

ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2023

**FAMILY NAME:** \_\_\_\_\_

**Childs Details**

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

Child's Preferred Name *(if applicable)* \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Year Level in 2023: \_\_\_\_\_ Gender: M  F

Child's Home Address: \_\_\_\_\_

Child's Country of Birth: \_\_\_\_\_ Main Language Spoken at Home: \_\_\_\_\_

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

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**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.

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**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 2023**

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***

\_\_\_\_\_ **Date:** \_\_\_\_\_

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**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.*

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**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 also 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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**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 also provided 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. Your child will not be able to attend the service until the service receives an allergy, asthma or anaphylaxis Action Plan.

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, an 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 confirmation.

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**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)**

Permanent Booking Commencement Date: \_\_\_\_\_

*(Please tick appropriate box)*

Permanent Daily Basis       Permanent Days Circled       Casual Bookings When Required

*(Please nominate days)*

Mon       Tue       Wed       Thurs       Fri

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

Permanent Booking Commencement Date: \_\_\_\_\_

*(Please tick appropriate box)*

Permanent Daily Basis       Permanent Days Circled       Casual Bookings When Required

*(Please nominate days)*

Mon       Tue       Wed       Thurs       Fri

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**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 12 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 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 Care 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*. **Bank transfer payments are not accepted.**

Please complete the following fee agreement

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

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_



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**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 it is my/our responsibility to inform the program if my child/ren contracts any illness, which could be detrimental to the health of children & educators in 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: \_\_\_\_\_

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

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**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 education purposes, behaviour management and care of my child in the school environment or medical treatment of my child; where expressly authorised, permitted is required to be given under any act or Law; or with written consent of the person who provided the information.*