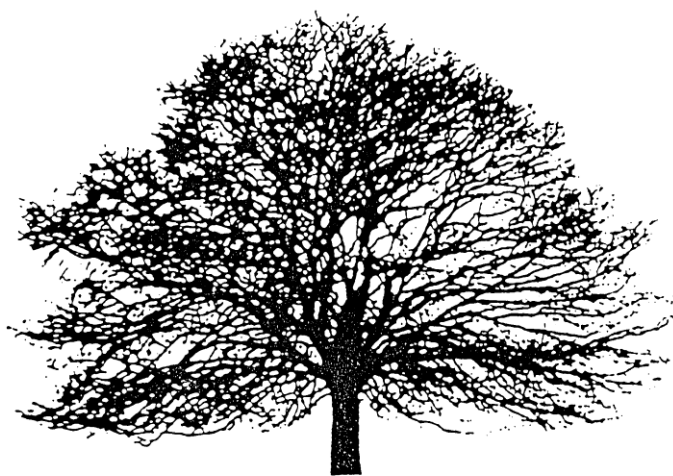


Outside School  
Hours Care  
Enrolment form  
2019- 2020



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VERMONT

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PRIMARY

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SCHOOL

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*Learning For Our Future*

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## OUTSIDE SCHOOL HOURS CARE

Thank you for choosing Vermont Primary School OSHC.

To assist us in looking after your child/ren, we ask that you fully complete the enrolment forms and forward them to us with all the information that is needed in the checklist. We require these forms to be completed every year to ensure our records are up-to-date and compliant.



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We look forward to supporting your family by providing your child learning experiences and care in a safe and fun environment.

If you have any queries regarding these forms you can drop in or contact the service on:

**0419 208028 or 9874 2511** OR [oshc@vermontps.vic.edu.au](mailto:oshc@vermontps.vic.edu.au)

## CHECKLIST

Before returning these forms, please complete the following checklist to ensure you have included all the required information.

I have completed and signed the following forms:

- Family Enrolment Form\*
- Child Enrolment Form\*
- Enrolment Agreement\*
- Information Required for Child Care Subsidy \*
- Information of any management procedure of a child's behavioural or physical needs

I have included copies of the following documents:

- Health records showing immunisation status
- Letter of Objection to immunise the child/ren and agree to withdraw your child/ren if needed

I have included copies of the following documents: (if required):

- Medical action plans (if your child has an allergy or intolerance)
- Documents regarding custody/ court orders
- Documents regarding additional needs or diagnosed disability

\* A Child Enrolment Form and Enrolment Agreement needs to be completed for each child.

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Family Enrolment Details:

Please ensure that names provided are consistent with those registered with the Family Assistance Office. Primary parent /carer 1 is the main holder of the family CRN and CCB numbers.

\* Denotes **MUST** have information e.g. different email address

### Primary Parent/Carer 1 Details: Main CRN holder

\*Full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cultural Background \_\_\_\_\_

\*Centrelink CRN Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Relationship to Child/ren \_\_\_\_\_

\*Contact Numbers (H) \_\_\_\_\_ \*( Mob) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

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

Is English your first language **YES/ NO** If No what language is spoken at home:

\_\_\_\_\_ & \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander Background? **YES / NO**

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### Primary Parent/Carer 2 Details:

\*Full name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cultural Background \_\_\_\_\_

\*Centrelink CRN Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ (if different from parent/ carer 1)

\*Relationship to Child/ren \_\_\_\_\_

\*Contact Numbers (H) \_\_\_\_\_ \*( Mob) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

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

Is English your first language **YES/ NO** (please circle) If No what language is spoken at home:

\_\_\_\_\_ & \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander Background? **YES / NO**

### Care Arrangements relating to the child/ren

Are there any current written arrangements **OR** court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

**YES/ NO**

If **YES** Please bring the **original** court order/s OR written arrangements for staff to see **and a copy to attach to this enrolment form**. This can also include Co-parenting plans, custody orders, contact orders and residence orders.

**Child/ren's Enrolment Form:**

**Child A:**

**Full Name** \_\_\_\_\_

(Preferred Name) \_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ M / F

Child's CRN Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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**Child B:**

**Full Name** \_\_\_\_\_

(Preferred Name) \_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ M / F

Child's CRN Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

---

**Child C:**

**Full Name** \_\_\_\_\_

(Preferred Name) \_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ M / F

Child's CRN Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

---

**Child D:**

**Full Name** \_\_\_\_\_

(Preferred Name) \_\_\_\_\_

Date of birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_ M / F

Child's CRN Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are any of the children you are enrolling of Aboriginal or Torres Strait Islander background?

**YES / NO** (Please circle)    Child A    Child B    Child C    Child D

If YES please provide details: \_\_\_\_\_

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Authorised Emergency Contacts:

This person **MUST** be Other than the Parent or Carer listed on page 3 of the Family Enrolment Form.

This person **MUST** be of legal age and live within 30minutes travel from the OSHC service.

Authorised Emergency contacts will also be asked for ID when collecting the child/ren at any time.

## Authorised Emergency Contact 1

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

This person is authorised on my behalf to carry out the following responsibilities for my child:

(Please tick appropriate authorities):

- Consent to all medical treatment as required.
- Authorise administration of all medication.
- Authorise an educator to take the child outside the OSHC service premises for recreational or excursion activities.
- Collect the child from the OSHC service.

**Relationship to child:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **P/code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **\*Mobile:** \_\_\_\_\_

Signature of authorised person: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this, the authorised person agrees to take on this role as Emergency contact.

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## Authorised Emergency Contact 2

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

This person is authorised on my behalf to carry out the following responsibilities for my child:

(Please tick appropriate authorities):

- Consent to all medical treatment as required.
- Authorise administration of all medication.
- Authorise an educator to take the child outside the OSHC service premises for recreational or excursion activities.
- Collect the child from the OSHC service.

**Relationship to child:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **P/code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **\*Mobile:** \_\_\_\_\_

Signature of authorised person: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this, the authorised person agrees to take on this role as Emergency contact.

---

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Authorised Emergency Contact 3

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

This person is authorised on my behalf to carry out the following responsibilities for my child:

(Please tick appropriate authorities):

- Consent to all medical treatment as required.
- Authorise administration of all medication.
- Authorise an educator to take the child outside the OSHC service premises for recreational or excursion activities.
- Collect the child from the OSHC service.

**Relationship to child:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **P/code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **\*Mobile:** \_\_\_\_\_

Signature of authorised person: \_\_\_\_\_ Email ; \_\_\_\_\_

By signing this, the authorised person agrees to take on this role as Emergency contact.

---

## Authorised Emergency Contact 4

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

This person is authorised on my behalf to carry out the following responsibilities for my child:

(Please tick appropriate authorities):

- Consent to all medical treatment as required.
- Authorise administration of all medication.
- Authorise an educator to take the child outside the OSHC service premises for recreational or excursion activities.
- Collect the child from the OSHC service.

**Relationship to child:** \_\_\_\_\_

**\*Address:** \_\_\_\_\_ **P/code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **\*Mobile:** \_\_\_\_\_

Signature of authorised person: \_\_\_\_\_ Email: \_\_\_\_\_

By signing this, the authorised person agrees to take on this role as Emergency contact.

---

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Medical Information: Child 1

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

Does your child regularly experience any of the following? Please provide details in space provided below. If yes, an individual action/medical care plan or management procedure by an authorised medical practitioner may be required.

**KNOWN ALLERGIES:** YES / NO (please circle)

What causes the allergy? \_\_\_\_\_ Reaction is Mild / Severe Anaphylactic  
**(Epipen must be provided to the service at all times child is in care).**

Symptoms: \_\_\_\_\_

Please provide details of any allergy management plans:

Action plan attached: **NO / YES**

**(A current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment)**

---

**DIETARY RESTRICTION:** YES / NO (please circle)

Medical / Personal Choice / Religious (Please provide details)

---

**INTOLERANCES:** YES / NO (please circle)

What causes the intolerance? \_\_\_\_\_ Reaction is: Mild / Severe

Symptoms: \_\_\_\_\_

Current Action plan: **YES / NO (please circle)** If **NO** please provide details

---

**ASTHMA:** YES / NO (please circle)

Reaction is: Mild / Severe

**(In order to proceed with this enrolment a current action plan is required)**

What symptoms does your child present with experiencing asthma?

Asthma plan provided? **YES / NO (please circle)** (updated plan required when a change occurs)

---

**EPILEPSY:** YES / NO (please circle)

Reaction is: Mild / Severe

**(In order to proceed with this enrolment a current action plan is required)**

Are there any known triggers:

Date of last episode: \_\_\_\_\_ Trigger (If known): \_\_\_\_\_

Current Action Plan: **YES / NO (please circle)**

---

**DOES YOUR CHILD HAVE ANY SPECIAL NEEDS:**

YES / NO (please circle)

**If so what are they and please provide any management procedure to be followed with respect to your child's needs.**

\_\_\_\_\_

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Medical Information: Child 2

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

Does your child regularly experience any of the following? Please provide details in space provided below. If yes, an individual action/medical care plan or management procedure by an authorised medical practitioner may be required.

**KNOWN ALLERGIES:** YES / NO (please circle)

What causes the allergy? \_\_\_\_\_ Reaction is Mild / Severe Anaphylactic  
(Epipen must be provided to the service at all times child is in care).

Symptoms: \_\_\_\_\_

Please provide details of any allergy management plans:

Action plan attached: NO / YES

(A current year action plan from a medical practitioner together with a current photo is required in order to proceed with this enrolment)

---

**DIETARY RESTRICTION:** YES / NO (please circle)

Medical / Personal Choice / Religious (Please provide details)

---

**INTOLERANCES:** YES / NO (please circle)

What causes the intolerance? \_\_\_\_\_ Reaction is: Mild / Severe

Symptoms: \_\_\_\_\_

Current Action plan: YES / NO (please circle) If NO please provide details

---

**ASTHMA:** YES / NO (please circle)

Reaction is: Mild / Severe

(In order to proceed with this enrolment a current action plan is required)

What symptoms does your child present with experiencing asthma?

Asthma plan provided? YES / NO (please circle) (updated plan required when a change occurs)

---

**EPILEPSY:** YES / NO (please circle)

Reaction is: Mild / Severe

(In order to proceed with this enrolment a current action plan is required)

Are there any known triggers:

Date of last episode: \_\_\_\_\_ Trigger (If known): \_\_\_\_\_

Current Action Plan: YES / NO (please circle)

---

**DOES YOUR CHILD HAVE ANY SPECIAL NEEDS:**

YES / NO (please circle)

If so what are they and please provide any management procedure to be followed with respect to your child's needs.



# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

**Name Doctor/Medical Service:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Address Doctor/Medical service:

\_\_\_\_\_

Does your child have an immunisation record? **YES / NO (please circle)**

If **YES**, please provide to the service a copy of any relevant documents.

If **No** please provide us with a letter stating that the child is not immunised and that in case of an outbreak your child will be excluded from the service until such time as the "EXCLUSION" table mandates.

**A child's health record documents a child's health and development assessments and immunisations.**

Medicare Number .....

Are you an Ambulance member **NO / YES** (Please circle) .....

## **Code of Behaviour:**

**Privacy Acknowledgement:** I acknowledge the information provided by me is to be used by Vermont Primary School OSHC for the sole purpose of providing OSHC and Vacation Care services for my child/ren and that the information will only be released when legally required to do so.

I understand that full disclosure of any additional needs for my child/ren is mandatory.

Vermont Primary School OSHC "**Duty of Care**" will ensure that the children's safety and privacy is of the highest priority at all times:

## **Consent to watch DVD**

I give my consent for my child to watch 'G' and 'PG' Rated Movies and DVDs at Out of School Hours Care and at a cinema during Vacation Care and Curriculum Days, in accordance with the Children's Regulation, outlined by ACECQA and Children's Services Regulations 2011.

Staff will always be in attendance and mindful of children's emotions when watching any DVD or Movie.

**YES / NO (please circle)**

## **Photo permission:**

Photos, Digital images and Video's will be taken from time to time to reflect and cover our Frameworks as set down by ACECQA and the National Children's Regulations 2011. Please indicate if you do not wish for your child to be in the photo. We will do our best to cover and crop the photo, making sure your child is on the end or up the back etc. We will only use photos with parent permission in the school newsletter and website.

**YES / NO**

## **Hairspray:**

I allow my child/ren to have their hair decorated with coloured hairspray during programmed activities

**YES / NO**

## **Face Painting:**

I allow my child/ren to have their face painted during programmed activities.

**YES / NO**

## **Travel Consent:**

I allow my child/ren to travel supervised by walking, where necessary to and from the school attended by my children and planned excursions during term. I understand that due care will be taken at all times by Vermont Primary School OSHC Educators.

**YES / NO**

***A risk assessment for any Vacation Care, Incursions and excursions will be prepared and is available to parents and carers upon request.***

# VERMONT PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE

## Conditions of Enrolment:

- I/We authorise the nominated supervisor, educator to provide any required first aid and to facilitate medical attention in the event of an emergency. I/We give permission for staff to obtain any medical, hospital and transportation of a child by an ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. I/We understand that every effort will be made to contact me/us in the event of any illness or accident (Reg. 161)
- On enrolling my/our child/ren I/we understand that the service is unable to care for children who are sick or who have a contagious illness.
- I/We understand that the service is unable to administer medication unless it is in its original container with the dispensing label attached listing the child as the prescribed person, and the dosage to be given. This includes prescribed (e.g. antibiotics) and non-prescribed medication (e.g. paracetamol).
- Prescribed medication for allergies including asthma and anaphylaxis, will only be administered when it is accompanied by written instructions from the child's medical practitioner, is in the original container and the service medication form is completed.
- I/We agree to complete the service medication form detailing the dose, time and date of last dose of any medication given to my/our child so as to reduce the risk of overdosing.
- I/We give permission for first aid qualified educators to administer first aid and/or medication to my/our child as required.
- I / We have received and read the OSHC Parent Handbook and agree to be bound by the information and policies outlined by the Vermont Primary School OSHC service.
- I / We have read the Behavioural Exclusion Policy (see parent handbook) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Behavioural Exclusion Policy and that the positive strategies that are outlined in the Behavioural Exclusion Policy will be implemented if my child/ren is in breach of the guidelines.

Signatures:

Parent/Carer 1 \_\_\_\_\_ Parent/Carer 2 \_\_\_\_\_

## Disclaimer:

I / We hereby give permission for my child/ren to attend Vermont Primary School OSHC and agree to abide by Vermont Primary School OSHC Policies relating to opening hours, signing in and out of children, sickness, payment of fees, including late fee payment, and suspension due to program disruptions/safety issues.

I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at Vermont Primary School OSHC has been included. I understand that my responses to the above information will be acted upon as I have directed and any alteration to this information made by me will need to be made in writing.

I / We have read all enrolment questions and conditions and agree to abide by them.

I / We give permission for Child A \_\_\_\_\_ Child B \_\_\_\_\_

Child C \_\_\_\_\_ Child D \_\_\_\_\_ to attend Vermont Primary School OSHC and will not hold the service, its staff or volunteers responsible for damages and/or loss of property and/or accident.

Parent / carer signature.....&.....

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