

PLEASE NOTE: Registration Fee \$10 per family

KANGAROO GROUND PRIMARY SCHOOL

OUT OF SCHOOL HOURS CARE

REGISTRATION FORM 2015/2016

20 Graham Road

Kangaroo Ground 3097

Phone: 97120124/ 0419 893 272 (email: kgpsoshc@bigpond.com)

Family Name:.....

Home Address of the child/ren:

.....P/Code.....

NAME OF CHILD/REN	DOB	Gender (M/F)	Grade	Child's CRN Number

Language spoken at home/ Cultural Background?.....

	Parent 1	Parent 2
Parent/Guardians Full name		
Home Address		
Phone #: Home		
Mobile		
Work		
Email:		
Parent CRN Number and date of birth of parent on FAO notice		

Any court orders, parenting orders or parenting plans? (Please attach a copy if any)

.....

EMERGENCY CONTACT DETAILS

Please list two people, not including parents, who can be contacted in an emergency

(must be over 18 years old). If parents/guardians are not contactable we require the name, address and telephone number of people who have lawful authority to consent to medical treatment and can be requested to permit the administration of medication to the child. Please ensure to let people you have nominated know that they act on your behalf in case of an emergency if neither parent can be contacted.

Name	1.	2.
Relationship to child		
Address		
Home Phone		
Mobile Phone		
Work Phone		
Is this person authorised to consent to medical treatment of your child?		
Is this person authorised to request or permit the administration of medication to your child?		
Is this person authorised to authorise an educator to take your child outside the care service premises?		

Please list full names and relationship to child of people authorised to collect your child (including names of parents). Collectors must be over 18 years old. People listed here have approval to collect child, but will not be contacted in case of emergency

Name	Relationship to child	Phone number and address
1.		
2.		
3.		
4.		

If more space is needed, attach a separate piece of paper (Please note: phone numbers and address are needed for each person entitled to collect your child/ren).

ATTENDANCE

My child/ren will be attending Before School Care (7.15am-8.45am) Please tick days attending

Mon	Tue	Wed	Thur	Fri	Occasionally
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My child/ren will be attending After School Care (3.30pm-6.00pm) Please tick days attending

Mon	Tue	Wed	Thur	Fri	Occasionally
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OUT OF SCHOOL HOURS CARE REGISTRATION (Levy per family) The OSHC annual registration fee is \$10 per family. A penalty registration fee of \$20 applies for service user not financially registered at the time of your child/ren using OSHC	\$10
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CHILD CARE BENEFIT/CHILD CARE REBATE INFORMATION:

Childcare benefit/Rebate is expected to reduce fees for all parents. Please contact Centrelink on **136150** to register and be issued with family and children CRN numbers. We require separate numbers for parents and each child using the OSHC.

DECLARATION

I.....(the undersigned), declare that the above information is true and correct and give permission for my child to attend Kangaroo Ground Primary Out of School Hours Care(OSHC) and do not hold the Kangaroo Ground Primary School Council, or any of its employees responsible for any loss or damage to child’s property that may be incurred during the program. In the event of any damage occurring to the property of Kangaroo Ground Primary School, I accept financial responsibility to same.

Should any injury or illness be suffered by my child, I give permission for medical attention to be sought from a registered medical practitioner, a hospital or ambulance service where it is impractical to contact me, and I will accept financial responsibility for such action. I give permission for the transportation of my child/ren by an ambulance service if this is deemed necessary by the staff of Kangaroo Ground Primary OSHC.

I give permission to staff to recommend the child apply sunblock if required.

I realise that it is our responsibility to inform the program if my child contracts any illness which could be detrimental to the health of others at the program.

I also acknowledge that for the purposes of observation and planning there will be occasions where the staff at the OSHC program will photograph my child, sometimes to be published in Kangaroo Ground Primary School newsletter. I also understand that there may be occasions where my child development will be discussed between OSHC and teaching staff at Kangaroo Ground Primary School.

I also agree to abide by the Operating Procedures as set out in the Out of School Hours Care Parent Handbook.

I agree to pay fees to the OSHC program on a fortnightly basis either at the program or at the school office.

Signed.....Date.....

(Parent/Guardian)

Medical Information

(One form has to be filled out for each child of the family attending OSHC)

Name of Child:.....

Doctors Name		Phone #
Doctors Address		
Private Health Insurance #	Medicare #	Ambulance Membership #

IMMUNISATION (Please attach copy of certificate)

My child has been/has not been fully immunised according to their age. (please circle)

If this has been previously provided you do not need to re attach it unless it has changed from the original one.

Staff member who has sighted the record: _____

Position: _____ Date: _____

Please state any special considerations for the child(cultural, religious, dietary requirements).....

Please state any medical conditions, allergies or diagnosis that the child is at risk of anaphylaxis. Please attach a copy of any medical management plans.

.....
.....

Does your child at times carry medication in his/her bag (i.e.Ventolin) for self- administration?.....

If you have stated "yes", please collect an "Administration of medication Authorisation" form from this service.

ABOUT ME (the child)

(This information is helpful to the educators in the OSHC program to find out a bit more about the child and to plan the program)

People special to me:

My favourite food is:

My favourite activities are (inside):

(outside):

I am good at:

When I listen to music, I like to listen to:

When I read a book, I like to read:

I don't like:

Anything else you like to tell us: