

# Before and After School Care Booking and Cancellations

## Permanent Before & After School Care

If you indicate on the enrolment form that your child/ren will be attending the program on a permanent basis 5 days a week or attending permanent part time less than 5 days a week (e.g. Tuesday and Thursday) at the Before School Care or After School Care Program or a combination of bookings at both services.

## Fees

|   |  |
|---|--|
| <b>Before School Care</b>                                   | <b>\$12.00 per session</b>               |
| <b>After School Care</b>                                    | <b>2014 Session fee to be announced.</b> |
| <b>Family Registration Fee</b>                              | <b>\$15.00 per year</b>                  |
| <b>School Holiday Program<br/>&amp; Pupil Free Day Care</b> | <b>\$50.00 per day</b>                   |

## Casual Before School Care Bookings

Casual Before School Care bookings will be accepted the day before the care is required between 7.30 am and 6.00 pm Monday to Friday.

## Emergency Before School Care Bookings

If the program has enough available places the Before School Care Program will accept emergency bookings by phone on the morning the care is required.

**Parents are not to arrive at the Before School Care Program without a booking.**

## Before School Care Breakfast

Children that require breakfast during the Before School Care session must arrive at the program by 8.10 am to order their breakfast. Children who arrive late will be offered a muesli breakfast bar, juice or milk.

## Before School Care Cancellations

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

**Please note:** Child Care Benefits does not apply to cancellation fees. (See Child Care Benefit Information).

## Before School Care Cancellation Fees.

The following fees will apply to cancellations:

| <b>Cancellation</b>   | <b>Fee</b>   |
|---|--|
| Failure to cancel booking   | Full fee \$12.00   |
| Cancellation after 6.00pm the night before care is required.<br>Or the morning care is required | Half Fee \$6.00  |
| Cancellation the day before care is required  | No charge if program is notified before 6.00 pm the day before care is required. |

## 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.

## Emergency After School Care Bookings

If the program has enough available places the After School Care Program will accept emergency bookings by phone on the day the care is required. Parents can contact the program the day the care is required between 7.30 am and 3.20 pm.

### **After School Care Cancellations**

The program must be informed of After School Care Cancellations by 9.00 am on the day care is required. Families who fail to cancel or contact the program late on the date the care is required will be charged at the full After School Care rate Please note: Child Care Benefit does not apply to cancellation fees. (See Child Care Benefit Information.)

### **After School Care Cancellations Fees**

The Following fees apply to cancellations

|   |           |
|---|-----------|
| Failure to Cancel Booking                                       | Full fee  |
| Same day cancellation after 3.00pm                              | Full fee  |
| Same day cancellation after 9.00am before 3.00pm.               | Half fee  |
| Same day cancellation before 9.00am                             | No Charge |
| Cancellation day before care is required                        | No Charge |
| Same day cancellation due to child being sent home from school. | No Charge |

### **Bookings from Parents with Shared Access**

Parents with children who will be attending alternative weeks will be required to complete a separate enrolment forms & booking sheet. (Please see co coordinator for details)

### **Prep Children**

In the first weeks of term one prep children who are attending the After School Care Program are collected from the classroom to adjust to the routine. Prep children attending Before School Care will also be escorted to the classroom in their first weeks of school.

### **Fees and Child Care Benefit & Child Care Rebate**

Families who are currently receiving Child Care Benefit or the 50% Child Care Benefit Rebate with another child care service can apply for Child Care Benefit (reduced fees )or the 50% Child Care Rebate by providing the service with letter of eligibility from Centrelink.

Families who would like to apply for Child Care Benefit and the 50% Child Care Rebate must complete a Child Care Benefit application form.

Application forms can be obtained from the Centrelink web site or your local Centrelink office.

For Information contact Centrelink (Ph:136150)

Please quote our provider numbers when completing a claims form or contacting Centrelink.

Before School Care Provider Number. **(555 014 353J)**

After School Care Provider Number. **(555 008 131A)**

Vacation Care Provider Number. **(407 134 754H)**

For more information or to obtain a CCB claims form, contact the program or Centrelink. (Phone 136150)

### **Parent Handbook**

Families will receive an information booklet when they submit this form to the program.

Please read this information to ensure you understand all aspects of procedures and protocols within the service.

For Further Information

Out of School Hours Co ordinator

April Kopitz Ph:9578 5826

**ORMOND PRIMARY SCHOOL OUT OF SCHOOL HOURS PROGRAM  
ENROLMENT FORM 2014**

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

Childs Details

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

**Child Usually Called:** \_\_\_\_\_

**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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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:**

*Please provide legal documentation. (Court orders) Families must provide a copy of court orders to the school and the program.*

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### **Lawful Authority**

(Please Read)

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

#### *Guardians*

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

### **Emergency Contacts**

Please provide two emergency contacts the service can call when the parents cannot be contacted. (Re: Illness, injury or the child remaining at the service after closing time.)

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

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

**Name:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

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

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

### **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 an exemption letter from a doctor.

## **Child Health Information**

Does your child have any special needs? (please tick) Yes ☐ No ☐

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

## **Anaphylaxis**

Has your child had an anaphylactic reaction? (please tick) Yes ☐ No ☐

If yes please explain the symptoms and what the reaction was.

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.

Does your child have any other medical conditions? (e.g. asthma, epilepsy, diabetes etc that is 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.

### **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<br>(e.g. puffer & spacer, tubuhaler) | When & how much? |
|--------------------|---|------------------|
|                    |   |                  |

### **Dietary Requirements**

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

### **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 accommodate your child.

### **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 ☐ **(Please nominate the days you require care)**

Mon ☐    Tues ☐    Wed ☐    Thur ☐    Fri ☐

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

Permanent Daily Basis ☐      Permanent Days Circled ☐ **(Please nominate the days you require care)**

Mon ☐    Tues ☐    Wed ☐    Thur ☐    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 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 *Ormond Primary Out of School Hours Program will ensure the information in this child's enrolment record will be not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services Regulations 2009 (regulation 35(1) (d-e*