

Cockatoo Primary School Council Out of School Hours Care

20__ Enrolment Details

Please advise Centrelink on 136150 quoting
OSHC Service Provider number 55501205BL before using the
program to ensure you receive your Child Care Benefit

OSHC Hours 7-8:45 am 3:30-6:30 pm
Ph: 5968 0256 (OSHC hours only)
Ph: 5968 8017 (School Hours)

| Child's FULL Name (middle names must be provided) | Date of Birth | Child's CRN |
|--|--------------------|----------------|
| 1. _____ | ____/____/____ M/F | ____/____/____ |
| 2. _____ | ____/____/____ M/F | ____/____/____ |
| 3. _____ | ____/____/____ M/F | ____/____/____ |
| 4. _____ | ____/____/____ M/F | ____/____/____ |
| Language spoken at home _____ Cultural background _____ | | |
| Are the children of Aboriginal or Torres Strait Island background Yes/No Child 1 2 3 4 | | |

| Parent/Guardian details – First and Middle names and date of birth MUST be included. | |
|--|--|
| Parent/Guardian 1 Information | Parent/Guardian 2 Information |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Relationship to child/ren _____ | Relationship to child/ren _____ |
| DOB ____/____/____ CRN ____/____/____/____ | DOB ____/____/____ CRN ____/____/____/____ |
| Mobile: _____ | Mobile: _____ |
| (H) _____ (W) _____ | (H) _____ (W) _____ |
| Email _____ | Email _____ |
| Country of Birth _____ | Country of Birth _____ |

Please provide 2 **EMERGENCY CONTACTS** authorized to collect children, other than parents/guardians.
These people must be available during the time the children are in care.

| | | | |
|---|---------|-----------------------|--|
| 1 | Name | | |
| | Address | | |
| | Phone | Relationship to child | |
| 2 | Name | | |
| | Address | | |
| | Phone | Relationship to child | |

Permanent Bookings – please advise staff of commencement date _____

| Mornings | <u>7:00am-8:45am</u> | Afternoons | <u>3:30pm-6:30pm</u> |
|-----------------|--------------------------|-------------------|--------------------------|
| Monday | <input type="checkbox"/> | Monday | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | Tuesday | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | Wednesday | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | Thursday | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | Friday | <input type="checkbox"/> |

Casual Bookings – Bookings made as required, either through school office or directly with OSHC staff.

Current charges: Mornings - \$12 Afternoons - \$15

Please be aware a late fee of \$10 per minute per child will be incurred if your child/ren are collected after 6:30pm

Details of Parent Custody/Court Orders Documentation attached Yes ☐ No ☐

Family Doctor:

Address:

Phone:

Medicare No:

Are you in the Ambulance Service ☐ **Yes** ☐ **No**

Year of last Tetanus injection _____ Immunization Complete ☐ Incomplete ☐

Medical conditions and details:

Child's Name

Asthma ☐ _____ / _____
 Anaphylaxis ☐ _____ / _____
 Allergies ☐ _____ / _____
 Diabetes ☐ _____ / _____
 Other ☐ _____ / _____

Action Management Plan supplied

☐ **Yes** ☐ **No**
☐ **Yes** ☐ **No**
☐ **Yes** ☐ **No**
☐ **Yes** ☐ **No**
☐ **Yes** ☐ **No**

Medication:

Does your child require staff to administer Medication?

If yes please complete a 'Request for Medication to be Administered at OSHC' form provided by staff

☐ **Yes** ☐ **No**

Does your child have a disability or special needs that will require additional assistance?

e.g. toileting, behavioral. Please give details:

☐ **Yes** ☐ **No**

Additional people able to collect my children- Photo ID will be required, no child will be able to be collected without parental permission

Please always advise us when others will be collecting your child/ren

| | |
|----------|------------------------|
| 1. Name | Relationship to child: |
| Address: | |
| Phone: | Mobile: |
| 2. Name | Relationship to child: |
| Address: | |
| Phone: | Mobile: |
| 3. Name | Relationship to child: |
| Address: | |
| Phone: | Mobile: |
| 4. Name | Relationship to child: |
| Address: | |
| Phone: | Mobile: |

Parent/Guardian Statement (Please read before signing)

In the case of an emergency, accident or illness, I authorize the staff at Out of School Hours Care to seek medical, hospital or ambulance treatment as required at my cost.

I hereby also agree that I will not hold the Out of School Hours Care or its Officers, Employees, Servants or agents responsible for any injury howsoever caused or of whatsoever nature that may be suffered by my child/ren arising out of or in any way connected with the Out of School Hours Care.

Should my child/ren cause any loss or damage to property while on the Out of School Hours Care program, I undertake to pay for losses or damage.

I the undersigned understand and agree to all centre policies.

I understand that fees will be charged to me and will become payable immediately.

I _____ (Parent/Guardian name) understand that if an account remains unpaid and is sent to a debt collector, I will be responsible for the payment of all costs associated with the recovery of outstanding monies.

_____ Signature _____ Date



Cockatoo Primary School Council Out of School Hours Care Privacy Policy

Rationale:

Protecting the personal and health information of staff and students is a serious moral, professional and legal responsibility that our school recognizes and accepts.

Aims:

To collect, handle, use, store and disclose personal and health information of staff and students in a manner compliant with the *Health Records Act 2001* and the *Information Privacy Act 2000*.

Implementation:

- Privacy protects individuals from harm resulting from misuse of their information
- Privacy promotes effective service delivery by encouraging full and frank information provision.
- All staff at our school will be provided with up to date professional development in relation to Privacy, will be provided with and made aware of DE&T Privacy Bulletins and other information as they become available, and will be made aware of, and reminded of their individual and our collective duty of care regarding Privacy as required.
- While Privacy legislation is detailed, practicing privacy involves:
 - COLLECTING only information the school needs.
 - INFORMING people why you need the information and how we will use it.
 - DISCLOSING only the information that is necessary for the purpose of the service.
 - ACCESSING – providing people with access to their own records.
 - SECURING information against unauthorized use or disclosure.
- All information collected at our school (including enrolment, excursion and medical permission forms etc.) will be subjected to the above principles.
- All collected information at our school will be retained in either the fireproof safe (in the case of staff), or in the secured storage in the OSHC office as appropriate, or secured in the principal's office or either disposed of or transferred to the Public Record Office of Victoria after use consistent with the Public Record Office Standard (PROS) 01/01.
- All relevant information and records relating to students (eg: enrolment forms, consent forms, assessments, psychological reports, academic reports etc.) will all be retained in a secure storage area or the principal's office.
- All electronic data will be maintained, stored and transmitted in accordance with DE&T and DHS requirements and expectations.
- All records will be maintained and kept up to date by office administration staff and OSHC staff.
- All requests (including requests by staff) for information stored at school must be made to the principal or delegate.
- All requests for information (other than brief, easy to retrieve information solely about the person making the request, or standard information requests from parents about their children, or information requested by staff in the course of their work about students) will be referred to the principal and possibly the Freedom of Information Unit.
- Under no circumstances, will personal private information be disclosed to unauthorized people.

Evaluation:

To be reviewed as required by developments in relevant legislation or DE&T and DHS requirements etc.

Darrellyn Boucher
Principal
October 2006

