

# Eltham East

## 2017 Out of School Hours Care

The Program provides quality outside school hours care and activities in a safe, relaxed, stimulating and well-supervised environment. The Program operates in accordance with the requirements of the Department of Education and Training (DET). School Council has overall responsibility for the establishment and operation of the Program through a Committee of Management.

### Hours of Operation \*

The Program operates during the following hours:

**Before School Care** (up to 50 children): 6:45am to 8.45am

**After School Care** (up to 100 children): 3:30pm\* to 6:30pm

\*The Program varies hours in line with Pupil Free Days and early school dismissal.

### Program Venue

The Program operates from the EEPS hall; flexible use spaces include the kitchen/craft area, a large recreation area, gym, oval, playground and other areas.

### Staff

Qualified staff are employed following the direction of the National Quality Framework.

### The Program and Activities

The activities in the Program reflect collaboration between educators, families and children to support them in developing their capabilities and to extend their skills in a diverse play-based environment. As well, children of all ages have the opportunity to form new friendships, develop civic responsibility and a sense of community.

### Food and Refreshments

A nutritious, healthy breakfast or light refreshments are provided during each session. Please note breakfast service finishes at 8:00am. Afternoon tea consists of fruit, vegetables and light nutritious snacks.

Water is available at all times, Milo and juice is available at breakfast.

**Any child's special dietary needs should be specified at the time of enrolment.**

### Enrolment

Parents **must** complete an enrolment form annually.

A \$5.00 enrolment fee per family will be applied to your first invoice.

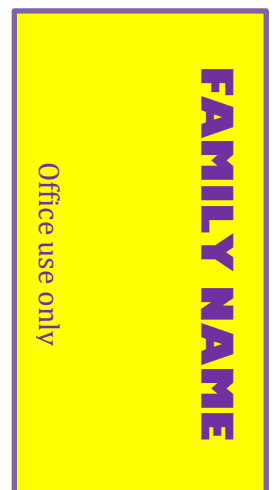
### Bookings

1. Permanent Care – ongoing booking week to week and/or term to term
2. Casual Care – email or write in parent's communication book. For bookings on the day telephone OSHC on 9431 2228 or 0419 754 939 and speak to staff beforehand
3. Pupil free days/variation to school timetable - individual bookings need to be made by the booking deadline

**Child Care Benefit (CCB)** is available to all families through the Family Assistance Office (FAO). Ring 13 61 50 for registration and information, or apply online at: [www.familyassist.gov.au](http://www.familyassist.gov.au)

Ensure the **CCB section details (highlighted in yellow)** on the enrolment form are filled in correctly.

**Child Care Rebate (CCR)** is an additional payment to CCB of up to 50% of out-of-pocket expenses up to eligible parents. Not income tested.



## **Absences**

If your child is going to be absent you must notify the service. Fees apply for cancellations.

## **Arrival and Departure Process**

On arrival at **Before School Care** children **must be brought** in by a parent or nominated adult and signed into the Program. For **After School Care** children **must be picked up** from the Program and signed out by a parent or nominated adult.

## **Late Pick-ups**

All children must be collected from the Program by 6:30pm. Late pick up incurs a penalty rate.

Any parent who is unable to pick up their child by 6:30pm must telephone the Program and make satisfactory alternative arrangements. If a child is not picked up by 6:30pm and the parent has not contacted the Program, staff will telephone the nominated emergency contact to make arrangements for the child to be collected.

## **Behaviour Guidance**

The Program's Behaviour Guidelines are implemented in accordance with the regulations and standards of the National Quality Framework and complement the EEPS Student Management Plan.

## **Supervision**

Children are actively supervised at all times according to ratios of the National Quality Framework.

## **Injury/Illness**

If a child becomes ill or is injured while at the Program, First Aid will be administered and, if deemed advisable, the parent will be notified. If a parent cannot be reached, the emergency contact person will be phoned. If urgent medical attention is judged necessary an ambulance will be called.

## **Medication**

For children who require medication parents must complete a "Medical Authorisation Form" and medication must be provided in the original container with the child's name, date and dosage on it.

## **Parent Involvement and Communication**

The program communicates with parents via the Parent Noticeboard and the school newsletter which is provided electronically. Signs and posters inform parents of a variety of relevant and interesting information including menus and program activities.

Parents are welcome to offer an "incursion" where their special skills, cultural background, travels or interests may be shared with the children to extend their knowledge and awareness of the wider community.

## **Eltham East Out of School Hours Care**

**Email: [oshc.eltham.east.ps@edumail.vic.gov.au](mailto:oshc.eltham.east.ps@edumail.vic.gov.au)**

**Phone: 03 9431 2228 or 0419 754 939**

# ELTHAM EAST OUT OF SCHOOL HOURS CARE

# Enrolment Form

# 2017

Please take time to complete all sections of this enrolment form.

**All questions need to be completed.**

If the answer to any questions is NO or does not apply to your child or family please indicate this. If you have any questions in relation to this form or the running of the program, please contact the OSHC Manager. This form must be completed by a person who has lawful authority in relation to the child or children.

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITAL LETTERS ONLY**

|                    |  |             |  |  |  |
|--------------------|--|-------------|--|--|--|
| <b>FAMILY NAME</b> |  | <b>DATE</b> |  |  |  |
|--------------------|--|-------------|--|--|--|

| CHILD DETAILS | Given Names | Centrelink CRN | M/F | GRADE | Date of Birth |
|---------------|-------------|----------------|-----|-------|---------------|
| Child 1       |             |                |     |       |               |
| Child 2       |             |                |     |       |               |
| Child 3       |             |                |     |       |               |

|                |  |          |  |
|----------------|--|----------|--|
| Street Address |  |          |  |
| Suburb         |  | Postcode |  |

|  |    |     |                         |
|--|----|-----|-------------------------|
| Is your child(ren) of Aboriginal or Torres Strait Islander origin? | NO | YES | > If Yes please specify |
|--|----|-----|-------------------------|

## PARENT/GUARDIAN DETAILS

|                         |   |                  |                    |                    |
|-------------------------|---|------------------|--------------------|--------------------|
| <b>Account Holder 1</b> | What is your relationship to the child(ren)?  |                  |                    |                    |
|                         | First Name  |                  | Surname            | Title              |
|                         | Home address (as above?)  |                  | Centrelink CRN *   | DOB *              |
|                         |   |                  | Suburb             | Postcode           |
|                         | Email (required)  |                  |                    |                    |
|                         | Home phone  |                  | Mobile phone       |                    |
|                         | Do the child(ren) live with you?  |                  |                    | YES NO             |
|                         | <b>EMPLOYMENT DETAILS</b> (tick as appropriate)   |                  |                    |                    |
|                         | N/A   | Looking for work | Less than 15 hours | Studying Full Time |
|                         | Occupation  |                  | Organisation       |                    |
|                         | Work phone  |                  | Location           |                    |
|                         | Country of birth  |                  | Language/s spoken  |                    |
|                         | Can you contribute any skills or resources to our programs, eg play an instrument, donate time or equipment?  |                  |                    |                    |
|                         | <b>* Please note you need to include your parent Centrelink CRN and D.O.B. to receive childcare benefits.</b> |                  |                    |                    |

|                         |   |                  |                    |                    |
|-------------------------|---|------------------|--------------------|--------------------|
| <b>Account Holder 2</b> | What is your relationship to the child(ren)?  |                  |                    |                    |
|                         | First Name  |                  | Surname            | Title              |
|                         | Home address (as above?)  |                  | Centrelink CRN *   | DOB *              |
|                         |   |                  | Suburb             | Postcode           |
|                         | Email (required)  |                  |                    |                    |
|                         | Home phone  |                  | Mobile phone       |                    |
|                         | Do the child(ren) live with you?  |                  |                    | YES NO             |
|                         | <b>EMPLOYMENT DETAILS</b> (tick as appropriate)   |                  |                    |                    |
|                         | N/A   | Looking for work | Less than 15 hours | Studying Full Time |
|                         | Occupation  |                  | Organisation       |                    |
|                         | Work phone  |                  | Location           |                    |
|                         | Country of birth  |                  | Language/s spoken  |                    |
|                         | Can you contribute any skills or resources to our programs, eg play an instrument, donate time or equipment?  |                  |                    |                    |
|                         | <b>* Please note you need to include your parent Centrelink CRN and D.O.B. to receive childcare benefits.</b> |                  |                    |                    |

# EMERGENCY CONTACTS

There may be times when a child has an accident, trauma, illness, injury or needs medical treatment or medication and the parents or guardians cannot be contacted. To deal with this situation the service will contact the people nominated below. Your consent is required for other people to collect the child on your behalf. Should the child not be collected at the end of the day this list may also be used. You may change this list throughout the year. Regulation 93(b)(ii) states an oral authorisation from a registered Medical Practitioner or emergency service is acceptable if the authorising person cannot reasonably be contacted. Regulation 94 Despite Regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. These contacts are authorised to authorise an educator to take the child outside the education and care service premises.

**Authorised nominee** means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.

## Who else can collect your children (authorised nominee)

|           |   |     |            |     |         |     |
|-----------|---|-----|------------|-----|---------|-----|
| <b>1.</b> | Title   |     | First name |     | Surname |     |
|           | Address   |     |            |     |         |     |
|           | Contact phone                                       | (H) |            | (M) |         | (W) |
|           | Relationship to child                               |     |            |     |         |     |
|           | Authorised to contact in an emergency (please tick) |     | YES        |     | NO      |     |

|           |   |     |            |     |         |     |
|-----------|---|-----|------------|-----|---------|-----|
| <b>2.</b> | Title   |     | First name |     | Surname |     |
|           | Address   |     |            |     |         |     |
|           | Contact phone                                       | (H) |            | (M) |         | (W) |
|           | Relationship to child                               |     |            |     |         |     |
|           | Authorised to contact in an emergency (please tick) |     | YES        |     | NO      |     |

|           |   |     |            |     |         |     |
|-----------|---|-----|------------|-----|---------|-----|
| <b>3.</b> | Title   |     | First name |     | Surname |     |
|           | Address   |     |            |     |         |     |
|           | Contact phone                                       | (H) |            | (M) |         | (W) |
|           | Relationship to child                               |     |            |     |         |     |
|           | Authorised to contact in an emergency (please tick) |     | YES        |     | NO      |     |

|           |   |     |            |     |         |     |
|-----------|---|-----|------------|-----|---------|-----|
| <b>4.</b> | Title   |     | First name |     | Surname |     |
|           | Address   |     |            |     |         |     |
|           | Contact phone                                       | (H) |            | (M) |         | (W) |
|           | Relationship to child                               |     |            |     |         |     |
|           | Authorised to contact in an emergency (please tick) |     | YES        |     | NO      |     |

## MISCELLANEOUS

|  |     |  |    |  |
|--|-----|--|----|--|
| Do you give permission for your child(ren) to have their photograph taken? | YES |  | NO |  |
| Do you give permission for your child(ren) to use sunscreen?               | YES |  | NO |  |
| Do you give permission for your child(ren) to watch PG movies?             | YES |  | NO |  |
| Does your child have any fears (eg animals, thunder, the dark)?            | YES |  | NO |  |

➤ If YES please specify name of child and fear

Please list any interests and hobbies that your child(ren) have to assist us when planning the program.

Is there anything else that the staff should know about your child(ren)?

## CUSTODY / LEGAL

Who do the child(ren) live with?

Mother

Father

Other

➤ Specify other

Are there any legal issues we need to be aware of?

YES

NO

➤ If Yes please complete the following

Which child(ren) do the legal issues apply to?

Child 1

Child 2

Child 3

1. Bring the **ORIGINAL court orders** for staff to see and a copy to attach to the enrolment form.

2. 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 the medical treatment of the child
- Request or permit the administration of medication to the child
- Collect the child from the service AND/OR

(b) Give these powers to someone else

(c) Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child

(d) Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.

**Parenting order** means a parenting order within the meaning of section 64B(1) of the Family Law Act 1975 of the Commonwealth;

**Parenting plan** means a parenting plan within the meaning of section 63C(1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

**Please describe these changes and provide the contact details of any person given these powers**

## BOOKING INFORMATION

PERMANENT bookings are for children who use the service on a weekly basis. Permanent bookings are considered to be at least one session per week for an entire term or more. Any additional bookings added during the term that are not permanent will be charged at the casual rate.

CASUAL BOOKINGS are bookings that do not fit into the above description.

CANCELLATIONS must be made one week prior to the scheduled date of attendance otherwise the full fee will be charged.

I want to book my child(ren) in on a **PERMANENT BASIS**

➤ Complete **Permanent booking information** section below

I want to book my child(ren) in on a **CASUAL BASIS**

### Permanent booking information

Please specify the days you require care

#### BEFORE SCHOOL CARE

Start date

Monday

Tuesday

Wednesday

Thursday

Friday

From

#### AFTER SCHOOL CARE

Start date

Monday

Tuesday

Wednesday

Thursday

Friday

From

## CHILD CARE REBATE

A type of rebate that you can receive on the fees you pay

To ensure that we apply your Child Care Benefit to your fees, you must contact Centrelink on 13 61 50 to make sure they have your correct name and D.O.B. for both the parent and child who are registering for Child Care Benefits.

|   |  |
|---|--|
| Do you have another child in care (eg Long Day Care)? |  |
|---|--|

## MEDICAL INFORMATION

|                 |  |                        |     |  |    |  |
|-----------------|--|------------------------|-----|--|----|--|
| Medicare Number |  | Ambulance Subscription | YES |  | NO |  |
|-----------------|--|------------------------|-----|--|----|--|

(If all your children see the same doctor at the same clinic, just complete CHILD 1)

|                |                     |  |                        |     |  |    |
|----------------|---------------------|--|------------------------|-----|--|----|
| <b>CHILD 1</b> | <b>CHILD 1 NAME</b> |  | Clinic Name            |     |  |    |
|                | Doctor              |  | Telephone              |     |  |    |
|                | Address             |  | Medical / Health Cover | YES |  | NO |

|                |                     |  |                        |     |  |    |
|----------------|---------------------|--|------------------------|-----|--|----|
| <b>CHILD 2</b> | <b>CHILD 2 NAME</b> |  | Clinic Name            |     |  |    |
|                | Doctor              |  | Telephone              |     |  |    |
|                | Address             |  | Medical / Health Cover | YES |  | NO |

|                |                     |  |                        |     |  |    |
|----------------|---------------------|--|------------------------|-----|--|----|
| <b>CHILD 3</b> | <b>CHILD 3 NAME</b> |  | Clinic Name            |     |  |    |
|                | Doctor              |  | Telephone              |     |  |    |
|                | Address             |  | Medical / Health Cover | YES |  | NO |

|  |     |  |    |  |
|--|-----|--|----|--|
| Is your child(ren) currently on any medication?* | YES |  | NO |  |
|--|-----|--|----|--|

➤ If YES please specify which child, the name of medication, dosage and frequency.

|  |
|--|
|  |
|--|

**\* If medication is required by the child during care a permission form is required.**

## CHILD'S IMMUNISATION RECORD

Has the child been immunised?

|         |     |  |    |  |  |  |
|---------|-----|--|----|--|--|--|
| CHILD 1 | YES |  | NO |  |  |  |
| CHILD 2 | YES |  | NO |  |  |  |
| CHILD 3 | YES |  | NO |  |  |  |

Please attach a copy of the Child History Statement from the Australian Childhood Immunisation Register.

## ANAPHYLAXIS

In the case of Anaphylaxis you will be provided with a copy of the services' Management Policy. You will be required to provide the service with an Anaphylaxis Management Plan signed by the doctor treating your child. This will be attached to the enrolment form.

|                |   |  |   |     |  |    |  |
|----------------|---|--|---|-----|--|----|--|
| <b>Child 1</b> | <b>CHILD 1 NAME</b>   |  | Has your child been diagnosed at risk of anaphylaxis? | YES |  | NO |  |
|                | Does your child have an <b>auto injection device</b> , eg Epipen or Anapen?               |  |   | YES |  | NO |  |
|                | ➤ <b>If YES you MUST provide your child's Anaphylaxis Management Plan to the service.</b> |  |   |     |  |    |  |
|                | Has a Risk Minimisation Plan been completed by the service in consultation with you?      |  |   | YES |  | NO |  |

|                |   |  |   |     |  |    |  |
|----------------|---|--|---|-----|--|----|--|
| <b>Child 2</b> | <b>CHILD 2 NAME</b>   |  | Has your child been diagnosed at risk of anaphylaxis? | YES |  | NO |  |
|                | Does your child have an <b>auto injection device</b> , eg Epipen or Anapen?               |  |   | YES |  | NO |  |
|                | ➤ <b>If YES you MUST provide your child's Anaphylaxis Management Plan to the service.</b> |  |   |     |  |    |  |
|                | Has a Risk Minimisation Plan been completed by the service in consultation with you?      |  |   | YES |  | NO |  |

|                |   |  |   |     |  |    |  |
|----------------|---|--|---|-----|--|----|--|
| <b>Child 3</b> | <b>CHILD 3 NAME</b>   |  | Has your child been diagnosed at risk of anaphylaxis? | YES |  | NO |  |
|                | Does your child have an <b>auto injection device</b> , eg Epipen or Anapen?               |  |   | YES |  | NO |  |
|                | ➤ <b>If YES you MUST provide your child's Anaphylaxis Management Plan to the service.</b> |  |   |     |  |    |  |
|                | Has a Risk Minimisation Plan been completed by the service in consultation with you?      |  |   | YES |  | NO |  |

# ILLNESSES, ALLERGIES, ADDITIONAL NEEDS AND MEDICAL CONDITIONS

Medical Management Plans and Risk Minimisation Plans **MUST** be completed and any medication supplied with respect to any specific health care need, medical condition or allergy.

|                          |   |  |  |     |  |    |  |
|--------------------------|---|--|--|-----|--|----|--|
| <b>Child 1</b>           | <b>CHILD 1 NAME</b>   |  | Does your child have any allergies or sensitivity? | YES |  | NO |  |
|                          | ➤ If YES please provide details of any allergies and any management to be followed with respect to the allergy.                             |  |  |     |  |    |  |
|                          | Does your child have any other medical conditions that are relevant to the care of your child? For example, asthma, epilepsy, diabetes, etc |  |  | YES |  | NO |  |
|                          | ➤ If YES please provide details of any medical condition and any management procedure to be followed.                                       |  |  |     |  |    |  |
|                          | Are there any cultural religious or dietary needs that we should be aware of?   |  |  | YES |  | NO |  |
|                          | ➤ If YES please specify.  |  |  |     |  |    |  |
|                          | Does your child have any additional needs or challenging behaviours?  |  |  | YES |  | NO |  |
| ➤ If YES please specify. |   |  |  |     |  |    |  |

|                          |   |  |  |     |  |    |  |
|--------------------------|---|--|--|-----|--|----|--|
| <b>Child 2</b>           | <b>CHILD 2 NAME</b>   |  | Does your child have any allergies or sensitivity? | YES |  | NO |  |
|                          | ➤ If YES please provide details of any allergies and any management to be followed with respect to the allergy.                             |  |  |     |  |    |  |
|                          | Does your child have any other medical conditions that are relevant to the care of your child? For example, asthma, epilepsy, diabetes, etc |  |  | YES |  | NO |  |
|                          | ➤ If YES please provide details of any medical condition and any management procedure to be followed.                                       |  |  |     |  |    |  |
|                          | Are there any cultural religious or dietary needs that we should be aware of?   |  |  | YES |  | NO |  |
|                          | ➤ If YES please specify.  |  |  |     |  |    |  |
|                          | Does your child have any additional needs or challenging behaviours?  |  |  | YES |  | NO |  |
| ➤ If YES please specify. |   |  |  |     |  |    |  |

|                          |   |  |  |     |  |    |  |
|--------------------------|---|--|--|-----|--|----|--|
| <b>Child 3</b>           | <b>CHILD 3 NAME</b>   |  | Does your child have any allergies or sensitivity? | YES |  | NO |  |
|                          | ➤ If YES please provide details of any allergies and any management to be followed with respect to the allergy.                             |  |  |     |  |    |  |
|                          | Does your child have any other medical conditions that are relevant to the care of your child? For example, asthma, epilepsy, diabetes, etc |  |  | YES |  | NO |  |
|                          | ➤ If YES please provide details of any medical condition and any management procedure to be followed.                                       |  |  |     |  |    |  |
|                          | Are there any cultural religious or dietary needs that we should be aware of?   |  |  | YES |  | NO |  |
|                          | ➤ If YES please specify.  |  |  |     |  |    |  |
|                          | Does your child have any additional needs or challenging behaviours?  |  |  | YES |  | NO |  |
| ➤ If YES please specify. |   |  |  |     |  |    |  |

## 2017 FEES

|                    |   |                                |
|--------------------|---|--------------------------------|
| Before School Care | Permanent care \$14.50 each child                 | Casual care \$16.50 each child |
| After School Care  | Permanent care \$19.00 each child                 | Casual care \$21.00 each child |
| Pupil Free Days    | 7:00am – 6:00pm                                   | \$45.00 each child             |
| Prep transition    | 7:00am-6:00pm ( <b>Wednesdays in February</b> )   | \$45.00 each child             |
|                    | 12:15pm-6:30pm ( <b>half days in first week</b> ) | \$27.00 each child             |

## METHOD OF PAYMENT

The fee policy at Eltham East Out of School Hours Care is that all accounts must be paid two weeks in advance. The method of payment for fees at our service is through EziDebit. This will ensure families accounts remain within the service fee policy guidelines and also maintains the security of your child's booking at our service. If the account processed is dishonoured a fee of \$10 will be charged to families and will be added to the account in the next fortnight. Please ensure that there are sufficient funds and we have your correct and up to date details to avoid this fee.

**An EziDebit direct debit request form is included and must be completed and returned to the OSHC office with this enrolment form to secure your enrolment at the service.**

### EziDebit fees

Administration fee (once only) \$2.20

Bank account transaction fee \$0.88

Credit card transaction fee VISA/MasterCard 1.87% (min \$0.88) Amex/Diners 4.4% (min \$0.88)

*EziDebit fees are subject to change*

**CERTIFICATION:** I hereby declare that, to the best of my knowledge, the provided information is true and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Office Use Only

Enrolment Received

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Enrolment Entered

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Confirmation Sent

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

Administration Fee Processed

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_