

Ormond Primary School Out of School Hours Enrolment, Fees, Subsidy and Placement Information

Ormond Primary School manages its own Out of School Hours Program. The service provides a Before and School 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 Hours 7.30am to 8.45am

Cost: \$15.00 per child per session

Breakfast is provided at Before School Care. Hours

During the first weeks of term 1, prep children are escorted to the classroom.

After School Care Hours 3.30pm to 6.00pm

Cost: \$19.00 per child per session

Prep children are collected from the classroom and escorted to the After School Care Program during term one & two. A nutritional snack is provided during the After School Care Session.

January School Holiday Program, Monday 14th to Monday 30th January Hours 8.00am to 6.00pm

Prep Children and new students are welcome to attend the school holiday program in January

The Holiday Program Schedule & Booking Form will be available from the school web site from Friday 23rd November.

School Holiday Program booking close on Wednesday 12th December 2018.

Daily fee: \$60.00 per child

Enrolment

Enrolment forms must include children's details, parents' 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.

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

The Out of School Hours Coordinator will be available to accept enrolment forms and Holiday Program bookings and answer questions during the orientation visit on Tuesday 11th December.

Alternatively enrolment forms can be returned to the School office with the child's Immunisation Certificate attached by **Tuesday 11th December**. Parents will be informed by post of their child's Before & After School Placement for 2019 by Friday 23rd December. For further information please contact the Out of School Hours Coordinator: April Kopitz on Phone 03 95785826.

**ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM
ENROLMENT FORM 2019**

Family Name: _____

Childs Details

Child's Name: _____ **DOB:** ____ / ____ / ____ **Grade:** ____ **Gender:** M ☐ F ☐

Child Usually Called: _____ **Child's Customer Reference Number:** _____

For new families we require parent & child Centrelink, Customer Reference Number for the Child Care Subsidy Scheme.

Child's Country of Birth: _____ **Language Spoken at Home:** _____

Home Address: _____

Does this child have a developmental delay or disability including intellectual, including, sensory or physical impairment? (please tick) Yes ☐ No ☐

Parent/Guardian Details

Mothers Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Mothers Phone No: **H:** _____ **W:** _____ **M:** _____

Mothers Country of Birth: _____ **Language Spoken at Home:** _____

Mothers Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

Does this child live with their mother? (please tick) Yes ☐ No ☐

Fathers Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Fathers Phone No: **H:** _____ **W:** _____ **M:** _____

Fathers Country of Birth: _____ **Language Spoken at Home:** _____

Fathers Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

Does this child live with their father? (please tick) Yes ☐ No ☐

Only if applicable

Guardians Name: _____ **DOB:** ____ / ____ / ____ **Customer Reference Number:** _____

Home Address: _____

Guardians Phone No: **H:** _____ **W:** _____ **M:** _____

Guardians Country of Birth: _____ **Language Spoken at Home:** _____

Guardians Work Details: F/time ☐ P/time ☐ Study ☐ Home Duties ☐ Other ☐

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

CUSTODY ARRANGEMENTS

Child resides with: Both Parents Shared Access Mother Only Father Only
(Please Circle)

Parents with shared access may be required to complete another enrolment form 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 the contact with a parent or other persons? **Yes/ No**

Please provide legal documentation. (Court orders)

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.

Emergency Contacts

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Name: _____ **Relationship to Child:** _____

Home Address: _____

Contacts Phone No: H: _____ **W:** _____ **M:** _____

Authorisation & Declaration 2019

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

Dietary Requirements

Does the child have any dietary restrictions? Yes ☐ No ☐ (please tick) **If Yes:** Please provide details.

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? 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

Allergies

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

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

Does your child have any other medical conditions? (E.g. asthma, epilepsy, diabetes etc., relevant to the care of your child? (please tick) Yes ☐ No ☐

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

Please note if your child has a medical condition, allergy, asthma or dietary requirements you will to complete the additional form in the student pack to provide the service with further details regarding your child's allergy or medical condition. We may request further information

Child's Interests

Art & Craft ☐ Drawing ☐ Board Games ☐ Dramatic Play ☐ Construction Toys ☐

Drama ☐ Music ☐ Structured Games ☐ Reading ☐ Cooking ☐

Other activities your child enjoys: _____

Additional Information

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

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.

Name: _____ Relationship to Child: _____

Home Address: _____

Contacts Phone No: H: _____ W: _____ M: _____

Name: _____ Relationship to Child: _____

Home Address: _____

Contacts Phone No: H: _____ W: _____ M: _____

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.

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.

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?

BEFORE & AFTER SCHOOL CARE BOOKINGS

Please read attached booking information before completing this section.

Before School Care (7.30am – 8.45am) (Please tick appropriate box) Commencement Date: _____

Permanent Daily Basis ☐ Permanent Days Circled ☐ Casual Days & Emergencies ☐
(Please nominate days) Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐

After School Care (3.30pm – 6.00pm) (Please tick appropriate box) Commencement Date: _____

Permanent Daily Basis ☐ Permanent Days Circled ☐ Casual Days & Emergencies ☐
(Please nominate days) Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐

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. Please complete the following fee agreement

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

Name: _____

Email Address : _____

Home Address: _____

I _____ 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: _____

DECLARATION

Parents please read and initial each individual declaration statement.

I/We have read the cancellation and booking procedures and agree to abide by the requirements and late penalties.

I/We understand it is my/our responsibility to inform the program if my/our child is not attending the program for a regular or casual booking.

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.

I/We realise the program must be informed if my child is being collected by another person.

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.

I/We realise that 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.

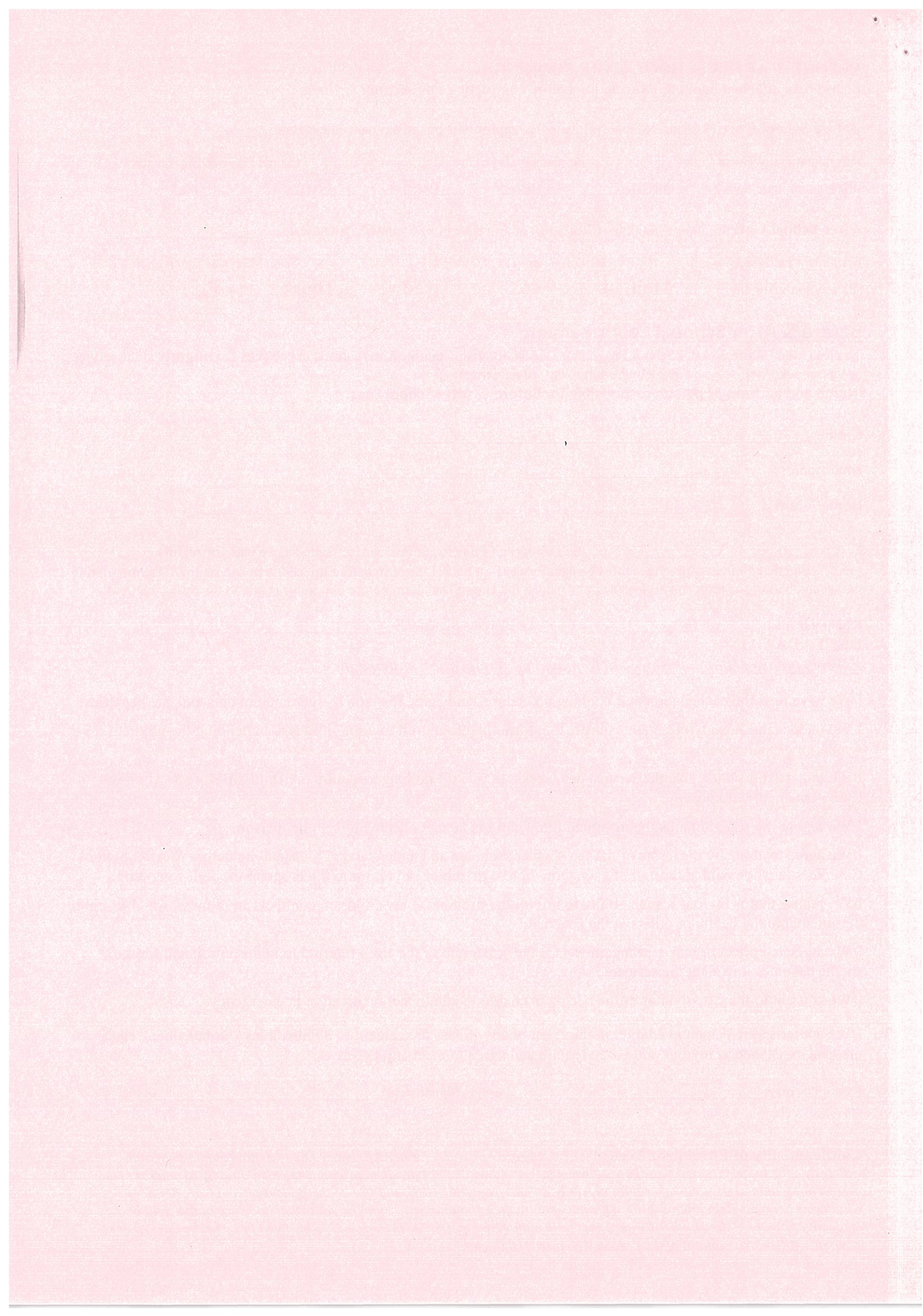
I/We agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service.

I/We consent to the Coordinator or the person in charge to administer medication in emergency.

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's Name: _____ Parents Signature: _____

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 2019

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 For

Birth Date: / /

Date revised: / /

.....

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

Fruit & Vegetables	Breads	Spreads	Dips
Apples	Pita	Margarine	Hommus
Oranges	French stick	Nuttelek	Tzatziki
Banana	Multigrain bread	Cheese Spread	French onion
Watermelon	White bread	Vegemite	Spring onion
Pears		Strawberry Jam	Cheese and chive
Tomatoes	Cereals	Honey	Other.....
Carrots	Wheat bix		
Cucumber	Vita Bix		Cheese
Grapes	Uncle Toby's Quick oats Creamy Honey		Tasty Cheese
Strawberries	Be Natural Pink Apple Cereal		Feta Cheese
Rock Melon			Other foods please specify:
Kiwi fruit	Biscuits	Drinks
Honey dew	Savoy	Milo
Pineapple	Sao	Milk
Rockmelon	Country cheese	Soy Good
Beans	Cheds	Bonsoy
Capsicum	Cruskits	Orange Juice
Snow Peas	Water biscuits		
Dried fruit i.e Sultanas	Rice Crackers plain,		
Onion	Rice Cracker flavoured		
Other			

****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.***

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Australian Government

CHILD
CARE
PACKAGE

The New ChildCare Package

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

Starts 2 July 2018



Find out more: 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

Annual subsidy cap
per child

No cap

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

Increase to \$10,190*

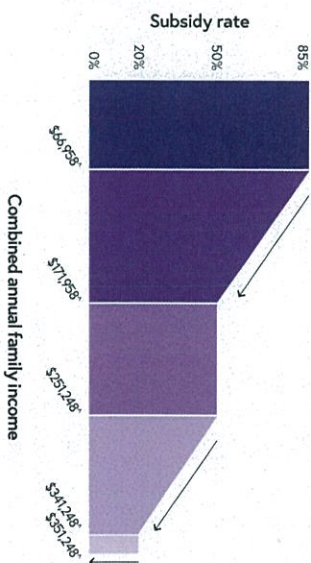
*These amounts are correct for 2018/19 and may be subject to adjustment through indexation in subsequent years.

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



APRIL 2018

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*	
Less than 8 hours	24 hours
For families earning up to \$351,248*	
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* per hour
- Family day care – \$10.90* per hour
- Outside school hours care – \$10.29* per hour
- In Home care – \$25.48* 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



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



Australian Government

CHILD
CARE
PACKAGE

Authorised by the Australian Government, Capital Hill, Canberra.