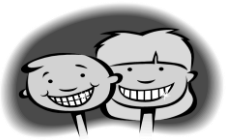
2020

Chilwell Primary School

Outside School Hours Care



REGISTRATION

SURNAME: _____ PHONE: _____ MOBILE: _____

ADDRESS: _____ Post Code: _____

EMAIL: _____ ORIENTATION COMPLETED / /

Child/ren's Names	Date of Birth / Age / Sex	School	Grade	Teacher
1	/ / M / F			
2	/ / M / F			
3	/ / M / F			
4	/ / M / F			

Parent/Guardian Details:

Name:	Name:
Date of birth:	Date of birth:
Relationship to child:	Relationship to child:
Home address:	Home address:
Phone:	Phone:
Email:	Email:
Employer:	Employer:
Hours of employment:	Hours of employment:
Work Address:	Work Address:
Work phone:	Work phone:

The above child(ren) reside with (please tick appropriate box)

Both parents ☐ Mother ☐ Father ☐ Guardian ☐

Custody Details: (Parenting Orders, Parenting Plans)

Are there special access/custody arrangements? YES / NO

If a court order exists please provide this information to the program staff.

Cultural Information:

Main language spoken at home: Family Ethnic Origin:

Emergency Contacts/ Authorised persons allowed to take children out of service:

Authorised Nominee - a person who has been given permission by a parent or family member to collect the child from the education and care service

1. Name _____ Phone: _____
Emergency Contact Yes / No Address _____
Authorised to authorise an educator to take children out of service Yes / No
Authorised nominee Yes / No
Authorised to consent medical treatment of, or to authorise administration of medication to each child Yes / No

2. Name _____ Phone: _____
Emergency Contact Yes / No Address _____
Authorised to authorise an educator to take children out of service Yes / No
Authorised nominee Yes / No
Authorised to consent medical treatment of, or to authorise administration of medication to each child Yes / No

3. Name _____ Phone: _____
Emergency Contact Yes / No Address _____
Authorised to authorise an educator to take children out of service Yes / No
Authorised nominee Yes / No
Authorised to consent medical treatment of, or to authorise administration of medication to each child Yes / No

4. Name _____ Phone: _____
Emergency Contact Yes / No Address _____
Authorised to authorise an educator to take children out of service Yes / No
Authorised nominee Yes / No
Authorised to consent medical treatment of, or to authorise administration of medication to each child Yes / No

Medical Details:

Doctor _____ Phone _____
Address: _____
Medicare Number _____ Ambulance Service Subscriber YES / NO

Health/Medical History. Please circle:

Child 1.	Asthma / Allergies / Anaphylaxis / Epilepsy / Disability / ADD / ADHD (please circle) Other _____ Plan ☐ Risk Minimisation ☐ Epipen ☐ Medical policy to parent ☐ Communication Difficulties: Hearing / Sight / Speech etc. Is child fully immunised? Yes / No Record sighted. Yes / No Initials:
Child 2.	Asthma / Allergies / Anaphylaxis / Epilepsy / Disability / ADD / ADHD (please circle) Other _____ Plan ☐ Risk Minimisation ☐ Epipen ☐ Medical policy to parent ☐ Communication Difficulties: Hearing / Sight / Speech etc. Is child fully immunised? Yes / No Record sighted. Yes / No Initials:
Child 3.	Asthma / Allergies / Anaphylaxis / Epilepsy / Disability / ADD / ADHD (please circle) Other _____ Plan ☐ Risk Minimisation ☐ Epipen ☐ Medical policy to parent ☐ Communication Difficulties: Hearing / Sight / Speech etc. Is child fully immunised? Yes / No Record sighted. Yes / No Initials:
Child 4.	Asthma / Allergies / Anaphylaxis / Epilepsy / Disability / ADD / ADHD (please circle) Other _____ Plan ☐ Risk Minimisation ☐ Epipen ☐ Medical policy to parent ☐ Communication Difficulties: Hearing / Sight / Speech etc. Is child fully immunised? Yes / No Record sighted. Yes / No Initials:

Details of any dietary requirements / any special considerations eg. Cultural, Religious, dietary for the child

1
2
3
4

Declaration

* I/We agree that neither **CHILWELL PRIMARY SCHOOL** nor it's officers and servants will be liable for any damage or injury howsoever caused or of whatsoever nature that may be incurred by any of my children in attendance at any program or any of the activities in connection with the said program.
* I/ We understand the responsibility for any costs involved and understand that all fees must be paid In advance.
* I/We realise that it is my responsibility to inform the program if my child contracts any illness which could be detrimental to the health of others at the program. I/we agree to allow our child/children to view PG rated movies.
* I/ We understand that the program is run by the Sunsmart policy. 'No Hat, no outside play!'
* In case of an emergency I agree to my children being transported by ambulance service.
* In case of an injury or accident being sustained by the child, I authorise the Co-ordinator or Assistants of the Chilwell Primary School Outside School Hours Care Program, where it is impracticable to communicate with me, to obtain such medical or surgical treatment as may be deemed necessary and agree to meet any expenses, such as transport by an ambulance service.
* I consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital service or ambulance
* I also accept full responsibility for my child's belongings whilst attending this program.
* I fully understand that if my child continuously misbehaves and after behavior guidance procedures have been followed, I will be notified and my child may be removed from the program.
* I understand that all enrolment details are private and confidential.
* I give permission for my child to use another room when the Multi Purpose Room is not available.

This information will be used for Program purposes only and will be accessible to OOSHC staff, Committee of Management, and teaching staff, the Principal and/or the sponsoring body.
I understand that I can access this information and correct any necessary details whenever I wish.

* I consent to photographs (still or video) being taken of my child/ren as part of the OSHC program and to be displayed around the OSHC site on display boards only. No social media **YES / NO**

Signature: _____ *Parent/Guardian* **Date:** / /

Days Required:	BEFORE SCHOOL	AFTER SCHOOL	PERMANENT	CASUAL
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				

REGISTRATION FEE: $10.00 per family (non refundable)

REFUNDABLE DEPOSIT

It has been decided that for any new families using the program a refundable **$50.00 per Child bond** will be applied. This will either be refunded or taken off the final account when the family exits the program.

When claiming CCS you may be required to provide our CRN.

Chilwell Primary School Outside School Hours Care CRN: 555 008 283B

When contacting the Family Assistance Office you will need to ask the following questions :

- What is my and my partner's (if applicable) CRN?
- What are my children's CRN?

Once you have this information you can then add it in the table below.

FEE PAYER'S NAME(Parent Name)	**FEE PAYER'S CRN(Parent CRN)**
1	
Childs Name:	**Child's CRN:**
1	
2	
3	
4	

The FAO will inform you that they will send a letter to you with your CCS eligible hours and percentage. Could you please supply us with this information before your child/ren start in our care. This is so we have the right information entered into our system and we can bill you correctly.

Children's Interests and Needs survey

This form is to give us an outline of your child. So that we can care for them in the very best way.
Under each of the sections please write us a brief statement about your child.
This information is then used by the staff for programming and meal preparation.

What activities does your child normally partake in after school or on weekend should they be at home?	
Child 1	
Child 2	
Child 3	
Child 4	

How does your child react in social situations? Are they shy or outgoing? Do they make friends easily?	
Child 1	
Child 2	
Child 3	
Child 4	

What foods does your child enjoy eating? Could you suggest some health foods we serve them at snack?	
Child 1	
Child 2	
Child 3	
Child 4	

Are there any important factors we may need to know that can help us provide quality care to your child	
Child 1	
Child 2	
Child 3	
Child 4	