

Gembrook Primary School Outside School Hours Care Enrolment Form

Logo here

A completed file must be completed and signed by a parent or guardian for each child prior to attendance at the Gembrook Primary school Outside School Hours Care (OSHC) program.

No service operates during school holidays or on Gembrook Primary School Curriculum days.

Please consider having photo ID available when collecting your child as new or casual staff will occasionally work in the Before or After School Activities programs.

For Permanent Bookings please circle your requirements in the boxes below.

For Casual bookings please call the school office on 59681313.

* After school programs can be booked up until 3pm on the day of the service.

* Breakfast Club programs can be booked up until 3 pm on the day before the service is required.

Before School Care commences at 7:30am on all days. Please indicate your required arrival time.

After School Activities on Mon, Wed and Fri run until 5pm

After School Care on Tuesday and Thursday run until 6pm

Before School Care

M	Tu	W	Th	F
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After School Care

M	Tu	W	Th	F
Photog		Dance		Cooking
		Tennis		

First attendance will be on: _____

Child's Details:

First Name: _____ Surname: _____ DOB: _____ Age: _____

Address Child Lives at: _____

Suburb: _____ Postcode: _____

Home Phone Number: _____

Nationality: _____ Language spoken at home: _____

Parent or Guardian Details:

Adult 1:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

Postal Address: _____

email Address: _____

Adult 2:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

Postal Address: _____

email Address: _____

Are there any custody or court orders which relate to this child? Yes No

If yes, please provide copies of all relevant documents with this form.

Please Circle

Emergency Contacts:

These contacts will only be used in case of an emergency if Adult A or B cannot be contacted.

Emergency Contact 1:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

Emergency Contact 2:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

People who may collect your child:

Please do not include the people who are the Emergency Contacts.

This section is for other people who may collect your child from time to time.

These people will NOT be contacted in case of an emergency.

Collection Person:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

Collection Person:

Name: _____

Relationship to child: _____

Mobile Phone: _____

Work Phone: _____

Home Address: _____

Health Details:

Family Medical Clinic: _____ Doctor: _____

Doctors Phone No: _____

Is the child covered by Ambulance Membership: Yes No

Please Circle

Does your child have any of the following conditions:

Anaphylaxis: Athsma: Epilepsy: Diabetes:

If you have ticked any of these conditions please provide an Action Management Plan.

If your child has any other medical conditions or allergies, please provide information below:

Immunisation status of your child: Immunised: Not immunised:

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNISATION CERTIFICATE OR EXEMPTION LETTER. You can request a copy of the certificate by calling 1800 653 809

Please detail any dietary restrictions or requirements below:

Please detail any other health, behaviour and wellbeing information you think is important:

Child Profile:

Does your child have any particular interests? _____

Does your child have any fears or phobias? _____

Does your child require any additional support in any developmental areas? _____

Cultural Celebrations you agree for your child to be involved in:
Birthdays Mothers Day Easter Fathers Day Christmas
Other: _____

Child Care Benefit:

Child Care Benefit is designed to assist with the cost of all types of childcare. Families have several options to access this support. More information is available by calling the Family Assistance Office on 13 61 50. or visiting: <http://www.humanservices.gov.au/customer/services/centrelink/child-care-benefit>

Please tick which way you will be claiming your Child Care Benefit:
Reduced Weekly Fees: Lump Sum Payment: Not at all:

Will you be claiming JET Fee Assistance? Yes: No:
How many children will you be claiming the Child Care Benefit for on a regular weekly basis:

To access your CCB you will need to provide your family's CRN. If you do not know this number you will need to contact the Family Assistance Office 13 61 50. You will also need to provide the date of birth of the parent linked to the CRN and the child's CRN.

Parent's CRN: _____ DOB of Parent linked to the CRN: _____
Child's CRN: _____

Declaration:

- As a person who has lawful authority of the child referred to in this enrolment form I.....
- Declare that the information in this enrolment form is true and correct and endeavor to immediately inform the service in the event of any change to this information.
 - Agree to collect the child or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell.
 - Consent to the educator's at the program seeking or where appropriate administering medical treatment that is reasonably required and that I will reimburse any expense incurred should this happen.
 - Declare that I have read and understood the policies of Gembrook Primary School OSHC and will abide by those policies.
 - Consent to the educators administering medication if so requested by me or those I have nominated to do so on my behalf.
 - Have read and agree with the fee and payment structure policies available on the school website.
 - I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect the child and any contact details of any medical professional nominated in the Enrolment Form.
 - I agree to the Child to be observed by students who may be employed at the service or completing practical components of their studies.
 - I agree to my child using non toxic face paint and hairspray as part of the program
 - I agree to my child handling animals as part of the program and for onsite displays
 - I agree to photographs being taken of my child as part of the program

Name: _____ Signature: _____

Privacy Disclaimer

Gembrook Primary school OSHC acknowledges and respects the privacy of its families. The information that is being collected by is to process your enrolment and assist us to provide the best possible level of care for your child. By completing this form, you have consented to this information being collected. The intended recipients of this information is Gembrook Primary School OSHC, its authorised educators and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our service's Confidentiality Policy.