

# **OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM**

Under the Education and Care National Regulations, you are required to notify the Centre immediately of any changes to the details given on this form.

CHILD'S PERSON	AL D	ETA	ILS													
First Name:							Mic	ldle	Nam	ie:						
Surname:							Date of Birth:									
Gender:							Cou	ıntr	y of E	Birth:						
Nationality:							Reli	gio	n:							
Main Language Spoken at Home:																
Child's Address:																
Indigenous Status (please tick one box):					<ul> <li>Aboriginal only</li> <li>Torres Strait Islander, but not Aboriginal</li> <li>Both Aboriginal and Torres Strait Islander</li> <li>Neither Aboriginal and Torres Strait Islander</li> </ul>							er				
Please list any specif	c cu	ltural	or re	eligio	us re	equire	ement	s:								
Child's Centrelink Cu	ston	ner R	efere	nce l	Numl	ber:										
Centrelink can be contact is advised that you still re														ild Care	Reba	te, it
MEDICAL INFORM																
Immunisation: The C status as a condition co of immunisations co 2,4,6,12,18 months a	f enr nple	olme ted v	nt. Pa vithir	arents n fou	are t	to pro	vide /	٩fte	r Scho	ool Car	e with	the	appro	priate	evid	ence
Medicare No:										Privat	te He	alth:		□ Ye	es 🗖	No
Allergies/Dietary Requirements: (please provide a relevant action plan)																
Special Needs/Disab	lities	<b>5:</b>														

PARENT/GUARDIAN 1			PAREN	T/GUAR	DIAN 2			
First Name:			First N	ame:				
Surname:			Surnan	ne:				
Relationship to Child:			Relatio					
Address:			Address:					
Mobile:			Mobile	:				
Home Phone:			Home Phone:					
Work Phone:			Work Phone:					
Email:			Email:					
Date of Birth:			Date o	f Birth:				
Occupation:			Occup	ation:				
Nationality:			Nation	ality:				
Primary Language Spoken at Home:			Primary Language Spoken at Home:					
Secondary Language Spoken at Home:		Secondary Language Spoken at Home:						
Do you require assistance with English:			Do you require assistance with English:			YES	NO	
Parent/Guardian 1								
Centrelink Customer Ref	erence Numb	er (CRN):						
Parent/Guardian 2								
Centrelink Customer Ref	erence Numb	oer (CRN):						
EANABLY CITUATION								
FAMILY SITUATION			,					
Indicate your current fan	· ·	•	e): T					
Nuclear Blended (both parents) (step parent/sibling)		<b>Joint</b> (shared custody)			Single Parent (no contact)			
Please include any sibling	gs' names an	d ages at the	time of	enrolme	nt			
Name:			Ago		Resides with Child?			
Name.			Age:		-	YES	NO	
Name:			Age:	:		Resides with Child?		
rune.			/ igc.			YES	NO	
Name:			Age:			Resides v	vith Child?	
· · ·				Age:		YES	NO	
						YES	NO	

PARENT/GUARDIAN DETAILS

ATTENDANCE								
Commencement Date:								
Days of Attendance (plea	se tick):	М	Т	W	/	Th	F	
Do you have any other cl Family Day Care Scheme	hildren attending a differe or OSHC?	nt Childcar	e Centre,		١	YES	NO	
If Yes, please provide the	e name of the service:			•				
We must have a letter of confirmation of attendance from the service so that you can receive your full Childcare Assistance entitlement.								
LEGAL REQUIREMEN	ΓS							
We cannot action verbal regard.	Are there any court orders pertaining to this child?  We cannot action verbal or unofficial instructions in this regard.  If Yes, please attach copies with this Enrolment form.							
IN CASE OF EMERGEN	NCY							
Doctor's Name:								
Medical Centre Address:								
Medical Centre Phone:	Medical Centre Phone:							
(a person other than the pare	CTS/AUTHORISED NO	MINEES						
Name:	my guardian)	Name:						
Phone:		Phone						
Relationship to Child:			hip to Chil	d:				
This person has the auth	ority to: (please tick)	This perso	on has the	autho	rity t	to: (please	e tick)	
<ul> <li>□ Collect the child from After School Care</li> <li>□ Consent to medical treatment</li> <li>□ Authorise for transportation of the child by an ambulance service</li> <li>□ Authorise the administration of medication</li> <li>□ Authorise an educator to take the child outside the Centre</li> <li>□ Collect the child from After School Care</li> <li>□ Consent to medical treatment</li> <li>□ Authorise for transportation of the child by an ambulance service</li> <li>□ Authorise the administration of medication</li> <li>□ Authorise an educator to take the child outside the Centre</li> </ul>						ild by an		
Name:		Name:						
Phone:		Phone						
Relationship to Child:		Relations	hip to Chil	d:				
This person has the auth	ority to: (please tick)	This person has the authority to: (please tick)						
☐ Collect the child from☐ Consent to medical tre	☐ Collect the child from After School care ☐ Consent to medical treatment							

Authorise the administration of medication	Authorise the administration of medication
Authorise for transportation of the child by an	Authorise for transportation of the child by an
ambulance service	ambulance service
Authorise an educator to take the child outside	Authorise an educator to take the child outside
After School care	After School Care

## **AUTHORITIES**

Please read the following statements carefully. Any questions surrounding these statements are to be forwarded to the nominated supervisor. Please sign and date to acknowledge acceptance of these conditions, once you have read and understood them.

#### Sunscreen

 $\square$  I/We agree  $\square$  do not agree (please tick)

For staff to apply sunscreen to my/our child before sun exposure. Please Note: If you do not agree for the staff to apply sunscreen to your child, you must provide alternative sun protection via a letter from a General Practitioner.

## **Emergency Action**

- I/We understand that although every care will be taken whilst my/our child is at After School Care, the staff cannot be held responsible for accidents that may occur. In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact you or the nominated guardians before such treatment is sought. In the event that staff cannot contact me; I/we hereby authorise the staff to seek emergency medical treatment and authorise transportation by ambulance for my/our child should it be considered necessary;
- I/We agree to provide updated medical information;
- I/We agree to meet all expenses incurred;
- I/We understand that in some circumstances access to the Saint Stephen's College School Nurse, in school term, may be necessary;
- I/We agree for my/our child to be monitored by the College Nurse on duty until the arrival of a parent or specified guardian.

#### **Child Care Assistance**

- I/We understand that it is the parent/guardian's responsibility to apply to Centrelink for Childcare Assistance and to register with Medicare to receive the Childcare Cash Rebate. If application for reassessment of Child Care Assistance is not made before the expiry date each year and the entitlement lapses;
- I/We understand that full fees will be payable during the lapsed period.

## **Priority of Access to Care**

The Department of Health and Family Services requires by law, priority listing for access to childcare centres. These priorities are:

- 1. A child at risk of serious abuse or neglect;
- 2. A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under Section 14 of the 'New Tax System' (Family Assistance) Act 1999;
- **3.** Any other child;

I/We understand that the Centre may require a Priority 3 child to vacate a place to make room for a child with a higher priority.

### **Student Retention**

Students are required to demonstrate a set of standard achievements before progressing to the next stage of their learning. I/We understand that The Principal reserves the right to negotiate the repeating of a students at Saint Stephen's College and the final decision lies with this authority.

## **Policies and Procedures**

I/We have read and understood the Saint Stephen's College After S			abide by the p	rocedures and policies of
Parent/Guardian 1 Signature:			Date:	
Parent/Guardian 2 Signature:			Date:	
			I	
ALITHODICATIONIC				
AUTHORISATIONS				
Child's Name:		I		
I/We Agree to the following (plea	se circle):	Yes	i/No	Comments
To include my/our child in cooking	g activities.	YES	NO	
To take photos for educational purchild for display in Osh and for prorequirements.		YES	NO	
To take photos for educational purchild for display on the College's v	•	YES	NO	
We give permission for regular out from Saint Stephens College After Saint Stephens College to visit the	School Care to	YES	NO	
- College Library				
- Prepatory rooms				
- Goda Firkins Auditorium				
- College Oval				
- Computer Lab				
- Science Lab				
- Multipurpose Hall				
Permission is required every 12 m	onths.			
Parent/Guardian 1 Signature:				Date:
Parent/Guardian 2 Signature:				Date:
				1
OFFICE USE ONLY				
Date Entered into Computer:			Entered	by:
Room Allocated:			Booked Entered	
Bond Paid Date:			Paymen	t Туре:
Booking Fee Paid Date:			Paymen	t Type:

Date:

**Immunisation Record/Health** 

**Enrolment Package Given:** 

**Enrolment Checklist Completed:** 

Record Sighted:

## PRIVACY POLICY COLLECTION NOTICE

- 1. Saint Stephen's College After School Care and Vacation Care is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. The Saint Stephens College After School Care collects personal information, including sensitive information about children and parents or guardians before and during the course of a child's enrolment at After School care. This may be in writing or in the course of conversations. The primary purpose of collecting this information is to enable After School Care to provide care and education to the child and to enable them to take part in all the activities at Saint Stephens College After School Care and Vacation Care.
- 2. Some of the information we collect is to satisfy the After School Care's legal obligations, particularly to enable After School Care to discharge its duty of care;
- 3. Laws and regulations governing or relating to the operation of an After School Care require certain information to be collected and disclosed. These include relevant Education and Care Services National Law, Education Acts, and Public Health and Child Protection laws;
- **4.** Health information about children is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act. We may ask you to provide medical reports about your child from time to time;
- 5. The Saint Stephens College After School care from time to time discloses personal and sensitive information to others for administrative and educational purposes, including facilitating the transfer of a child to another After School Care or school. This includes to other centers, government departments, medical practitioners, and people providing services to the After School Care, including specialist visiting teachers, coaches, tutors, advisors, volunteers and counsellors;
- **6.** Personal information collected from children is regularly disclosed to their parents or guardians;
- 7. The After School Care may store personal information in the 'cloud' which may mean that it resides on Microsoft servers which are situated outside Australia;
- 8. The After School Care's Privacy Policy sets out how parents or children may seek access to personal information collected about them. 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, where access may result in a breach of the After School Care's duty of care to the child, or where the child has provided information in confidence;
- **9.** The After School Care Privacy Policy also sets out how you may complain about a breach of privacy and how the After School Care will deal with such a complaint;
- **10.** The After School Care, from time to time, engages in fundraising activities. Information received from you may be used to make an appeal to you. We will not disclose your personal information to third parties for their own marketing purposes without your consent;
- 11. On occasions information such as achievements, activities and news is published electronically and in print in the After School Care facilities facilities, newsletters, and magazines and on our website. Photographs of children in activities and After School care and Vacation Care excursions may be taken for publication in After School Care facilities, newsletters, magazines and on our website;
- **12.** We may include parents' contact details in a class list and After School Care directory after obtaining specific permission;
- **13.** If you provide the After School Care 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 the After School care and why, that they can access that information if they wish and that the After School Care does not usually disclose this information to third parties.
- 14. Please refer to our Family Handbook for the Code of Conduct.