



St Leonard's College

An education for life.

ST LEONARD'S COLLEGE

OUTSIDE OF SCHOOL HOURS CARE

ENROLMENT FORM

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 160 to 162. Questions marked with an asterisk* are not required by the Regulations, but you are encouraged to answer these questions where possible as well. Thank you for your cooperation.

CHILDCARE SUBSIDY INFORMATION:

St Leonard's College Out of School Hours Care service is registered on the Childcare Subsidy System (CCSS). This is applicable to prep - year 6 families only. This means that we communicate with Centrelink electronically to receive your CCS information. Please call the Family Assistance Office on 13 61 50 or log on to your MyGov account to ensure your child is registered for the Child Care Subsidy. Please also ensure you fill in the CRN and DOB details of this form, for you and your child.

INFORMATION ABOUT THE CHILD

Family name: _____

Given names: _____

Preferred name*: _____

Date of Birth: _____ Male Female

Home address: _____

Is your child Aboriginal or Torres Strait Islander? Yes / No

Language(s) spoken at home: _____

Customer Reference Number (CRN)*: _____

PARENT/GUARDIAN 1 DETAILS

Full Name: _____

Relationship to the child: _____

DOB: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Country of birth: _____ Cultural background: _____

Occupation: _____

Customer Reference Number (CRN)*: _____

Is parent/guardian 1 an employee of St Leonard's College?* Yes / No

Does the child live with the parent/guardian 1? Yes / No / Part time

PARENT/GUARDIAN 1 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

To create enrolments for the child (OSHC families only)* (Y / N)

PARENT / GUARDIAN 2 CONTACT DETAILS

Full Name: _____

Relationship to the child: _____

DOB: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Country of birth: _____ Cultural background: _____

Occupation: _____

Customer Reference Number (CRN)*: _____

Is parent/guardian 2 an employee of St Leonard's College?* Yes / No

Does the child live with the parent/guardian 2? Yes / No / Part time

PARENT/GUARDIAN 2 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

To create enrolments for the child* (Y / N)

COURT ORDERS/PARENTING ORDERS OR PARENTING PLANS RELATING TO THE CHILD:

Are there any court orders relating to the powers and responsibilities of the parents in relation to the access to this child?

Yes (please complete actions below)

No (move on to next section)

1. Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:

a. change the powers of a parent/guardian to:

i. authorise the taking of the child outside the service by a staff member of the service;

ii. consent to the medical treatment of the child

iii. request or permit the administration of medication to the child

iv. collect the child from the service, AND/OR

b. give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers in the space below:

AUTHORISED NOMINEES

Authorised Nominee means a person who has been granted permission by a family member to collect the child from the Education and Care Service. People not known to staff will be required to produce photo ID upon arrival.

*Please note we require a minimum of **two** people in addition to those in the parent/guardian section of this form.*

There may be times when your child has an accident, injury, trauma or illness and you cannot be immediately contacted. In this situation the Centre will notify one of the authorised nominees. There may be times when your child needs medical treatment or may need the administration of medication and we are unable to contact you as the parent/guardian of the child. In the event that this occurs the Centre will contact a person from the following list to request consent for medical treatment. There may be times when we are unable to contact you as the parent/guardian of the child and we require consent to take children outside of the education and care premises. In the event that this occurs, the following list of authorised people can authorise for the staff to take children outside of the education and care premises.

Authorised Nominee 1

Name: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Relationship to the child: _____

AUTHORISED NOMINEE 1 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

Authorised Nominee 2

Name: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Relationship to the child: _____

AUTHORISED NOMINEE 2 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

Authorised Nominee 3 *

Name: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Relationship to the child: _____

AUTHORISED NOMINEE 3 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

Authorised Nominee 4 *

Name: _____

Address: _____

Telephone: (H)* _____ (W)* _____ Mobile _____

Relationship to the child: _____

AUTHORISED NOMINEE 4 HAS AUTHORISATION:

To collect the child from the service (Y / N)

To seek medical treatment from a registered medical practitioner, hospital, ambulance service or be transported by ambulance for the child (Y / N)

To authorise an educator to administer medication to the child (Y / N)

To authorise an educator to take a child outside the service on excursions; regular outings (Y / N)

CHILD'S MEDICAL AND HEALTH INFORMATION

Name of Doctor/Medical Service: _____

Address: _____

Telephone: _____

Medicare No. _____ Expiry Date: _____

Does your child have any medical conditions? Yes No

(e.g. anaphylaxis, asthma, epilepsy, diabetes, etc.)

If yes, attach a copy of the medical action/management plan (signed by a doctor). You will also be required to work with the director to develop a risk minimisation plan.

Does your child have any allergies or sensitivities? Yes No

If yes, attach a copy of the medical action/management plan (does not have to be signed by a doctor). You will also be required to work with the director to develop a risk minimisation plan.

Does your child have any dietary restrictions? Yes No

If yes, list the restrictions which apply. You will also be required to work with the director to develop a risk minimization plan:

Does the child have any other additional needs? Yes No

If yes, please provide details below (attach additional pages if required).

IMMUNISATION RECORD

Has your child been immunised? Yes No

If yes, provide the details by:

Attaching a copy of the Immunisation history statement from your online Medicare account.

OTHER INFORMATION

Is there anything else that the Centre should know about your child (e.g. fears, favourite activities, etc.)?

BOOKINGS

Please indicate session/s required for **permanent** bookings below. Please note that all permanent bookings will be automatically carried over each term, unless the director is notified in writing via email of any changes at

OSHC@stleonards.vic.edu.au.

Short stay is when your child is picked up before 4:30pm. We need to know this information in advance for permanent bookings in order for you to be charged accordingly.

MONDAYS	TUESDAYS	WEDNESDAYS	THURSDAYS	FRIDAYS
Before school	Before school	Before school	Before school	Before School
After school short stay	After school short stay	After school short stay	After school short stay	After school short stay
After school full session	After school full session	After school full session	After school full session	After school full session

If you would like to book into a **casual** session, you must email all the following details to the OSHC team at

OSHC@stleonards.vic.edu.au :

1. Child's FULL name
2. Child's class
3. Day/s for booking
4. Session type/s (short stay of full session)
5. After school activities (Y / N. If Y, then provide details)

Please note that St Leonard's OSHC require written permission via email for your child to walk from any extracurricular activities back to the music room. Until they are signed into the ASC program by a staff member, they are not the responsibility of the St Leonard's ASC staff.

AUTHORISATION AND DECLARATION

I _____ (*full name*), a person with parental authority of the child referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to immediately inform the Centre in the event of any change in this information.

I understand that I must give written permission to the OSHC director via email for my child to walk from any extracurricular activities to the music room (prep to year 6 families only). I accept that until they arrive at the music room and are signed into the OSHC program by a staff member, the OSHC employees are not responsible for the supervision of my child.

I will provide, if applicable, the relevant and completed anaphylaxis, asthma or epilepsy 'Action Plan' for my child which I agree to update every 12 months. I authorise the service to display the current Action Plan.

I give permission for the staff members to apply sunscreen or face painting to my child. I understand that I can choose to ask that my child does not get sunscreen or face painting applied by placing a request in writing to the program director.

I give permission for my child to watch PG movies (prep to year 6 families only). I understand that I can choose to ask that my child does not watch PG movies by placing a request in writing to the program director.

I give permission for my child to be photographed for non-public displays i.e- only within the service and venue which may include the school surroundings, reflection journal, newsletters and school website. I understand that I can choose to ask that my child is not photographed at all my placing a request in writing to the program director.

I consent for the approved provider, nominated supervisor or an educator to seek in the case of an emergency:

- medical treatment for the child from a registered medical practitioner, hospital or ambulance service;
- 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.

Signature: _____ Date: _____

PRIVACY

St Leonard's College Out of School Hours Care program uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service director.

PARENTAL RESPONSIBILITY

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as "parental responsibility". 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.

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.