



# Outside School Hours Care 2017 Enrolment form

- After School Care
- Vacation Care



- A parent or guardian who has parental responsibility in relation to the child is required to complete this form.
- Please print clearly in the spaces provided.

### OFFICE USE

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff initial\_\_\_\_\_

### DEFINITIONS

- Parent: A parent includes a guardian of the child and a person with parental responsibility for the child under a decision or court order.
- Educator: A council employed staff member who works in City of Yarra Children's Services, including planning and administration staff.

I wish to enrol my child for: **After School Care program ONLY**  **Vacation Care program ONLY**  **BOTH programs**

#### AFTER SCHOOL CARE Program

**VENUE:** Atherton Gardens  Collingwood College  Richmond West

**ONGOING BOOKINGS:** Monday  Tuesday  Wednesday  Thursday  Friday  **Date to commence:** / /

**CASUAL BOOKINGS ONLY:**

**VACATION CARE Program** (multiple centres can be ticked):

Atherton Gardens  Collingwood College  Richmond West  Merri Creek/Spensley Street

### INFORMATION ABOUT THE CHILD

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender: Male  Female

Date of Birth: / / Language/s spoken at home: \_\_\_\_\_

Cultural background of child: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

School: \_\_\_\_\_ Year level: \_\_\_\_\_ Is this child of Aboriginal or Torres Strait Islander background? Yes  No

Has your child attended the Yarra City Council After School Care or Vacation Care Program before? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### Parent/Guardian 1

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Birth: / / Relationship to child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cultural background: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

☎ Mobile phone no: \_\_\_\_\_

☎ Home phone no: \_\_\_\_\_

☎ Work phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this parent? Yes  No

#### Parent/Guardian 2

First Name: \_\_\_\_\_

Family Name: \_\_\_\_\_

Date of Birth: / / Relationship to child: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cultural background: \_\_\_\_\_

Main language spoken at home: \_\_\_\_\_

☎ Mobile phone no: \_\_\_\_\_

☎ Home phone no: \_\_\_\_\_

☎ Work phone no: \_\_\_\_\_

Email: \_\_\_\_\_

Does the child live with this parent? Yes  No

Additional Parent/Guardians can be attached to the enrolment record on a separate piece of paper.

## CHILD CARE BENEFIT INFORMATION

Do you intend to claim Child Care Benefit (CCB) or Child Care Rebate? Yes  No

Have you registered your child for Child Care Benefit with the Family Assistance Office? Yes  No

Which parent is registered for Child Care Benefit with the Family Assistance Office? Parent 1  Parent 2

Which parent is responsible for payment of the account? Parent 1  Parent 2

Child Customer Reference Number (CRN) <input type="text"/>	Parent Customer Reference Number (CRN) of CCB registered parent <input type="text"/>
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Do you have any other children who attend registered child care services (such as day care, kindergarten, family day care or out of school hours care)? Yes  No

If yes, please list names and date of birth:

Name:	Date of Birth:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## COURT ORDERS/PARENTING PLANS

All parents have powers and responsibilities in relation to their children, which can only be challenged by a court order. These powers and responsibilities are referred to as 'Parental responsibility'. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A Court Order, Parenting Order or Parent Plan such as under the Family Law Act 1975, Sections 63c (1) and 63c (6) may take away the authority of a parent to do something and/or may give it to another person.

Is a Court Order or Parenting Plan in place for this child? Yes  No

 A copy of the Court Order or parenting Plan must be attached as per the Education and Care Services National Regulations and Education and Care Services National Law Act.

### OFFICE USE ONLY

Plan attached  Date / /

## CHILD'S HEALTH INFORMATION

Name of child's doctor or medical service:

Address of child's doctor:

Phone number of child's doctor:

Medicare Number (if available):

### Medical information

Does your child have a diagnosis of an allergy? Yes  No

If YES, what is your child allergic to?

Has your child been diagnosed as at risk of Anaphylaxis? Yes  No


What are the triggers for the anaphylactic reaction?

Does your child have an auto-injection device? Yes  No

Does your child have a diagnosis of asthma? Yes  No

Does your child have any other medical conditions or requirements that may require management by the educators in the service; or treatment to be administered by educators when required (e.g. epilepsy, diabetes. etc)? Yes  No

If YES, please describe the health need or condition:

 If you have answered YES to any of the questions above, a MEDICAL MANAGEMENT PLAN/s for your child needs to be prepared and signed by their medical practitioner; and attached to the enrolment form BEFORE commencing at the service. **Your child cannot commence care until it is received.** (please refer to attached fact sheet).

Once the medical management plan is received, a risk minimisation plan will be developed in consultation with you and must be completed to enable your child to attend the service. **Your child cannot commence care until it is completed.**

### OFFICE USE ONLY

Medical Management Plan/s attached  Date / /

Risk Minimisation Plan attached  Date / /

## PRIORITY OF ACCESS INFORMATION

Are you children attending the program because of recognised work or study related commitments?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you live, work or study in the City of Yarra?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you an Aboriginal or Torres Strait Islander Family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a single parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child, or anyone in your immediate family have additional needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your family from a non-English speaking background?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## ADDITIONAL NEEDS/FURTHER INFORMATION

Does your child have a physical and/or developmental support need?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please describe:		
Do you feel your child may need additional educator support to successfully engage in the program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please note: An educator from the program will contact you before your child commences to discuss a support plan.		
Does your child have any dietary considerations (e.g. vegetarian, halal, vegan)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe:		
Does your child have any specific cultural or religious considerations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please describe:		
Does anyone in your immediate family have an additional need or needs that may impact access to our services?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## IMMUNISATION DETAILS

Has your child been immunised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a copy been supplied to Yarra Out of School Hours Care services previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, what year?		

Please attach a copy of your child's immunisation record from their child health record book (please ensure your child's name and date of birth is printed at the top of each page); printout from the Australian Childhood Immunisation Register or Conscientious Objection.

### OFFICE USE ONLY

Immunisation record copy attached

Staff member signed: \_\_\_\_\_

Date:    /    /

## AUTHORISED NOMINEE

- Please note: for each Authorised Nominee you need to tick the relevant boxes for the level of authorisation you want to give
- By completing this section you are providing information for whom can provide care for your child. Authorising these people as Authorised Nominees requires them to be: i. Available for additional care for your child as needed. ii. Available to make decisions regarding your child.
- For further clarification, please refer to the information page
- Please attach another page if you would like to list more than four Authorised Nominees

### Contact 1

First Name:		
Family Name:		
Full Address:		
Mobile phone no:		
Home phone no:		
Work phone no:		
Relationship to child:		
Authorised to:		
1. Be notified in case of emergency if parents are not contactable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Collect the child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Consent to medical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Consent to the administration of medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Authorise the child being taken outside the premises with an educator (such as an excursion or routine outing).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Contact 2

First Name:		
Family Name:		
Full Address:		
Mobile phone no:		
Home phone no:		
Work phone no:		
Relationship to child:		
Authorised to:		
1. Be notified in case of emergency if parents are not contactable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Collect the child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Consent to medical treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Consent to the administration of medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Authorise the child being taken outside the premises with an educator (such as an excursion or routine outing).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## PERMISSIONS

Please read this agreement carefully. Where there is only a "Yes" response available, it is a condition of enrolment in the service. Where there is a "Yes/No" options, please indicate your response by circling a preference.

### YES

- I am a person with legal responsibility of the child
- I confirm 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.
- I agree to collect or make arrangements for the collection of the child if she/he becomes unwell at the service within 2 hours of contact.
- I consent for the approved provider, nominated supervisor or an educator to seek-
  - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - Transportation of the child by an ambulance service; and
  - I agree to meet any cost incurred
- I have read and understood the information provided in the handbook and I understand the full policy and procedure manual is available for me to view.
- I understand that children who are Third Priority under the Priority of access guidelines may be required to alter their days or give up their place at the centre in order to provide a place for a higher priority child. The priorities are as follows:
  - First Priority: Child at risk of serious abuse or neglect
  - Second Priority: Children whose parents satisfy work/training/study test under section 14 of the Family Assistance Act.
  - Third Priority: Any other child.
- I give consent for my child to be escorted off site to a designated safety area when conducting an emergency evacuation or evacuation drill consistent with the Emergency Management Plan available at the service.
- I give permission for my child, where necessary, to be transported by community bus, taxi or escorted on foot between the school attended and the Aftercare Program.
- I will be mindful and consider carefully the distribution of service information, such as newsletters, in regards to the safety and wellbeing of the children.
- I agree to familiarise myself with the program and to advise staff if I do not wish my child to participate in a particular activity.
- I understand that during an outbreak at the centre of any of the infectious diseases listed in the Minimum Period of Exclusion Schedule, where my child has not been immunised against that disease, s/he will be excluded from the centre for the specified period of time.
- I understand that if my child has been excluded, he/she will be accepted back into the centre on provision of a 'clearance certificate' for the child from a medical practitioner.
- I understand that absences will be charged unless a medical certificate is provided for the period absent.
- I understand that all children are requested to follow program guidelines and educator instructions. If my child's behaviour put themselves, other children or educators at risk of harm, program educators will request a meeting to discuss strategies and you child may be denied access to the service.
- I am aware that it is my responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit Purposes.
- I am aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit Requirements.
- I understand that a system of payments for late collection operates at the centre, to cover overtime payments to staff, and that I am obliged to drop off/pick up the child as negotiated with the centre. Any late collection will result in a fee being charged.
- I agree to pay my childcare fees in advance according to the City of Yarra's Fee Policy
- I agree to give two weeks' notice in writing when reducing or cancelling my childcare booking. In absence of two weeks written notice I agree to pay two weeks child care fees and I am aware that I will not be eligible for Child Care Benefit.
- I give consent for details about my child's day to be kept on display boards

### YES NO

- I give consent to display my child's allergy and/or medical information to enable educators to provide my child's healthcare and safety needs.
- I give permission for my child to have 30+ sunscreen applied as per the SunSmart Policy
- I give consent for my child's photograph/video recording to be taken for documenting children's learning. This may include emailing of photographs to the families for the purposes of communicating what is happening in the children's program.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: / /

Please return completed form to Yarra City Council, PO Box 168 Richmond Vic. 3121 or email to [aftercare@yarracity.vic.gov.au](mailto:aftercare@yarracity.vic.gov.au)

FOR INFORMATION IN YOUR LANGUAGE ABOUT THIS DOCUMENT OR ABOUT COUNCIL, PLEASE CALL 9280 1940 AND QUOTE THE REF NUMBER BELOW.

**ARABIC**  
للمعلومات باللغة العربية، حول هذا المستند أو عن المجلس البلدي، نرجو الإتصال هاتفيا على الرقم 9280 1930 وأذكر رقم المرجع المذكور أدناه.

**SIMPLIFIED CHINESE**  
欲知有关本文件或议会的普通话版本信息，请致电9280 1937并报上下列REF号码。

**TRADITIONAL CHINESE**  
欲知有關本文件或議會的粵語版本資訊，請致電9280 1932並報上下列REF號碼。

**GREEK**  
ΓΙΑ ΠΛΗΡΟΦΟΡΙΕΣ ΣΤΑ ΕΛΛΗΝΙΚΑ ΣΧΕΤΙΚΕΣ ΜΕ ΑΥΤΟ ΤΟ ΈΓΓΡΑΦΟ Ή ΤΗ ΔΗΜΑΡΧΙΑ, ΠΑΡΑΚΑΛΟΥΜΕ ΚΑΛΕΣΤΕ ΤΟ 9280 1934 ΚΑΙ ΑΝΑΦΕΡΕΤΕ ΤΟΝ ΑΡΙΘΜΟ REF ΠΑΡΑΚΑΤΩ.

**ITALIAN**  
PER AVERE INFORMAZIONI IN ITALIANO SU QUESTO DOCUMENTO O SUL COMUNE, SI PREGA CHIAMARE IL NUMERO 9280 1931 E CITARE IL NUMERO DI RIFERIMENTO (REF NUMBER) SOTTOINDICATO.

**SPANISH**  
PARA INFORMACIÓN EN CASTELLANO SOBRE ESTE DOCUMENTO O SOBRE EL AYUNTAMIENTO, LLAME AL 9280 1935 Y CITE EL NÚMERO DE REF DE MÁS ADELANTE.

**VIETNAMESE**  
ĐỂ BIẾT THÔNG TIN BẰNG TIẾNG VIỆT VỀ TÀI LIỆU NÀY HAY VỀ HỘI ĐỒNG, XIN HÃY GỌI SỐ 9280 1939 VÀ NÊU SỐ REF DƯỚI ĐÂY.

**REF 16214**

**Yarra City Council**  
**Richmond Town Hall**  
333 Bridge Road, Richmond  
**Collingwood Town Hall**  
140 Hoddle Street, Abbotsford  
**Connie Benn Centre**  
160 Brunswick Street Fitzroy  
PO Box 168 Richmond VIC 3121  
**T** 03 9205 5555 **F** 03 8417 6666  
**TTY** 133 677 then 03 9205 5555  
**Interpreter Services** 03 9280 1940  
**E** [info@yarracity.vic.gov.au](mailto:info@yarracity.vic.gov.au)  
**W** [www.yarracity.vic.gov.au](http://www.yarracity.vic.gov.au)

For more information about After School Care and Vacation Care, please contact:  
**OSHC Administration**  
**T** 9205 5454  
**E** [aftercare@yarracity.vic.gov.au](mailto:aftercare@yarracity.vic.gov.au)  
**Vacation Care Program**  
**T** 9205 5482  
**E** [vacationcare@yarracity.vic.gov.au](mailto:vacationcare@yarracity.vic.gov.au)