



Wangaratta West Out of School Hours Care

2016

We welcome you and your family to the
Wangaratta West
Out of School Hours Care Program!

Our aim is to provide quality care in a secure, happy and stimulating environment. All children and families will have an equal opportunity to assess the Out of School Hours Care service, regardless of income cultural background or disability.

Every family has the right to quality care and educational service that recognise and value the child as an individual and are responsive to the needs of families.

The service aims to:

- ❖ Provide quality care for children including a safe environment to meet their physical and intellectual needs.
- ❖ Offer a caring environment that promotes personal growth, high self-esteem, positive attitudes and respect for others.
- ❖ Provide programs based on individual and group needs and will consider cultural, social needs and disability.
- ❖ Foster equal opportunities for all children.
- ❖ Incorporate activities which take into account the children's changing needs in the areas of physical, cognitive, creative language, social and emotional development.
- ❖ Provide appropriate procedures to effectively maintain this service.
- ❖ Incorporate parental and community skills and recourses.

Wangaratta West Out of School Hours Care

Phone: 0407 004 059

WANGARATTA WEST OUT OF SCHOOL HOURS CARE

Wangaratta West Primary School provide a Before School and After School Out of School Hours Care (OSHC) for students in years Prep to Year 6 in a nurturing and creative environment. In addition Wangaratta West Primary School Out of School Hours Care is a registered provider of OSHC services for the Child Care Benefit (CCB) purposes.

Out of School Hours Care

- **OSHC Hours of Operation and Program**

The OSHC Service will operate Monday to Friday in the morning from 7.00am to 8.45am and in the afternoon from 3.20pm to 6pm. A healthy breakfast of weetbix, cornflakes or toast and jam/vegemite served **until 8am** and a healthy afternoon snack is provided together with a program of varied indoor/outdoor activities. Where practical, students may be supervised with homework.

- **Staff**

Our Out of School Hours Care Co-Ordinator is Meggan Whitfort and her assistant is Tina Twamley.

- **OSHC Registration**

Parents are required to be registered for the OSHC services before a booking to use the services can be accepted.

As the OSHC is registered for the CCB, parents who have not completed the Annual Registration Form may be refused access to the OSHC Program. Forms can be collected from the school office.

- **OSHC Bookings**

Bookings may be refused if Parent(s)/Guardian(s) have not completed or returned the Annual Registration Form before the first use of the OSHC Program. Please note that **bookings are essential! Casual bookings may be possible subject to availability and parents/guardians must phone 5721 3491 or 0407 004 059 prior to 6pm the day prior for Before School Care and before 1pm on the day that the service is required to ensure that a place is available and adequate staffing can be arranged. Once you have booked a regular place you will be billed for the booking unless you cancel before 6pm for Before School Care the following morning or before 1pm on day of After School Care.** If you are eligible for the CCB or CCTR you will be able to claim up to 42 absences during the year. If emergency placement is required due to a parent/guardian's inability to collect the student/s before 4pm, and you are not already registered with Wangaratta West OSHC, you will be registered and billed the appropriate fee and for the time spent in the Before or After School Care Program.

Other matters

- **Payment of Accounts**

Families will be billed on a monthly basis and invoices will be payable within 7 days from invoice.

Please note:

- The service offers a range of other payment options; direct debit, cheque or cash only.
- Where fees remain outstanding for 30 days or longer without appropriate approval, you are advised that your name may be passed to a credit rating authority as well as to our Debt Collection Agency with all costs incurred passed on to your account.

- The school charges an administration fee of \$25 per occasion for dishonoured cheques, failed electronic payments, missed instalments and will pass on any bank charges associated with failed payments.
- Wangaratta West OSHC also reserves the right to suspend the enrolment of the child/ren where outstanding fees become delinquent (30 days or more) and the service has not been contacted and/or an approved payment arrangements has not been entered into.
- If at any time you experience financial difficulty affecting your ability to pay your account, you are required to contact the school to discuss your situation. The application of our late payment policies will normally be applied to your account.

Student Behaviour and Expectations

It is expected that students will obey the rules and regulations while attending Wangaratta West OSHC. Any disciplinary matters occurring while attending Wangaratta West OSHC will be dealt with under the OSHC guidelines in accordance with ACECQU standards (5.2.2 and 5.2.3). All serious matters will be directed to Craig Johnson who will work with parents to negotiate a solution to problem behaviours.

Notifying Changes

By signing the Enrolment Application you agree to advise us of all changes of address, telephone numbers, work, email, family and student medical circumstances as soon as they occur to enable us to meet your duty of care. You may be asked to complete a new family information sheet from time to time.

Childcare Benefit Rebate

- Wangaratta West OSHC is approved for the Child Care Benefit, parents eligible for the CCB will need to provide the required documentation from the Family Assistance Office. You will need to provide your CCB approval CRN number on the application form. If you believe you are eligible for the CCB and do not have a CRN number, you can contact the Family Assistance office on 13 61 50.

Fees and charges

- **OSHC Before School Care fee of \$15 for the *whole* session.**
- **OSHC After School Care fee of \$15 for the *whole* session.**
- A late pick up fee for OSHC After School Care (after 6pm) of \$15 will apply per child.
- Unregistered use of OSHC will attract the maximum fee allowable for the session being utilised i.e \$15.
- Cancellation of daily bookings (ie. sick, appointment, holidays) must be phoned through by 6pm the night prior to a Before School Care booking or before 1pm on the day of an After School Care booking for no charges to apply. Full charges apply to no notifications or notifications after 6pm for BSC or after 1pm for the ASC.
- These fees are subject to review. Parents will be informed of any changes.

Dispute Resolution Procedure

- **For matters related to students**

If the parents/guardian have any issue of concern on any matter affecting the student or Wangaratta West OSHC at any time during the enrolment period, then the parents/guardian is to communicate that concern in the first instance to the OSHC Supervisor. If the parents/guardian are not satisfied with the outcome then the matter is to be raised with the Service Manager, Craig Johnson.

- **For matters regarding fees and charges**

All disputes concerning fees and refunds, the contact person will be the Wangaratta West OSHC Manager, Craig Johnson.

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WANGARATTA WEST OSHC ENROLMENT FORM 2016

NAMES OF CHILDREN ATTENDING THE OSHC SERVICE

Child's Surname	Child's given name or preferred name	Date of Birth	Year Level

INFORMATION RE: PARENTS/GUARDIANS (PRIMARY CARER/S)

<p>SURNAME: _____</p> <p>GIVEN NAMES: _____</p> <p>TITLE (Mr/Dr): _____</p> <p>RELATIONSHIP TO STUDENT: _____ (Father/Stepfather/Guardian) (If not biological father, please complete the Custodial Information)</p> <p>RELATIONSHIP TO PARTNER: _____ (Husband/De Facto)</p> <p>DATE OF BIRTH: _____</p> <p>TELEPHONE: _____</p> <p>MOBILE: _____</p> <p>COUNTRY OF BIRTH: _____</p> <p>LANGUAGE SPOKEN AT HOME: _____</p> <p>ARE YOU OF ABORIGINAL OR TSI DESCENT: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>RESIDENTIAL ADDRESS:</u></p> <p>STREET ADDRESS: _____</p> <p>SUBURB & POSTCODE: _____</p> <p><u>POSTAL & BILLING ADDRESS:</u> (If same as above write "as above")</p> <p>STREET/ P.O BOX ADDRESS: _____</p> <p>SUBURB & POSTCODE: _____</p> <p>EMAIL ADDRESS: _____</p>	<p>SURNAME: _____</p> <p>GIVEN NAMES: _____</p> <p>TITLE (Dr/Miss/Ms/Mrs): _____</p> <p>RELATIONSHIP TO STUDENT: _____ (Mother/Stepmother/Guardian) (If not biological mother, please complete the Custodial Information)</p> <p>RELATIONSHIP TO PARTNER: _____ (Wife/De Facto)</p> <p>DATE OF BIRTH: _____</p> <p>TELEPHONE: _____</p> <p>MOBILE: _____</p> <p>COUNTRY OF BIRTH: _____</p> <p>LANGUAGE SPOKEN AT HOME: _____</p> <p>ARE YOU OF ABORIGINAL OR TSI DESCENT: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><u>RESIDENTIAL ADDRESS:</u></p> <p>STREET ADDRESS: _____</p> <p>SUBURB & POSTCODE: _____</p> <p><u>POSTAL & BILLING ADDRESS:</u> (If same as above write "as above")</p> <p>STREET/ P.O BOX ADDRESS: _____</p> <p>SUBURB & POSTCODE: _____</p> <p>EMAIL ADDRESS: _____</p>
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EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the service Supervisor should notify one of the following people who are authorised to collect and care for the child after the accident, injury, trauma or illness.

NAME	TELEPHONE	MOBILE	Relationship to Child

Authorisation for medical treatment

In the event of accident or illness, I authorise the Supervisor, where it is practical to communicate with me or the persons nominated above, to organise medical or surgical treatment, as may be deemed necessary.

Parent/Guardian signature: Date:

CHILD CARE TAX REBATE (CCTR) AND CHILD CARE BENEFIT (CCB)

Families must meet certain requirements in order to be eligible for the CCTR or the CCB and further information can be obtained by contacting the Family Assistance Office on 13 61 50.

- I will be claiming Child Care Benefit through the Family Assistance Office **YES/NO (please circle)**
- If claiming CCB please provide **Parent** CRN Number (s) _____
- If claiming CCB, please provide **Child** CRN Number _____
- If claiming CCB, please provide **Child** CRN Number _____
- If claiming CCB, please provide **Child** CRN Number _____
- If claiming CCB, please provide **Child** CRN Number _____

Please remember to include date of birth of both parents/guardians as DEEWR ask for this as a validation tool.

Do you have any younger children at another Child Care facility?? Yes No

If yes, how many children? _____

Date started at other facility? _____

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CUSTODIAL INFORMATION SECTION (IF APPLICABLE)

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

Yes (please complete the following)

No (go to next Section)

Please bring the ORIGINAL Court Orders for staff to sight and attach a copy to this application.

If these Orders;

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

- Authorise the taking of the child outside the Service by a staff member of the Service
- Consent to medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child, AND/OR

b. Give these powers to someone else (**Please describe these changes and provide the contact details of any person given these powers**).

Name/s of person/s authorised to collect my child/ren:

Your consent is required for other people to collect the child from Wangaratta West OSHC on your behalf. Please list the details of those people who can collect your child/ren.

NAME	TELEPHONE	MOBILE	Relationship to Child

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CHILD'S MEDICAL & HEALTH INFORMATION

Name of Doctor/Medical Service _____

Address of Doctor _____

Phone Number _____

Does the child have any allergy? Anaphylaxis? Yes No
(If yes, please provide a copy of the management plan signed by the Doctor)

Does the child have any medical condition (eg. epilepsy, diabetes, Asthma) Yes No
(If yes, please provide a copy of the management plan signed by the Doctor)

Does the child have any dietary restrictions? Yes No
(If yes, please provide a copy of the management plan)

CHILD'S IMMUNISATION RECORD

Has your child been Immunised? Yes No

If yes, please provide a copy of the Immunisation Record from either, the Child Health Record book, print out of Immunisation record from local Government or a history statement issued from the Australia Childhood Immunisation Register.

The Medical Information form will be kept on file in the OSHC room for easy access.

If no, your child/ren may be excluded from OSHC if certain conditions are reported in the student population.

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DECLARATION BY PARENT(S)/GUARDIAN(S) WHO IS/ARE LEGALLY RESPONSIBLE FOR THE CHILD/REN.

I/we hereby give permission for Wangaratta West OSHC to take and use photographs of our child/ren and his/her/their work for promotional purposes in accordance with the Wangaratta West OSHC Privacy Policy.

Yes

No

I/we advise that _____ (name of person responsible for the fees) will be responsible for payment of all fees and charges. This person will be regarded as the 'debtor' and financial information will be available to this person only.

By signing this application, I/we certify that the information given in this application by me/us is true and correct; that I/we have signed in all places required in this application and other documents, and are consenting to Wangaratta West OSHC's privacy provisions, including the collection and use of information as required. I/we also agree to be bound by the conditions in the Business Statement (provided separately), and any other regulations or changes of which the service will notify me/us from time to time.

Signature of both person(s) accepting LEGAL responsibility for the child/ren

FULL NAME: _____ (Please PRINT name)

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ **DATE:** _____

FULL NAME: _____ (Please PRINT name)

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ **DATE:** _____

Signature of both person(s) accepting FINANCIAL responsibility for the child/ren

FULL NAME: _____ (Please PRINT name)

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ **DATE:** _____

FULL NAME: _____ (Please PRINT name)

RELATIONSHIP TO CHILD: _____

SIGNATURE: _____ **DATE:** _____

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PRIVACY ACT 1988 Wangaratta West OSHC Collection Notice

1. Wangaratta West OSHC collects personal information, including sensitive information about students. Parents or guardians, contractors, volunteers, Wangaratta West OSHC members and other people. The primary purpose of collecting this information is to enable Wangaratta West OSHC to provide the services it offers through its operating divisions and to meet its legal obligations.
2. Certain laws governing or relating to the operation of schools require that certain information be collected. These include Public Health and Child Protection Laws.
3. Some of the information we collect is to satisfy Wangaratta West OSHC legal obligations, particularly to enable the School to discharge its duty of care
 - a. Health Information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about students from time to time.
 - b. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your child/ren.
 - c. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions information such as academic and sporting achievements, pupil activities and other news is published in school newsletters, magazines and on our website.
 - d. You may seek access to personal information collected about you and your child by contacting Wangaratta West OSHC. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, or where students have provided information in confidence.
4. From time to time, Wangaratta West OSHC discloses personal and sensitive information to others for administrative and legal purposes. This includes to other schools, Government Departments, medical practitioners and people providing services to Wangaratta West OSHC and its divisions, including specialist visiting teachers, (sports) coaches and volunteers.
5. As you may know Wangaratta West OSHC from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in Wangaratta West OSHC fundraising activities solely for that purpose). We will not disclose your personal information to third parties for their own marketing purposes without your consent.
6. We may include your contact details in a list and directories to enable us to provide the services offered. If you do not agree to this you must advise us now.
7. If you provide Wangaratta West OSHC with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to Wangaratta West OSHC and why, that they can access that information if they wish and that Wangaratta West OSHC does not usually disclose the information to third parties.

By signing this statement, you are agreeing to the collection and storage of information as described above. The full Privacy Policy is available on request.

SIGNATURES OF BOTH PARENT(S)/GUARDIAN(S)

(Father/Stepfather/Guardian)

(Mother/Stepmother/Guardian)



Wangaratta West Out of School Hours Care

PHILOSOPHY

Our service is committed to provide quality care for children in a safe, supportive, nurturing environment for prep and school aged children.

The Wangaratta West OSHC programme aims to capture the children's like, interests, hobbies, develop children's potential and enable children to achieve independence.

Our programme offers children the opportunity for imaginative play and self initiated activities whilst supporting the values of play in the environment that fosters awareness, promotes trust and delivers an atmosphere of encouragement, we do this by providing:

- Meaningful programmes that are designed to cater to the children's age, skills, interests and abilities through a variety of challenging and recreational activities that incorporate the elements of play with elements of daily real life experiences and provides opportunities to experience different cultures in a safe environment.
- To understand that each family and individual in our community is unique with their own interests, beliefs and cultures.
- Flexible and adaptable programmes that are planned using information about the children's interests, hobbies and likes, through observations, regular surveys and the children's enrolment forms.
- An environment where children and parents/carers are treated with respect and their individual uniqueness is valued and supported.
- We will provide resources from natural renewable sources whenever possible. We are committed to support children developing understanding of sustainability and ways we can actively preserve natural environments.
- Our service will welcome open discussions on all issues relevant to the operations and encourage cooperative partnerships with families and communities, by operating in an open and transparent manner.
- To build and secure, trusting, caring, and fun environment for children and their families by consulting with them, encouraging involvement in our Outside School Hours Care and by role modelling fairness and respect for one another.
- To promote, through our program the importance of play where children;

Are given opportunities to create, explore, experiment, and be active, interact with others, practise skills and learn at their own pace through involvement.

Wangaratta West Primary School OSHC