

**TOOLAMBA PRIMARY SCHOOL – OHSC for SCHOOL HOLIDAY PROGRAM**  
dated 1/7/2024 to 12/7/2024

**Child's Details**

**First Name\***

**Last Name\***

**Primary Carer Details**

**First Name\***

**Last Name\***

**Phone Number**

**Alternate contacts for pickup and in case of Emergency**

**Alternate Contact 1**

**First Name\***

**Last Name\***

**Phone Number**

**Authorisation**

- I authorise this person to be an emergency contact.
- I authorise this person to collect this child. This will give them access to the Hub to allow them to sign a child in and out.
- I authorise this person to authorise administration of medication on behalf of this child.
- I authorise this person to authorise an educator to take the child outside the education and care services premises.
- I authorise this person to authorise the child being transported by the service or on transportation arranged by the service.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

## Alternate Contact 2

**First Name\***

**Last Name\***

**Phone Number**

### Authorisation

- I authorise this person to be an emergency contact.
- I authorise this person to collect this child. This will give them access to the Hub to allow them to sign a child in and out.
- I authorise this person to authorise administration of medication on behalf of this child.
- I authorise this person to authorise an educator to take the child outside the education and care services premises.
- I authorise this person to authorise the child being transported by the service or on transportation arranged by the service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Consents

	Agree	Disagree
Do you consent for the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance in the event you cannot be contacted?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for your child to be transported by an ambulance service?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to take photographs and videos of your child during normal activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to provide your child with a sun safe hat for outdoor activities?	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being un-contactable in consultation with the director or nominated supervisor.	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to apply sunscreen for your child before outdoor activities and excursions?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent for the service to administer Ventolin or Epi-pen to your child in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
I agree to accurately record the time of arrival and departure of my child from the service in accordance with the service requirements.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for educators and school teachers/principals to share information about my child in relation to their care and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>

**Agree**

**Disagree**

I give permission for my child to use/view technology (i.e. Tablet, TV, iPod)



I give permission for my child to participate in regular local excursions from the service by foot such as the youth space and Colaura Gardens.



I give my permission for my child to travel by bus to excursions on the following dates:

**3/7/2024**

**4/7/2024**

**9/7/2024**

**11/7/2024**

I give permission for my child to participate in art activities such as painting, tie die, lava lamps, bath bombs etc.



I give permission for my child to participate in baking.



I give permission for my child to participate excursions which incur an additional cost specifically to:



1. Aquamoves **\$5**



2. Emerald Bank Mini Golf & Rebound **\$25**



3. Star Bowl **\$15**



4. Kyabram Fauna Park & Kyabram Movies 'IF' **\$20**



I give permission for the above charges to be put on my family account. These charges are not eligible for the CCS and will be applied at full cost.



I give permission for my child to watch PG rated movies and under. The movie 'IF' is rated PG and will be viewed at Kyabram Plaza. All other movies will take place at the school.

**Agree**

**Disagree**

I give permission for my child's photo to be displayed in public places.

I agree to notify the service when my child is to be collected by any person other than those listed on this enrolment form in accordance with the services policies and procedures.

**Declarations\***

**Agree**

**Disagree**

I have read and understood the services policies and procedures and agree to follow these as a condition of enrolment (available at the service or via your parent handbook).

Do you agree to collect or make arrangement for the collection of your child if they become unwell at the service?

Do you agree to keep your child away from the service if they display any symptom that could be considered contagious?

**Agree**

**Disagree**

I give permission for my child to participate in regular evacuation drills or an actual evacuation when necessary. I understand that my child will be relocated from the service under the supervision of their educator and service team member to a safety zone for evacuation purposes.

I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

I am aware that fees are charged weekly and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

I declare that I am the applicant named in the form and that all information and documents provided as part of my application are true and correct.

I understand that the daily fee is \$78 per child.

I understand that without 3 days' notice, I will be charged the full-service fee of \$78. CCS gap may be waived in certain circumstances.

I understand that Xplor has provided a general enrolment form. Any difference or ambiguity between Xplor's enrolment form and the service's terms and conditions will be governed by the service's terms and conditions.

Signature

Name

Date