



Tallygaroopna Primary School
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TALLYGAROOPNA PRIMARY SCHOOL OUTSIDE SCHOOL HOURS CARE PROGRAM 2019

1. DETAILS OF CHILD

First Name	
Surname	
Gender	
Date of Birth	

Has the child been in care before? If so, what type of care and date commenced:

Languages spoken at home: _____ Main language: _____

Cultural Background: _____

Any special issues in relation to your child eg. religion, food etc? _____

Names and ages of other children in the family: _____

2. DETAILS OF PARENTS

	MOTHER/GUARDIAN	FATHER/GUARDIAN
First name		
Surname		
Address		
Date of Birth		
	Does the child live with the mother/guardian YES/NO	Does the child live with the father/guardian YES/NO
Employer		
Occupation		
Phone (H)		
Phone (W)		
Phone (M)		
Languages spoken		
Email Address <small>compulsory</small>		

Other residency arrangements (please give details)

First name	
Surname	
Address	
Date of Birth	
Phone (H)	
Phone (W)	
Phone (M)	

3. LAWFUL AUTHORITY

Parents

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. The Children’s Services Regulations 1998 refer to these powers and responsibilities as “lawful authority”.

Lawful authority is not affected by the relationship between the parents, such as whether or not they have lived together or are married.

A court order, such as under the Family Law Act, may take away the authority of a parent to do something or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases the guardian is the person the child lives with who has day to day care and control of the child.

4. EMERGENCY CONTACTS & PEOPLE AUTHORISED TO COLLECT CHILDREN

(Maximum of 30 minutes from school)

In case of accident or injury, trauma or illness when parents/guardians are not available, the persons below will be contacted to pick up the child and take care of them. In the event that the child is not collected from the children’s service and the parent or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name and Address	Authority – please circle (see below)	Phone (H)	Phone (M)	Relationship to child
Name Address	1 2 3			
Name Address	1 2 3			
Name Address	1 2 3			
Name Address	1 2 3			

Authority Consents

1 – Authorisation to consent to medical treatment

2 – Authorise the administration of medication

3- Authorisation to authorise an educator to take the children outside the service premises.

5. CUSTODY DETAILS

Are there any special custody / access arrangements? (please circle) YES NO
If 'YES' please provide details, including a copy of any Court Orders pertaining to the child.

6. MEDICAL INFORMATION

How would you describe your child's health? _____

Is he/she under any medical treatment? _____

Has he/she had any history of illness? _____

Is there anything about his/her physical well being that you feel we should know? (e.g. allergies, food intolerances etc.) If so please describe and outline management procedures or attach appropriate management plan eg asthma plan, anaphylaxis plan etc.

AMBULANCE SUBSCRIPTION (please circle) YES Number: _____ NO
MEDICARE NUMBER: _____

FAMILY DOCTOR

Name	
Address	
Phone	

7. OTHER INFORMATION

Is there anything else that the Service should know about your child? (eg. favourite activities, likes/dislikes, intervention/support services etc.)

8. IMMUNISATION RECORD

Has your child been immunised? (Please circle) **NO** **YES**

If yes please fill out the relevant dates in the table below.

Immunisation	2months	4months	6months	12months	18months	4-5yrs
DTP (Diphtheria/ Tetanus/Pertussis)						
OPV (Oral Polio Vaccine-Sabin)						
MMR (Measles, Mumps, Rubella)						
Hib - TITER or Hib - Pedvax HIB						
Meningococcal C						

You may have also purchased additional immunisations for your child. If so, please provide the dates these have been given:

Hepatitis B	1.	2.	3.
Childhood Pneumococcal Vaccine			
Chicken Pox			

9. FEES

Have you applied for Child Care Benefit? (Please circle) **YES** **NO**

If 'YES' please provide relevant information

Female Parent/Guardian CRN	
Male Parent/Guardian CRN	
Child 1 CRN	
Child 2 CRN	
Child 3 CRN	
Child 4 CRN	

10. BOOKINGS

Care can be used any time between the hours of 3.25-6.00pm. Please circle the type of booking you wish to have for your child/ren:

Permanent booking	A permanent booking is an ongoing regular booking permanently held in the program. A permanent booking must be paid for even if the child is absent.
Casual booking	Casual bookings are those bookings made on a daily, non regular basis and are subject to availability. Casual bookings are not paid for if they are cancelled prior Midday on the day of the care.

If requesting a permanent booking, please indicate which days/times are required below:

Monday	Tuesday	Wednesday	Thursday	Friday

11. PHOTOGRAPHIC CONSENT

I give permission for my child to be photographed by staff members and have these photos displayed in the program.

YES NO (please circle appropriate response)

I give permission for my child to be photographed and/or video taped in the event of media reportage

YES NO (please circle appropriate response)

12. SUNSCREEN CONSENT

I give permission for my child to have sunscreen applied as per the centre's Sunsmart Policy

YES NO (please circle appropriate response)

13. DECLARATION

I/We _____ (print full name/s) as person/s with lawful authority of the child referred to in this enrolment form:

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information
- understand that all Enrolment details are private and confidential. This information will be used for Program purposes only and will be accessible to OSHC staff, Committee of Management, the Principal and/or the Sponsoring body. I understand that I can access this information and correct any necessary details whenever I wish
- approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred.
- acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. I/we agree to collect or make arrangement for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service
- consent to the staff of the children's service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the children's service
- accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.
- undertake to inform the staff of any absence of my child.

Parent/Guardian Signature: _____ Date: _____

PRIVACY NOTIFICATION

Tallygaroopna Primary School After School Care program uses the enrolment form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the Program Coordinator.