

# Before & After School Care Bookings & Cancellations

## Permanent Before & After School Care Bookings

Please read the booking and cancellation information before you indicate on the enrolment form the number of days you would like your child to attend the program. Please attach a copy of your child's immunisation form when you submit your enrolment form.

### Program Hours

Before School Care	7.30am to 8.45am
After School Care	3.30pm to 6.00pm
School Holiday Program & Pupil Free Day Care	8.00am to 6.00pm

### Out of School Hours Fees

Before School Care	\$14.00 per session
After School Care	\$18.00 per session
School Holiday Program & Pupil Free Day Care	\$55.00 per day
Family Registration Fee	\$15.00 per year

### Before School Care

Children requiring breakfast during a Before School Care session must arrive at the program before 8.10am to order their breakfast.

### Before School Care Cancellations

The program must be informed of Before School Care Cancellations by 6.00pm the night before care is required. Families who fail to cancel the night before or on the morning the care is required will be charged the full Before School Care rate.

**Please Note: Child Care Benefit & Child Care Rebate does not apply to cancellations fees.**

### Before School Care Cancellations

The following fees apply to **Before School Care** cancellations.

<b>Cancellation</b>	<b>Fee</b>
Failure to cancel the Before School Care Booking.	<b>Full Fee \$14.00</b>
Cancellation after 6.00pm the night before care is required.	<b>Half Fee \$7.00</b>
Cancellation on the morning care is required, due to the child being absent from school on that day due to illness.	<b>No Charge if the program is notified before 8.00am on the day.</b>
Cancellation the day before care is required.	<b>No Charge if the program is notified before 6.00pm on the day before care is required.</b>

### Prep Children

In the first term prep children attending the After School Care program will be collected from their classroom and taken to the After School Care Program. Alternately prep children attending Before School Care will be escorted to class in the morning.

### Bookings for Families with Shared Access.

Parents with children attending alternative weeks due to shared access arrangements will be required to complete separate enrolment forms. Please contact the OSHC Coordinator for further information.

### Casual Before & After School Care Bookings

Families will be informed at the beginning of the year if the program has the availability to accept casual Before & After School Care bookings.

### **After School Care Cancellations**

The program must be informed of After School Care cancellations by 9.00am on the day care is required. Families who fail to contact the program late on the day care is required will be charged at the full After School Care rate.

**Please Note:** *Child Care Benefit does not apply to cancellations fees.*

### **After School Care Cancellations**

The following fees apply to **After School Care** cancellations.

<b>Cancellation</b>	<b>Fee</b>
Failure to cancel an After School Care Booking.	<b>Full Fee \$18.00</b>
Cancellation before 9.00am on the day care is required.	<b>No Charge</b>
Cancellation after 9.00am or before 3.30 pm on the day care is required.	<b>Half Fee \$9.00</b>
Cancellation on the day, care is required, due to the child being sent home from school sick	<b>No Charge</b>

### **Child Care Benefit & Child Care Rebate**

Families can apply for the 50% Child Care Rebate and Child Care Benefit (reduced fees) by providing a letter of eligibility from Centrelink. Families currently receiving Child Care Benefit &/or Child Care Rebate with another service are only required to provide their family and child's Centrelink customer reference on the enrolment form.

Families can apply for Child Care Benefit & Child Care Rebate by obtaining an application form from the Centrelink web site or download the Centrelink App, for further information contact Centrelink(Ph:136 150)

### **Parent Handbook**

Families will receive an information booklet at the beginning of the school year.

### **For Further Information**

Contact the Out of School Hours Coordinator  
April Kopitz 9578 5826

**ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2016**

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

Childs Details

**Child's Name:** \_\_\_\_\_ **DOB:** / / **Grade:** \_\_\_\_\_ **Gender:** M  F

**Child Usually Called:** \_\_\_\_\_ **Child's Customer Reference Number:** \_\_\_\_\_

*We require a parent & child Centrelink Customer Reference Number if you require Child Care Benefit (Fee Reduction) and/or the 50% Rebate.*

**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 relation to the child or access of the child. **Yes/ No**

or other orders relating to the child's residence or the contact 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.

#### **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 2016

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**

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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 your 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?
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### **Dietary Requirements**

Does the child have any dietary restrictions? Yes  No  (please tick) **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? 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? (please tick) Yes  No

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

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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? (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.

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**Please note if your child has a medical condition, allergy, asthma or a dietary requirement you will receive additional forms by post, to provide the service with further details regarding your child's allergy or medical condition.**

### **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**

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) (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**. Please complete the following fee agreement.

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

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

**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 it is my/our responsibility to inform the program if my/our child 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 2009. 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.*

