordinator or the person in charge to administer medication in emergency.
- i) I/We authorise the person in charge, in the event of any illness or accident to obtain on my/our behalf any such medical assistance as my/our child may require and agree to meet any expenses.

Parent Names: \_\_\_\_\_

Parent Signatures: \_\_\_\_\_  
\_\_\_\_\_

**Confidentiality of Enrolment Records:**

*The approved provider Ormond Primary Out of School Hours Program will ensure the information in this child's enrolment record will be not divulged or communicated directly to another person other than prescribed other than prescribed under regulation 181 and 182 of the Education and Care Services Children's Services Regulations 2017.*

*This includes, to the extent necessary for the education and care of the child or medical treatment of the child; or where expressly authorised, permitted or required to be given by or under any act or Law; or with written consent of the person who provided the information.*



Ormond Primary School Out of Hours Program  
Dietary Condition 2020

**CHILDS NAME**.....

**DATE OF BIRTH**.....

**DATE REVISED**.....

Dietary Condition (Please tick)

- Celiac
  - Fructose Intolerant
  - No Dairy
  - No Pork Products
  - Vegetarian
  - Food Allergy (Please Specify).....
  - Other (Please Specify).....
- .....

Foods **Not** to be consumed (General)

- No Dairy
  - No Fructose
  - No Wheat
  - No Meat Products (Vegetarian)
  - No Nuts
  - No Pork
  - Other (Please Specify).....
- .....



# Individual Diet Form

Birth Date: / /

Date revised: / /

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**Please circle or highlight foods your child CAN consume at the program.**

<b>Fruit &amp; Vegetables</b>	<b>Breads</b>	<b>Spreads</b>	<b>Dips</b>
Apples	Pita	Margarine	Hommus
Oranges	French stick	Nuttelex	Tzatziki
Banana	Multigrain bread	Cheese Spread	French onion
Watermelon	White bread	Vegemite	Spring onion
Pears		Strawberry Jam	Cheese and chive
Tomatoes	<b>Cereals</b>	Honey	Other.....
Carrots	Wheat bix		
Cucumber	Vita Bix		<b>Cheese</b>
Grapes	Uncle Toby's Quick oats Creamy Honey		Tasty Cheese
Strawberries	Be Natural Pink Apple Cereal		Feta Cheese
Rock Melon		<b>Drinks</b>	Other foods please specify: ..... ..... ..... .....
Kiwi fruit		Milo	
Honey dew		Milk	
Pineapple		Soy Good	
Rockmelon		Bonsoy	
Beans		Orange Juice	
Capsicum			
Snow Peas			
Dried fruit i.e Sultanas			
Onion			
Other			

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**\*Please note these are the foods that are regularly served at the before and after care program. This does not include food used in cooking sessions or at the end of term party.**







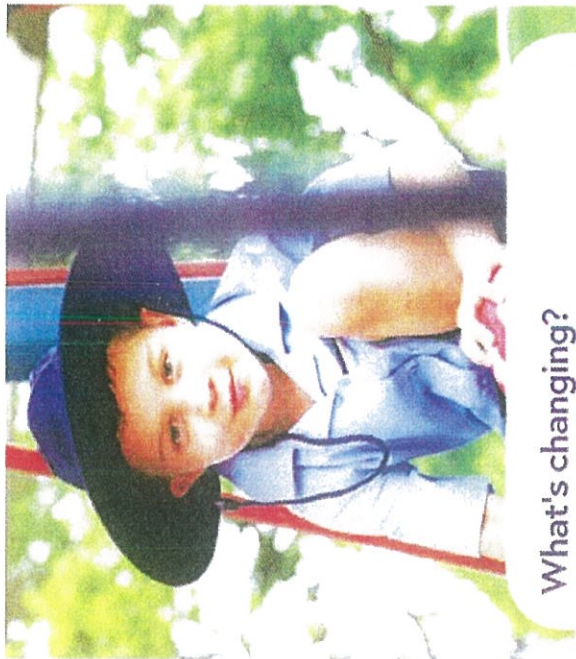
# The New Child Care Package

MORE SUPPORT FOR MORE FAMILIES.  
WHAT YOU NEED TO KNOW.

Starts 2 July 2018



Find out more: [education.gov.au/childcare](http://education.gov.au/childcare)



## What's changing?

From 2 July 2018, there will be a New Child Care Package. The Package will help parents with children aged 0 – 13 work, train, study and volunteer. The Package includes a new Child Care Subsidy, which replaces the current Child Care Benefit and Child Care Rebate. It will be paid directly to services.

### CURRENT

Child Care Benefit

Child Care Rebate

### NEW

Child Care Subsidy

## Annual subsidy cap

Families earning \$186,958\* or less will have no cap on the amount of Child Care Subsidy they can claim. Families earning over \$186,958\* and under \$351,248\* will benefit from an increase in the current cap of \$7,613 to \$10,190\* per child, per year.

Combined annual family income

\$186,958\* or less

More than \$186,958\* to less than \$351,248\*

Annual subsidy cap per child

No cap

Increase to \$10,190\*

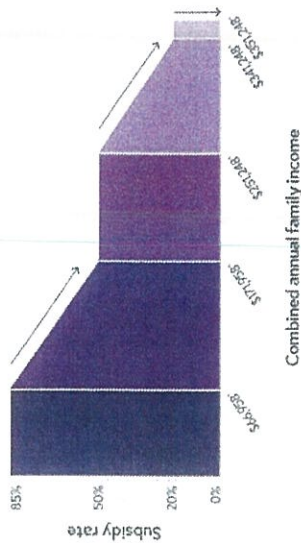
\*These amounts are correct for 2018/19 and may be subject to adjustment through indexation in subsequent years.

## How does it work?

Three things will determine a family's level of Child Care Subsidy:

### 1. Combined family income

A family's annual adjusted taxable income will determine the percentage of subsidy they are eligible for.



To estimate what your new subsidy might be, go to [education.gov.au/childcare](http://education.gov.au/childcare)



## 2. Activity level of parents

The number of hours of subsidised care families can access, will be determined by an activity test. The higher the level of activity, the more hours of subsidised care families can access, up to a maximum of 100 hours **per fortnight**.

### RECOGNISED ACTIVITIES

- paid work – including leave, such as maternity leave
- study and training
- unpaid work in family business
- looking for work
- volunteering
- self-employment
- other activities on a case-by-case basis.

There will be exemptions for parents who legitimately cannot meet the activity test requirements, as well as to support children's participation in preschool.

### HOURS OF ACTIVITY

The parent or guardian with the lowest hours of activity per fortnight will determine the hours of subsidised care. The hours of subsidy are per child.

Hours of activity*	Hours of subsidy* (maximum)
For families earning up to \$66,958 <sup>a</sup>	24 hours
Less than 8 hours	
For families earning up to \$351,248 <sup>b</sup>	
8 to 16 hours	36 hours
More than 16 to 48 hours	72 hours
More than 48 hours	100 hours

*\*per fortnight*

Parents whose hours of paid work vary from one fortnight to the next (such as casual workers) can estimate their fortnightly hours of work based on a three-month period.

## 3. Type of child care service

It will be calculated by the hour using these hourly rate caps:

- Centre based day care – \$11.77<sup>c</sup> per hour
- Family day care – \$10.90<sup>c</sup> per hour
- Outside school hours care – \$10.29<sup>c</sup> per hour
- In Home care – \$25.48<sup>c</sup> per hour (per family).

## What you need to do now

Transitioning to the new Child Care Subsidy is not an automatic roll over from the two current payments.

You must provide some new information and confirm your current details using your Centrelink online account through **myGov**.

You will be asked to provide:

- your combined family income estimate for the 2018–19 financial year
- the hours of recognised activity including work, training, study and volunteering
- the type of child care your family uses.

For more information on this process, visit [education.gov.au/childcare](http://education.gov.au/childcare)



## Child Care Safety Net

The Package includes a \$1.2 billion Safety Net to give the most vulnerable and disadvantaged children, as well as those from regional and remote communities, a strong start through access to quality early learning and child care.

### Additional Child Care Subsidy

Included in the Child Care Safety Net is an Additional Child Care Subsidy. It will, in most cases, cover all of a child's fees. It is designed to support:

- families who require practical help to support their children's safety and wellbeing
- grandparents who are primary carers
- families experiencing temporary financial hardship
- families transitioning from income support to work.

The Additional Child Care Subsidy replaces a number of existing payments including the Special Child Care Benefit and the Jobs, Education and Training Child Care Fee Assistance.

### Find out more

To find out more, and to estimate what your new subsidy might be, visit [education.gov.au/childcare](http://education.gov.au/childcare)



Australian Government

CHILD CARE PACKAGE

Authorised by the Australian Government, Capital Hill, Canberra.