



LAURIMAR OSHC ENROLMENT FORM 2020

CHILD'S DETAILS			
CHILD ONE			
SURNAME:		FIRST NAME:	
DOB:	GENDER:	CLASS / YEAR:	
ADDRESS:		CRN:	
Is your child: <input type="checkbox"/> Not Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Decline to answer			
Cultural Background:		Designated pick up spot when NOT attending after care:	
Language Spoken at Home:			
Does your child have any requirements you would like the service to be aware of? <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Additional Needs			
CHILD TWO			
SURNAME:		FIRST NAME:	
DOB:	GENDER:	CLASS / YEAR:	
ADDRESS:		CRN:	
Is your child: <input type="checkbox"/> Not Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Decline to answer			
Cultural Background:		Designated pick up spot when NOT attending after care:	
Language Spoken at Home:			
Does your child have any requirements you would like the service to be aware of? <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Additional Needs			
CHILD THREE			
SURNAME:		FIRST NAME:	
DOB:	GENDER:	CLASS / YEAR:	
ADDRESS:		CRN:	
Is your child: <input type="checkbox"/> Not Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Decline to answer			
Cultural Background:		Designated pick up spot when NOT attending after care:	
Language Spoken at Home:			
Does your child have any requirements you would like the service to be aware of? <input type="checkbox"/> Cultural <input type="checkbox"/> Religious <input type="checkbox"/> Additional Needs			

PARENT / GUARDIAN INFORMATION			
PARENT/GUARDIAN 1 (parent who is listed with Centrelink to receive the Child Care Subsidy)			
SURNAME:		FIRST NAME:	
DOB:	GENDER:	CRN:	
ADDRESS:		RELATIONSHIP TO THE CHILD:	
PHONE – Mobile:		Work:	Home:
CULTURAL BACKGROUND:			
PARENT/GUARDIAN 2			
SURNAME:		FIRST NAME:	
DOB:	GENDER:	CRN:	
ADDRESS:		RELATIONSHIP TO THE CHILD:	
PHONE – Mobile:		Work:	Home:
CULTURAL BACKGROUND:			
EMAIL ADDRESS TO SEND INVOICES, LEARNING STORIES AND OTHER INFORMATION TO.			
NAME:		EMAIL:	
EMERGENCY CONTACTS / AUTHORISED NOMINEES			
Laurimar OSHC requires emergency contacts in the event that the family guardians cannot be reached. Authorisations can be added or removed at any time with written permission.			
Collection: This gives permission to collect your child from care.			
Emergency /Medical: This person will be notified in an emergency involving the child if any parent/guardian cannot be immediately contacted. This person can collect the child and is authorised to consent to medical treatment of, or to authorise administration of medication to the child. This person can consent to the medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and transportation of the child by an ambulance service.			
Excursion: This person is "authorised to authorise an educator to take the child outside the education and care service premises" (reg.160 (3)(b)(v))			
CONTACT 1			
Name:		Relationship:	
Address:		Best Contact Number:	
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> emergency/medical <input type="checkbox"/> excursion			
CONTACT 2			
Name:		Relationship:	
Address:		Best Contact Number:	
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> emergency/medical <input type="checkbox"/> excursion			
CONTACT 3			
Name:		Relationship:	
Address:		Best Contact Number:	
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> emergency/medical <input type="checkbox"/> excursion			
CONTACT 4			
Name:		Relationship:	
Address:		Best Contact Number:	
Authorisation for: <input type="checkbox"/> collection <input type="checkbox"/> emergency/medical <input type="checkbox"/> excursion			

COURT ORDERS

Are any of the children involved in a court order?

Child 1: ☐ YES ☐ NO

Child 2: ☐ YES ☐ NO

Child 3: ☐ YES ☐ NO

If YES, please attach a copy to this enrolment record. ☐ ATTACHED ☐ NOT ATTACHED

LIKES / DISLIKES OR ANY GOALS FOR 2020

CHILD 1	CHILD 2	CHILD 3

PERMANENT DAYS REQUIRED (please tick)

Before School Care: 7am - 8.45am

After School Care: 3.30pm – 6.30pm

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD 1										
CHILD 2										
CHILD 3										

First Date of Care:

AND/OR CASUAL DAYS ☐

I'LL BE ACCESSING THE HOLIDAY PROGRAM ☐

2020 HOURS OF OPERATION AND FEES

Session	Hours of Operation	Fees per Session per Child
Before School Care (Mon – Fri)	7:00am – 8:45am	\$17.00
After School Care (Mon – Fri)	3:30pm – 6:30pm	\$22.00
End of Term	2.30pm – 6.30pm	\$25.00
End of Year	1.00pm – 6.30pm	\$35.00
Holiday Program (Mon – Fri)	7:00am – 6:30pm	\$62.00
Half Day	7:00am – 1pm or 1pm – 6.30pm	\$35.00

- Please note that we are closed on public holidays and there is no charge.

NON – NOTIFICATION FEES are additional fees on top of your normal session fee. These are charged when you do not provide notice that your child will not be attending a booked session.

Before School Care	\$7.50
After School Care	\$9.50
Holiday Program	\$10.00

LATE COLLECTION FEES (after 6:30pm)

\$2.00 per minute for the first 10 minutes	Flat rate of \$30.00 additional after 6.40pm.
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PAYMENT POLICY – PLEASE SIGN

Parents/ guardians are required to pay their accounts either **weekly or fortnightly** in the OSHC office, over the phone or via email. The annual administration fee of \$27.50 will be payable once your 2020 enrolment form has been accepted and processed. No enrolment will be processed if there is an amount owing from 2019. Accounts that are not kept up to date **WILL** have all bookings cancelled and the child's place forfeited. Please refer to the Fees and Payment Policy on the website.

Please sign to acknowledge that you will pay your fees in accordance to our policy:

Name:

Signature:

MEDICAL INFORMATION		
Family Doctor:		
Contact Number:		
Address:		
Medicare Number:		Expiry Date:
Ambulance Cover: <input type="checkbox"/> no <input type="checkbox"/> yes		Member Number:
Are the children you are enrolling currently immunised? <u>PLEASE ATTACH IMMUNISATION HISTORY</u>		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
Does your child have asthma?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide us with an asthma action plan (available from under the OSHC tab on the LPS website).		
Has your child been diagnosed with any allergies or anaphylaxis?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide us with details and an allergy or anaphylaxis action plan.		
Does your child have any other medical conditions or health care needs?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please complete and return the Medical Conditions Risk Minimisation Plan (available from under the OSHC tab on the LPS website)		
Does your child have any dietary requirements?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please complete and return the Special Dietary Requirement Form (available from under the OSHC tab on the LPS website).		
Is there anything else that you think will help our staff better care for and understand your child?		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details:		
.....		
.....		
.....		
PERMISSION FOR SCHOOL ORGANISED ACTIVITIES		
<p>Children will be able to leave the premises early for sports activities / camps/ excursions etc., that are run as part of the school curriculum. Dismissal times will be stipulated by the teachers on forms sent home and communicated to OSHC staff. An OSHC educator will sign your child out on these occasions. For those activities not run by the school, a separate permission slip will need to be filled out (music lessons, sports lessons, club commitments etc). Please see Acceptance and Refusal of Authorisations Policy.</p> <p>I give permission for my child/ren to be signed out of OSHC by an OSHC educator to attend excursions and sports practices throughout the year as stipulated by the school.</p> <p>Child 1 Name:..... of Grade</p> <p>Child 2 Name:..... of Grade</p> <p>Child 3 Name:..... of Grade</p> <p>Parent's Name:.....Signature.....</p>		



Laurimar Primary OSHC

Regular Outings Excursion Permission Form

Armida Road · Doreen · Vic · 3754 · Ph 9717 6783 · Fax 9717 7199 · Email oshc@laurimarps.com

(Excursion Authorisation Form Reg 102(4))

During the holiday program, opportunities arise for children to go for a walk in the local area, around the wetlands or football oval. There are also times during before school care or the holiday program they could attend Woolworths with a staff member to help purchase supplies for the program. LPS OSHC would like to use these opportunities to enhance the children's holiday and before care experience, familiarity with the local area and in building life skills such as identifying and selecting fresh produce. If you would like your child to participate in these opportunities please complete the following form. All relevant risk assessments are available for viewing at the service.

Child's Name: _____ Child's Name: _____

Child's Name: _____

Excursion Destination/venue	Date	Purpose of Excursion	Method of Transport	Departure Time from service	Arrival Time back at Service	Description of activities
Wetlands (behind Laurimar Woolworths)	Regular outing as deemed appropriate by	To enrich the lives of children who may otherwise be in holiday program care every day during their break or regularly attend before care.	N/A Children will walk.			Children will walk to and around the wetlands.
Laurimar Football Oval	Nominated Supervisor (Reg 102(4c))					Children will walk to and around the Laurimar football oval and back to the service.
Woolworths						Children will walk across the school crossings at Armida Road and Hazel Glen Drive to Woolworths.

Anticipated Number of Children attending Excursion: Anywhere from 2 - 30

Number of OSHC Educators attending the Excursion: 1 – 5

Anticipated ratio of educators to children: 1:6 maximum

Planned time away from the service: Maximum 1 hour – discretion of staff

Risk Assessment of the excursion has been prepared and is displayed in the service for viewing? Yes

I have read the Excursion Risk Assessment and give my permission for my child or children to attend the outlined excursion above.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

PARENT / GUARDIAN CONSENT		
PHOTOGRAPHS / FILMING (cross out any that is not permissible)		
I give permission for staff to observe and photograph/film my child/ren to assist in developing activity programs and presenting within the service only. They will be used for learning stories also.		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
I give permission for my child/ren's photograph to be used for promotional purposes and within the Laurimar Primary School Newsletter		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
SUNSCREEN		
I give permission for the service to supply my child with 30+ sunscreen and help apply it if my child/ren require assistance.		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
*If your child requires a speciality sunscreen, please alert us and provide the sunscreen required.		
FACEPAINT		
I give permission for the service to apply face paint for some activities.		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
MOVIES		
I give permission for my child/ren to watch G or PG rated movies/videos that are deemed appropriate by the staff at the service.		
Child 1: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 2: <input type="checkbox"/> yes <input type="checkbox"/> no	Child 3: <input type="checkbox"/> yes <input type="checkbox"/> no
ANAPHYLAXIS IN THE LAURIMAR OSHC PROGRAM		
<p>The Laurimar Out of School Hours Care Program currently provides care to children who are at the risk of anaphylaxis. "Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal and cardiovascular). Common triggers of severe allergies or anaphylaxis include: Food: Milk, eggs, peanuts, tree nuts, sesame, fish, shellfish, wheat and soy are the most common food triggers, which cause 90 percent of allergic reactions; however, any food can trigger anaphylaxis. It is important to understand that in some people even very small amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to just the smell of particular foods being cooked (e.g. fish). Bites and Stings, Medication and Other triggers such as latex or exercise induced anaphylaxis. Occasionally the trigger cannot be identified, despite extensive investigation." From: http://www.allergyfacts.org.au/allergy-and-anaphylaxis/what-is-anaphylaxis</p> <p>WHAT CAN YOU DO?</p> <ul style="list-style-type: none"> • We ask that you refrain from sending foods containing peanuts and other nuts to the service. This is particularly important during the holiday programs. If your child has had peanut butter or Nutella for breakfast can you please ensure their hands are washed and uniform clean from the allergen. Please also encourage your child to use the hand sanitiser provided when signing into before care or the holiday program. • When providing boxes to the program, which we especially appreciate, please do not send egg cartons, milk cartons or boxes that have contained nut bars, etc. • Ensure all drink bottles and food containers are clearly labelled. • Please remind your child that if they are unsure if they are able to eat a particular food they can always speak to any staff member. <p>Please speak to Emma if you have any questions.</p>		

CONDITIONS OF YOUR CHILD CARE PLACEMENT

I, _____ (Print full name)

A person with **parental responsibility** of the child referred to in this enrolment form,

- Declare that the information on this enrolment record is true and correct and undertake to immediately inform Laurimar Primary OSHC in the event of any changes to the information provided, including medical conditions or health information and booking requirements.
- Agree that my child will not attend the program if they are unwell or suffering from an infectious illness; and will either collect or make arrangements of an authorised person to collect my child if they are injured or become unwell at the service.
- Agree to notify Laurimar Primary OSHC if my child contracts any illness that could impact on the health and wellbeing of others accessing the service.
- Give consent for Laurimar Primary OSHC staff to seek, as reasonable, medical treatment for my child from a medical practitioner, hospital or ambulance service, and authorise for transportation of my child by an ambulance service; and that I will reimburse any necessary expenses incurred to Laurimar Primary OSHC.
- Have provided a medical management plan where applicable.
- Have read, understood and agree to follow all the policies and procedures applicable to Laurimar Primary OSHC. I am clear on my obligations relating to the cancellation policy and all related fees and charges.
- Give permission for my child to participate in all program based experiences offered. I agree to advise Laurimar Primary OSHC in writing if I do not wish for my child to participate in particular activities.
- Understand Laurimar Primary OSHC is not liable for any personal injury; damage or loss of personal property incurred by any individual unless negligence is proven by the Regulatory Authorities.
- Agree that the OSHC educator and responsible people in charge may speak to the school's leadership team or my child's teacher to discuss information to best suit my child's needs.
- Understand that Laurimar Primary OSHC plans for excursions/incursions which I authorise for my child to attend and take part in when selected. *Notification of planned excursions will be advised in writing and an excursion permission notice will need to be completed and signed by a parent/guardian before your child can attend or participate in the activity. I also understand that any planned/advertised excursion or incursion could change due to unforeseen circumstances.*
- Have received and read the Laurimar Primary OSHC Family Handbook <https://www.laurimarps.vic.edu.au/oshc> and understand that I can contact the OSHC Manager if I require further assistance in regards to accessing the service.

Parent/Guardian Signature

Date

Confidentiality of Enrolment Records:

The approved provider of the children's service must ensure that the information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child or where expressly authorised by the parent or prescribed in the Education and Care Services Regulation 2012 (regulation 181).

Parental/Guardian Responsibility:

A **parent** includes a **guardian** of the child and a person with **parental responsibility** for the child under a decision or court order. **Parental responsibility** is a term defined under section 61C of the Family Law Act 1975, which means "all the duties, power, responsibilities and authority which, by law, parents have in relation to children".

Office Use Only

Date enrolment received:	Date Entered:	Entered By:
Annual Administration Fee Applied:	Anaphylaxis RMP Completed: Parent Received: <input type="checkbox"/>	Asthma RMP Completed: