



Brunswick East Primary School Out of School Hours Care Service

Enrolment Form: Year 2010

- This form is to be completed if you wish to enrol your children at the Out Of school Hours Care Service.
- The information requested is needed to assist the service in providing proper care for your child or children. The information you provide will be treated as strictly private and confidential and will not be used for any other purpose.

CHILD'S NAME (please print) _____

DATE OF BIRTH _____ GRADE _____ MALE / FEMALE _____

LANGUAGES SPOKEN AT HOME _____

CHILD'S HOME ADDRESS _____ postcode _____

MOTHER'S/CAREGIVER'S NAME _____

PLACE OF EMPLOYMENT _____

CONTACT PHONE NUMBERS (H) _____ (W) _____ (M) _____

HOME ADDRESS _____

FATHER'S/CAREGIVERS NAME _____

FATHER'S PLACE OF EMPLOYMENT _____

CONTACT PHONE NUMBERS (H) _____ (W) _____ (M) _____

HOME ADDRESS _____

FAMILY DOCTOR'S NAME _____

DOCTOR'S ADDRESS & PHONE NUMBER _____

DOES YOUR CHILD SUFFER FROM ANY MEDICAL CONDITION / ALLERGY, ETC? (please give details & provide copies of management plans, e.g.; Anaphylaxis/Epipen Management, Asthma plans, medication/diet).

MEDICARE NUMBER _____

AMBULANCE MEMBERSHIP: YES / NO, please supply membership number _____

IS YOUR CHILD/REN IMMUNIZATIONS UP TO DATE ? YES NO
(please attach copy of immunization record)

SPECIAL DIETARY REQUIREMENTS? _____

CULTURAL AND RELIGIOUS REQUIREMENTS _____

SPECIAL/ADDITIONAL NEEDS _____

EMERGENCY CONTACTS

In case of an emergency/or if your child is not picked up by 6.00 pm, name two people who can be contacted to collect your child. Emergency contact must be contactable during care hours. The service must be notified if a person other than parent/guardian is picking child/children up, either personally, by phone or in writing.

NAME _____ (RELATIONSHIP TO CHILD) _____

PHONE NUMBER (H) _____ (W) _____ (M) _____

NAME _____ (RELATIONSHIP TO CHILD) _____

PHONE NUMBER (H) _____ (W) _____ (M) _____

ACCESS

Are there any special arrangements regarding custody of, intervention order's or access to your child/children?

Please name any person other than those listed above, who may pick up your child from the program.

NAME _____ PHONE (H) _____ (W) _____ (M) _____

NAME _____ PHONE (H) _____ (W) _____ (M) _____

CHILD CARE BENEFIT

ELIGIBLE FOR CHILDCARE BENEFIT YES / NO

CRN NUMBER (of claiming parent) _____

CRN NUMBERS OF CHILDREN _____

DATE OF BIRTH OF PARENT/CAREGIVER CLAIMING CHILDCARE BENEFIT _____

MEDICAL CONSENT

I hereby give my permission for the staff at the Brunswick East Primary OSHC Service; To seek medical attention/hospital or ambulance services for the above Child/children in the event of an accident/emergency, and to accept responsibility for any and all costs involved.

AGREEMENT OF CARE STATEMENT:

I have read the Service Policy and Parent Handbook (available from the OSHC Service) and agree to abide by the conditions outlined in the Policy document.

SIGNATURE OF PARENT/CAREGIVER: _____



Brunswick East Primary School Out of School Hours Care Service

PARENTAL GUIDANCE MOVIES

The staff put a lot of thought into the activities they provide for the children through the week, with Friday being offered as "Video Night". With this in mind, the staff try to choose a variety of movies for them. As there is now a limited number of G classified movies being released they try to choose suitable P.G. classified movies.

For children enrolled in the Out of School Hours Care Program to watch movies classified P.G. we need to have a signed permission form from their Parent / Caregiver. A lot of care is taken when choosing movies, but if a movie does turn out to be unsuitable for the younger children we do arrange alternative activities. No P.G. movies are shown unless a staff member has already seen it.

I do / do not give permission for my child / children to watch the P.G. classified movies.

Parent / Caregivers signature: _____

Date: _____

CHILDREN'S PHOTO'S

During the course of the year the staff at Beforecare and Aftercare may want to take your child / children's photo for use in an activity, or for display (showing the children working).

The staff have recently been informed that Parental permission is now required for this. All photo's are taken with care and the children are not compromised in any way. No child will be forced to have their photo taken at any time. No copies will be given to anybody else without permission from the child's Parent or Caregiver.

I do / do not give permission for my child / children's photo's to be taken by the Out of Hours Childcare Program staff.

Parent / Caregiver's signature: _____

Date: _____

CHILDREN'S INTERNET USE

With the growing use of ICT (Information and Communications Technology) in line with developing greater skills and knowledge, we require your support in allowing your child access to publish and correspond via the Internet at the Beps OSHC Service.

All children have access to the Internet through the library catalogue, Metamarc. Over 1,000 Internet sites have been put onto the library catalogue, each site going through an evaluation process before being made available to the children. The children at BEPS have lessons both in the library and the classroom regarding Internet safety and protocol.

I do / do not give permission for my child / children to publish written work on the Internet using first name only; appear unnamed in photographs on the Internet; send and receive external email from other people and organisations as approved and supervised by the OSHC staff.

Parent / Caregiver's signature: _____

Date: _____



Brunswick East Primary School Out of School Hours Care Service

Proposed New and ongoing Users for 2010 – OSHC program

This form must be filled in and returned to the OSHC Service before 30th November 2009, so that we can plan our intake and permanent placements for the year 2010. If the demand for places is high, your child/children's names may be placed on a waiting list.

Please include siblings who will commence prep in 2010 on this form, so they can be allocated a place.

CHILD/CHILDREN'S NAME/S.....
.....
.....

NAME OF PARENT/CAREGIVER.....

CONTACT PHONE NOS. (H).....(W)(M).....

DO YOU INTEND TO USE THE OSHC SERVICE:

(Please tick)

PERMANENTLY

CASUALLY

PLEASE TICK THE PERMANENT DAY/ DAYS THAT YOUR CHILD/CHILDREN WILL BE ATTENDING THE OSHC SERVICE FOR THE YEAR 2010. IF YOU INTEND TO USE THE SERVICE CASUALLY, YOU DO NOT NEED TO INDICATE DAYS AT THIS STAGE.

AFTERCARE PROGRAM

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

BEFORECARE PROGRAM

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

REASON FOR NEEDING CARE: (please circle)

1. Work commitments
2. Students/ Training

3. Looking for work/ Children at risk
4. Family commitments/ Social reasons