

**SJB OUT OF SCHOOL HOURS CARE ENROLMENT FORM 2017/18**

Before School Care 7:15 - 8:45am

After School Care 3.30pm - 6.15pm

BOOKINGS CANNOT BE MADE UNTIL ENROLMENT
FORMS ARE RECEIVED BY OSHC STAFFEmail: office@communityoshcservices.com
Ph: 0405529972

How did you hear about this program?	Friend	Website	Internal marketing	Previously enrolled
*ESSENTIAL INFORMATION: Please add if claiming CCB/CCR, otherwise enrolment cannot be processed. The service may charge a fee if backdating of attendances is required due to not receiving CRN details.				
PARENT 1 DETAILS				
Family name	Given name			
Title	Mr	Mrs	Ms	Miss
*Date of Birth (ESSENTIAL)				
*CRN (ESSENTIAL)		*Number of children claiming CCB		
*Child's CRN (ESSENTIAL)				
Address	Postcode			
Telephone(H)	Telephone (W)			
Mobile	Email			
Language	Family Cultural Background			
Occupation				
PARENT 2 DETAILS As previous details				
Family name	Given name			
Title	Date of birth			
Address	Postcode			
Telephone(H)	Telephone (W)			
Mobile	Email			
Language	Family Cultural Background			
Occupation				
EMERGENCY CONTACT DETAILS 1 As previous details or Authorised Nominee				
Surname	First name			
Address	Postcode			
Telephone(H)	Telephone (W)			
Mobile	Relationship			
EMERGENCY CONTACT DETAILS 2 As previous details or Authorised Nominee				
Surname	First name			
Address	Postcode			
Telephone(H)	Telephone (W)			
Mobile	Relationship			
DOCTOR'S NAME:				
CLINIC				
Address		Telephone		
Medicare No #	Private Health Fund	Ambulance Cover	Yes	No
CUSTODY ACCESS				
Is there a court order, parenting order or parenting plan in place: Yes/No If yes please provide a copy and see the Educator. Unless a copy of the court order is provided to us we are unable to uphold the requirements.				

CHILD 1 INFORMATION			
First name		Child's Surname	
Date of birth	Age	Male Female	Child's School
Child's CRN (ESSENTIAL)			
Languages		Family Cultural Background	
Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests.			
What support does your child require? Please also discuss with the Educator.			
Illness/Accident History			
Please list any allergies,			
Is your child at risk of anaphylaxis?			
Yes		No	
Does your child have a medical management plan?			
Yes		No	
If yes, please provide a copy and speak to the OSHC Supervisor or Educator.			
We cannot accept any child without a current copy of a medical management plan.			
Standard VIC Vaccination Schedule		Completed	Non-immunised
Please ensure a staff member sights a copy of your child's immunisation record when enrolling.			Staff Signature
Please circle to rate your child's swimming level:		1.	Non-swimmer
		2.	Swims with floaties in deep water
		3.	Can swim less than 10m unassisted in deep water
		4.	Can swim up to 25m unassisted in deep water
		5.	Can swim competently up to 50m or more in deep water

CHILD 2 INFORMATION			
First name		Child's Surname	
Date of birth	Age	Male Female	Child's School
Child's CRN (ESSENTIAL)			
Languages		Family Cultural Background	
Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests. What support does your child require? Please also discuss with the Educator			
Illness/Accident History			
Please list any allergies,			
Is your child at risk of anaphylaxis?			
Yes		No	
Does your child have a medical management plan?			
Yes		No	
If yes, please provide a copy and speak to the OSHC Supervisor or Educator.			
We cannot accept any child without a current copy of a medical management plan.			
Standard VIC Vaccination Schedule		Completed	Non-immunised
Please ensure a staff member sights a copy of your child's immunisation record when enrolling.			Staff Signature
Please circle to rate your child's swimming level:		1.	Non-swimmer
		2.	Swims with floaties in deep water
		3.	Can swim less than 10m unassisted in deep water
		4.	Can swim up to 25m unassisted in deep water
		5.	Can swim competently up to 50m or more in deep water

CHILD 3 INFORMATION

First name _____ Child's Surname _____

Date of birth _____ Age _____ | Male | Female _____ Child's School _____

Child's CRN (ESSENTIAL) _____

Languages _____ Family Cultural Background _____

Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests. What support does your child require? Please also discuss with the Educator
 Illness/Accident History _____

Please list any allergies,
 Is your child at risk of anaphylaxis?
 Yes _____ No _____
 Does your child have a medical management plan?
 Yes _____ No _____
 If yes, please provide a copy and speak to the OSHC Supervisor or Educator.
 We cannot accept any child without a current copy of a medical management plan.

Standard VIC Vaccination Schedule _____ Completed _____ Non-immunised _____
 Please ensure a staff member sights a copy of your child's immunisation record when enrolling. Staff Signature _____

Please circle to rate your child's swimming level:
 1. Non-swimmer
 2. Swims with floaties in deep water
 3. Can swim less than 10m unassisted in deep water
 4. Can swim up to 25m unassisted in deep water
 5. Can swim competently up to 50m or more in deep water

ENROLLED DAYS

Please tick below the days your child/children will be attending COS each week. (One tick represents one child). Please be aware that days booked must be paid for, whether your child/children attend or not, unless a minimum of one week's notice in writing is given (emails accepted).

BEFORE SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Starting date _____ Finishing date _____ Casual care _____

AFTER SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Starting date _____ Finishing date _____ Casual care _____

DIRECT'S DEBIT PAYMENT SYSTEM *NEW FAMILIES ONLY*

I have given authorisation for Direct Debit Payment system to deduct fees fortnightly on a Thursday. I understand that this system is the only form of payment accepted and my child will only be enrolled once this information is supplied. I have completed the Authority to Direct Debit form.
 I agree Parent/Guardian Signature _____ Date _____

PARENT STATEMENT

The information given in this statement is true and correct. It is my responsibility to inform Community OSHC Services should any details change.
 I agree Parent/Guardian Signature _____ Date _____

DISCLAIMER

I wish to enrol my child/children in Community OSHC Services on the days specified above. I understand that Community OSHC Services, its staff and volunteers will take all reasonable care of my child/children and I will not hold them responsible for any damage and/or loss of property and/or accident. I realise I am responsible for informing Community OSHC staff of any medical conditions that may affect my child's participation in the program.

I agree Parent/Guardian Signature _____ Date _____

I give permission for my child/ren to be transported by Bus.

I agree Parent/Guardian Signature _____ Date _____

I give permission for my Community Oshc Services to apply sunscreen to my child/ren

I agree Parent/Guardian Signature _____ Date _____

I acknowledge that 1 weeks notice is required for cancellation of care in writing to either OSHC Supervisor or Manager.

I agree Parent/Guardian Signature _____ Date _____

PHOTOGRAPHS

I consent for photographs of my child/children taken within Community OSHC Services to be displayed within the Venue.

I agree Parent/Guardian Signature _____ Date _____

PEANUTS AND PEANUT PRODUCTS

I am aware that some children attending Community OSHC are highly allergic to peanuts and peanut products and agree to not supply my child/children with any item containing nuts.

I agree Parent/Guardian Signature _____ Date _____

PARENT HANDBOOK

I have received a copy of the Community OSHC Parent Handbook. I have read, understood and will follow the policies and procedures.

I agree Parent/Guardian Signature _____ Date _____

AUTHORISATIONS

I authorise for both Parent 1 & 2 and my emergency contacts/Authorised nominee listed on this enrolment form to collect my child/children on my behalf.

To consent to medical treatment and to give permission to an educator to remove my children from the service to seek medical treatment from a registered medical practitioner, hospital or ambulance service and transportation of my child by an ambulance.

Yes No Parent/Guardian Signature _____ Date _____

Surname

First name

Address

Postcode

Telephone (H)

Telephone(W)

Mobile

Relationship



IMPORTANT PARENT INFORMATION

Email: office@communityoshcservices.com

Ph: 04055299272

PLEASE DETACH AND KEEP FOR YOUR OWN INFORMATION

Welcome to Community OSHC Services. Please find following some important information for you to keep regarding your child/children's care. For a more detailed version of Community OSHC Services Care Policies, please ensure you access a copy of our Parent Handbook via our website.

COMMUNITY OSHC SERVICES PHILOSOPHY

At Community OSHC Services we strive to provide high quality care to all children within the service. Our primary goal is to provide a safe, supportive, stimulating environment committed to the care and development of each and every child, one in which children, their parents and members of the community feel welcome, happy and secure.

This is achieved by:

- Educators creating an environment in which children can grow and reach their full potential.
- The physical environment providing access to all, encouraging participation and is designed to facilitate learning within a safe environment.
- Diversity and cultural backgrounds being valued and respected within the service.
- Valuing the uniqueness and promoting inclusion of each child within the care environment.
- Educators and Managers seeking to include the community within the service and for the service to participate within the community.
- Child involvement and programming information being shared with families, encouragement is given to families to participate and opportunities to contribute to policy/procedure and philosophy updates and reviews.
- Ongoing learning and reflective practise to ensure secure and respectful relationships with children, families and educators.
- Educators being encouraged and given opportunities for professional development and continuous learning.
- Educators and managers ensuring professionalism when dealing with confidentiality, ethical contact and communication within the service.
- The 'My Time, Our Place' school aged framework developed for children based on the developmental needs, interests and experiences of each child.
- The service's commitment to providing best practise through continuous improvement and feedback from industry bodies, children, families, educators and management.
- Providing quality outcomes for children by reflecting the guiding principles within the Education and Care services National Law Act 2010 and the framework for school aged care.

We are committed to maintaining high quality care for the period of middle childhood as it is a unique and valuable stage of life.

CHILDCARE REBATE

Some families are eligible for Child Care Benefit (CCB). You can apply for this payment, which will reduce your child care fees, at the Family Assistance Office.

Families are eligible for Childcare Rebate (CCR) so please provide your CCB number if you wish to claim fortnightly through childcare fees. Please call the Family Assistance office to organise your payments.

JETPROGRAMME

In order to claim JET please hand in your JET form from Centrelink to the Childcare office, otherwise JET cannot be claimed.

SIGNING IN/OUT

All children must be signed in each morning and signed out each afternoon. Not only is this a vital safety feature of our programme, it is to be noted by parents that failure to sign children in and out may see your Child Care Benefit cancelled.

COLLECTION OF CHILDREN

Please do not take your child/children from Community OSHC Services without notifying staff and without signing them out. Should you wish for someone other than the nominated person/s to collect your child, please complete a changes of details form to advise Out of School Hours Care staff of the changes to collection. A photograph of that person would also be appreciated.

ILLNESS/ACCIDENTS

Should your child/children fall ill or have an accident during the Out of School Hours Care, Community OSHC Services staff will contact you to discuss the best course of action. Please ensure Emergency Contacts have been provided on the Enrolment Form should staff fail to reach either parent or guardian.

MEDICATION

Community OSHC Services staff will only administer prescribed medication if a parent has completed a Community OSHC Services "Authority to Administer Medication" form. An Action Plan must be completed by parents and medical practitioner for children with severe allergies. If your child/ren has medication it must be handed to a staff member to be locked away. Do not leave in your child's bag.

EXCLUSION

As a protection for all children and staff, children with infectious diseases will be excluded from the Community OSHC Services program until such time as a medical certificate clearance is provided. Please be sure to check your children's hair before they attend care. Parents of children found to have head lice will receive notification from the Manager and all parents will be advised through an information flier.

IMMUNISATION

Please ensure immunisation details are recorded on the Enrolment Form. Your child's immunisation records are to be viewed by staff upon enrolment.

ABSENCES

Parents pay for a place, therefore payment is required whether your child attends or not. Families are entitled to 42 absences each financial year if you are receiving child care rebates. One week's notice in writing is required for fees to be cancelled.

EXPECTATIONS OF BEHAVIOUR

All children have the right to feel safe and have fun at Community OSHC Services. Management reserves the right to request parents remove their children from the Out of School Hours Care should their child be found to be disruptive or abusive towards other children in the program. (Please read Parent Handbook for further information)

RULES AND BOUNDARIES

Community OSHC Staff will instruct children daily at the commencement of each day's activities on the rules and boundaries of Community OSHC Services. Children must abide by these rules and boundaries each day to ensure their safety and health whilst in the centre and on excursions.

AGE

Community OSHC Services Program is open to boys and girls aged between 5 and 12 years. Children must be turning 5 and be enrolled in primary school.

CHILDREN WITH SPECIAL NEEDS

Children with special needs will be integrated into the whole group with additional support from an Inclusion Support worker. Funding must be secured before one-on-one care can be implemented. A minimum of 3 months will be required for approval of funding to be granted. This funding is only available if the service has the resources and staff to provide additional support.

Please note: to ensure ALL children in Community OSHC Services receive the best possible care and attention from Staff, only 2 children with Special Needs can be enrolled on any given day of the program. Please contact the Manager to clarify our policy.

VENUE/TIMES

Venue: St John Boscus Primary School - Parish Hall

Community OSHC Services will be open at 7.15am and you must collect your child by 6.15pm.

LATE FEE

Any pick-ups after 6pm will incur a \$1.00 per minute Late Fee.

LABELLING BELONGINGS

Please label your child's/children's belongings with their name and phone number. It will be much easier to return. Unclaimed clothing will be stored at the OSHC for two weeks, and then donated to the Brotherhood.

PERSONAL ITEMS

Do not allow children to bring personal items of value or money to Community OSHC, as we will not be responsible for the security of those items.

RATIOS

The service is licensed for 50 children for before school care and 50 children for after school care and reaches high capacity on a regular basis. Vacation Care is 50 places. The following ratios are followed
1 - 15 while at the services.

