OUT OF SCHOOL HOURS CARE (OSHC)
Kew East Primary School (KEPS)
35 Kitchener street Kew East 3102 Tel: 98596052

PARENT INFORMATION FOR ENROLMENT YEAR 2012

General Information
- Kew East Primary School Council operates an Out of School Hours Care Program for primary school aged children attending Kew East Primary School, St. Anne’s Primary School and the local community;
- The program provides high quality Before Care, After Care and Pupil Free Day Care (numbers permitting), in a safe, enjoyable and caring environment;
- The program is provided at minimal cost and enables parents to pursue options relating to employment, training, recreation and personal interests;
- At the program, qualified and experienced OSHC educators plan a balance of activities to meet the physical, social, intellectual, emotional, recreational and creative developmental needs of children;
- Play is recognized as an important part of children’s learning and development, which is demonstrated by the variety of games and resources provided at the program;
- Children’s health & wellbeing is catered to in a variety of ways including varied and nutritional snacks, Sun Smart policy, qualified First Aid staff and a program which is inclusive with regard to planning for individual needs, cultural relevance, children with additional needs and gender equality;
- The Program is guided by the National Quality Frameworks (NQF), My Time, Our Place the Framework For School Aged Care in Australia & the Victorian Early Years Learning Development Frameworks (VEYLDF). These are programs designed to engage and to extend the learning process, while at the same time provide a structure for recreation and interaction on a social and cultural level.
- The Program provides breakfast at Before School Care and afternoon snacks at After School Care. Pupil free days (numbers permitting) all food and drinks are provided. The Program also caters for children with additional needs;
- For further information on the Frameworks, refer to website www.deewr.gov.au/earlychildhood.

HOURS OF OPERATION:

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<thead>
<tr>
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<tbody>
<tr>
<td><strong>BEFORE SCHOOL CARE</strong></td>
<td>7.00am – 8.45am</td>
</tr>
<tr>
<td>(on weekdays during school terms)</td>
<td></td>
</tr>
<tr>
<td><strong>AFTER SCHOOL CARE</strong></td>
<td>3.30pm – 6.15pm</td>
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<tr>
<td>(on weekdays during school terms)</td>
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</tr>
<tr>
<td><strong>PUPIL FREE DAY CARE</strong></td>
<td>7.00am – 6.15pm</td>
</tr>
<tr>
<td>(Numbers Permitting)</td>
<td>Minimum of 15 children</td>
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</tbody>
</table>

The Program follows the school terms and is open on the last day of each term from the close of the school day.

Kew East Primary School OSHC Program does not run school holiday programs.

BOOKINGS AND CANCELLATIONS:

Families wishing to use the Out of School Hours Program must register with the program by completing IN FULL the enrolment form provided by the Program; An annual non-refundable administration fee of $25.00 per family must accompany the completed enrolment form. To ensure the whereabouts and safety of children attending the program, ALL children attending must be registered and booked in.
- Bookings should be made prior to attendance by enrolment form, with casual adjustments by notifying staff at the program during program hours, in person or by message left on the program message service tel 9859 6052 (9.00am – 3.00pm Monday to Friday).
- Additional casual sessions to your booked attendances must be made in advance of the booked day. These additional casual bookings can be made by phone message, or in person;
- Cancellations MUST be made for children who are booked but NOT attending a booked/casual session for Before, After or Pupil Free Day Care; Cancellations can be made by phone message, or in person;
- Cancellations of booked care received by 6:00 pm the night before the session, will NOT incur a fee;
- Cancellations received after this time will be charged as an Allowable Absence* and the normal session fee will apply;
- Cancellations for Mondays must be received by 6.00pm on Sunday or the session fee will apply.
  The message bank will be left on over the weekend for Monday CANCELLATIONS ONLY;
- It is the responsibility of the parent/carer, not the school, the teacher or child to inform the OSHC program of changes to attendance; Permanent cancellations to Regular Booked Care – 1 week’s notice required;
  A simple one page form must be completed for cancellations of, or complete changes to, sessions that are regular bookings;
- Pupil Free Day Care – Bookings & Cancellations must be received by the program five working days prior to the day;
- Irregular Bookings must be paid for in advance of the day care is required (see fee schedule) *Please see Attached sheet or co-ordinator for more information regarding Allowable Absences.

Privacy Information obtained regarding children and families using the service is to be used for the sole purpose for which it is collected. If you have any questions concerning the privacy of your details please contact the KEPS school office.
**DROPPING OFF / COLLECTION OF CHILDREN**

- Children can only be collected by parents, guardians or other authorized persons listed on the registration/enrolment form;
- Requests for any other arrangements should be in writing;
- In emergency situations, verbal or written permission by parents to authorize additional persons to collect the child will be permitted;

**SIGNING your child In to Before School Care, out of After School Care and for allowable absence days IS YOUR RESPONSIBILITY.**
Children must always be signed into Before School Care and out of After School Care by Parents, Guardians or other authorized people. It is also important to record the actual time the child is dropped off at Before School Care or picked up from After School Care.

**NON-ATTENDANCE (After School Program)**

**IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO CONTACT THE PROGRAM IF THERE HAS BEEN A CHANGE IN THE DAILY ATTENDANCE (SAFETY IS THE ISSUE AND WE NEED TO KNOW WHERE ALL BOOKED CHILDREN ARE)**

- The staff will endeavour to ensure that children booked into the service arrive as intended;
- Staff have the responsibility to ensure that a roll call of children is conducted as they arrive at the Program;
- The roll is checked at 3:50pm to determine whether there are children booked into the service that have not yet arrived;
- School Offices are contacted to confirm that any missing children attended school on that day;
- OSHC Staff have the responsibility to ensure that a message is put over the intercom/speaker requesting that the missing child/children in question go immediately to the service;
- If missing children have not arrived by 4.00pm staff will attempt to contact parents to determine whether the child/children are supposed to be attending the service;
- If the parent cannot be contacted the staff will contact the Principal to determine the next course of action.

**CHILDREN NOT COLLECTED BY CLOSING TIME**

If a child/children are not collected by 6.15pm from After Care, the Co-ordinator will contact parents. If parents cannot be contacted within 15 minutes, contacts listed on the registration form will be notified and asked to collect the child. After this time staff will start contacting the principal/police. The child will be supervised until appropriate arrangements are made.

Where a child is collected after the program closes - 6:15pm, a late fee of $1.00 a minute will be charged.

**Please Note:** Consistent late collection could jeopardize your child’s place

**CUSTODY ORDERS: (please see Parent Information for further details)**

In the case of custody orders parents must provide a copy to the Program. The custody order will be kept on file and followed by all staff at the program.

**TWO WAYS TO REDUCE YOUR CHILD CARE FEE PAYMENTS: (see attached sheets)**

**CHILDCARE BENEFIT (CCB) - MEANS TESTED**

**CHILDCARE REBATE (CCR) - NOT MEANS TESTED**

The Child Care Rebate covers up to 50% of out of pocket expenses for approved childcare.
Families must obtain Customer Reference Numbers (CRNs) for the claiming parent and for each child attending the Before /After School program, Contact the Family Assistance Office (FAO) Tel: 136150 and ask for your eligibility to be assessed.

**CCB Approval ID/Organisation ID – After School Care (ASC) -1-631-4690 Before School Care (BSC) -1-631-4890**

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

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CLAIMING CCB / CCR

To claim Child Care Benefit (CCB) or Child Care Rebate (CCR) you need to be assessed and approved for these payments by the Family Assistance Office (FAO). The FAO issues Customer Reference Numbers (CRN’s) for you and your child/ren. You must provide us with the CRN and the date of birth of the parent who is claiming CCB/CCR and the CRNs and the dates of birth of each of your child/ren booked with the program. With this information, we are able to report your child’s attendance information through the year and, depending on the payment method you choose, receive Fee Reduction payments on your behalf.

Centrelink website – www.centrelink.gov.au for more information in relation to becoming current and obtaining CRN’s

Remember: The Child Care Rebate (CCR) can cover up to 50% of your out of pocket childcare costs

FAMILIES NOW HAVE FOUR Child Care Rebate (CCR) OPTIONS:

CCR paid weekly/fortnightly to your service as a fee reduction thereby reducing the gap fee, after attendance records submitted to CCMS;

CCR Paid weekly/fortnightly to your family bank account after attendance records have been submitted by your service;

CCR Paid quarterly to your bank account;

CCR Paid annually to your family bank account;

FEE SCHEDULE FOR 2012:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Fee per Child</th>
<th>CCB Available</th>
<th>Included Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before School Care</td>
<td>$14.00</td>
<td>CCB available</td>
<td>Includes breakfast (to 8.00am)</td>
</tr>
<tr>
<td>After School Care- Permanent</td>
<td>$17.00</td>
<td>CCB available</td>
<td>Includes afternoon snacks</td>
</tr>
<tr>
<td>After School Care- Casual</td>
<td>$18.00</td>
<td>CCB available</td>
<td>Includes afternoon snacks</td>
</tr>
<tr>
<td>After School Care- *Irregular</td>
<td>$25.00</td>
<td>CCB available</td>
<td>Includes afternoon snacks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupil free Day Care</td>
<td>$50.00</td>
<td>CCB available</td>
<td>All food &amp; drink provided – Breakfast, lunch &amp; snacks provided</td>
</tr>
<tr>
<td>Non-refundable Annual Registration</td>
<td>$25.00</td>
<td>CCB not available</td>
<td></td>
</tr>
<tr>
<td>Fee</td>
<td>$25.00</td>
<td>Per family</td>
<td></td>
</tr>
<tr>
<td>Late Fines (applied after program closes)</td>
<td>$1.00 per minute</td>
<td>CCB not available</td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNTS - PAYMENT OF FEES:

Accounts are usually printed weekly or fortnightly and will be available for collection by parents from OSHC room;

Payments must be paid by the due date and should be paid to the program staff during program hours;

Booked / Casual payments must be made weekly, fortnightly or in advance;

Irregular users must make all fee payments in advance;

Cheques, EFT and online payments accepted;

All over-payments will appear as a credit on the account;

HEALTH & SAFETY

Please ensure that registration details are kept up to date during the year and that all allergies and medical details are listed.

Allergies/medical issues – please attach copies of medical plans or other relevant information that may assist staff care for your child throughout the year.

Medication can only be administered to children by staff with the written consent of parents on the form provided by the program.

Children must wear their own hats during outdoor activities from September to April, when they are also encouraged to bring their own sunscreen and apply it each afternoon before going outside. If a child does not bring their hat they will play indoors or in a shaded area.

PLEASE FEEL FREE TO DISCUSS ANY ISSUES OR QUERIES REGARDING YOUR CHILD WITH THE OSHC CO-ORDINATOR DURING PROGRAM HOURS OR BY PHONE – 9859 6052

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

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2012 REGISTRATION

2012 – Kew East Primary OUT OF SCHOOL HOURS CARE REGISTRATION

An Annual Registration/Enrolment form is required for Booked/Casual/Irregular Care
A Non-refundable Annual Administration Fee of $25.00 is payable with return of this form
A parent/guardian who has lawful authority in relation to the child must complete this form.
A brief explanation of lawful authority is included under information about parents

INFORMATION ABOUT THE CHILD

Please indicate which school attending: Kew East Primary ☐ St. Annes’ Primary ☐

| 1st CHILD | Family Name: ................................................................. | Date of Birth: ........................ | Sex: M ☐ F ☐ |
| First Name: ................................................................. | Middle Name: .................................. | Grade: ...................... |
| Home Address: ........................................................................ | Language(s) spoken in the home: .................. | Other Cultural Details: ................................................. |
| Is the child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes | Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No ☐ Yes ☐ |

| 2nd CHILD | Family Name: ................................................................. | Date of Birth: ........................ | Sex: M ☐ F ☐ |
| First Name: ................................................................. | Middle Name: .................................. | Grade: ...................... |
| Home Address: ........................................................................ | Language(s) spoken in the home: .................. | Other Cultural Details: ................................................. |
| Is the child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes | Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No ☐ Yes ☐ |

| 3rd CHILD | Family Name: ................................................................. | Date of Birth: ........................ | Sex: M ☐ F ☐ |
| First Name: ................................................................. | Middle Name: .................................. | Grade: ...................... |
| Home Address: ........................................................................ | Language(s) spoken in the home: .................. | Other Cultural Details: ................................................. |
| Is the child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes | Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No ☐ Yes ☐ |

| 4th CHILD | Family Name: ................................................................. | Date of Birth: ........................ | Sex: M ☐ F ☐ |
| First Name: ................................................................. | Middle Name: .................................. | Grade: ...................... |
| Home Address: ........................................................................ | Language(s) spoken in the home: .................. | Other Cultural Details: ................................................. |
| Is the child of Aboriginal or Torres Strait Islander origin? ☐ No ☐ Yes | Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? No ☐ Yes ☐ |

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INFORMATION ABOUT THE CHILD’S PARENTS OR GUARDIANS - 2012

**ARE YOU THE CCB/CCR CLAIMING PARENT?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Guardians</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Responsible for paying the Account?  YES NO

First Name ............................................. Middle Name.................................

Surname................................................................................................................

Address – as per child (please circle)  YES NO other .................................................................

Telephone (H)............................... (W)..............................................

Mobile....................................................................................................................

Email address ........................................................................................................

**ARE YOU THE CCB/CCR CLAIMING PARENT?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>Date of birth</td>
</tr>
<tr>
<td>Guardians</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

Responsible for paying the Account?  YES NO

First Name ............................................. Middle Name.................................

Surname................................................................................................................

Address – as per child (please circle)  YES NO other .................................................................

Telephone (H)............................... (W)..............................................

Mobile....................................................................................................................

Email address ........................................................................................................

Other persons to be notified – EMERGENCY CONTACTS

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the OHSC program should notify one of the following people who are authorized to give medical consent, or collect and care for the child after accident, injury, trauma or illness.

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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<table>
<thead>
<tr>
<th>Telephone/s</th>
<th>Telephone/s</th>
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<tbody>
<tr>
<td>(H)......(W)</td>
<td>(H)......(W)</td>
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<table>
<thead>
<tr>
<th>Mobile</th>
<th>Mobile</th>
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<table>
<thead>
<tr>
<th>Relationship to child</th>
<th>Relationship to child</th>
</tr>
</thead>
</table>

**Lawful Authority**

**Parents**

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Education and Care Services National Law Act 2010 refer to these powers and responsibilities as “lawful authority”. 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, 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 The Education and Care Services National Law Act 2010 also covers situations where a child does not live with his/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 over the child.

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Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child? No ☐ go to the next section. Yes ☐ please complete the following:

Bring the original court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders change the powers of a parent/guardian to:
   authorize the taking of the child outside the service by a staff member of the service;
   * consent to the medical treatment of the child;
   * request or permit the administration of medication to the child;
   * collect the child from the service or family day care, AND/OR give these powers to someone else.

   Please describe these changes and provide the contact details of any person given these powers:

   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………………
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Details of people who you authorize to COLLECT your child/children from OSHC on your behalf:

Your consent is required for other people to collect your child/children from the Out Of School Hours Care on your behalf. In the table below please list the details of those people you have authorized to be collectors. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Please note: in keeping with our policy, children can only be collected by parents, guardians, or the authorized adults listed on this form. OTHER ARRANGEMENTS MUST ALWAYS BE MADE IN WRITING

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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<tr>
<td>Telephone/s (H) (Mobile)</td>
<td>Telephone/s (H) (Mobile)</td>
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<tr>
<td>(W)</td>
<td>(W)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Telephone/s (H) (Mobile)</td>
<td>Telephone/s (H) (Mobile)</td>
</tr>
<tr>
<td>(W)</td>
<td>(W)</td>
</tr>
<tr>
<td>Relationship to child</td>
<td>Relationship to child</td>
</tr>
</tbody>
</table>

Booking details for 2012

REGULAR BOOKED = 1 OR MORE attendance sessions each week on the same day/s. (Indicate in boxes over next page)

CASUAL = EXTRA DAY/S in addition to Regular BOOKED…………………………………… Do not indicate these in boxes

IRREGULAR = occasional care NO regular days each week…………………………… Do not indicate these in boxes

Will you be using the program on a Regular Booked Casual or Irregular basis? (please circle)

CASUAL and IRREGULAR users must contact the service prior to any attendance in order to ensure a place is available.

If you WILL be requiring the program on a REGULAR BOOKED basis please circle which booked session/s your child will need each week

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**Booked days**

<table>
<thead>
<tr>
<th>CHILD</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
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<tr>
<td>2</td>
<td>AM / PM</td>
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<td>3</td>
<td>AM / PM</td>
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<tr>
<td>4</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
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<td>AM / PM</td>
</tr>
</tbody>
</table>

**CHILD CARE BENEFIT (CCB)  CHILD CARE REBATE (CCR) – Reduce YOUR fee payments**

Are you claiming CCB as Reduced fees □ Lump sum □ Not at all □

If you know that you have already correctly supplied CRN’s you do not need to supply CRNs again

Customer Reference Numbers:

- Parent Name: ……………………………….. CRN:……………………………………………………………
- Child Name: ……………………………….. CRN:……………………………………………………………
- Child Name: ……………………………….. CRN:……………………………………………………………
- Child Name: ……………………………….. CRN:……………………………………………………………
- Child Name: ……………………………….. CRN:……………………………………………………………

Child Care Rebate – claim up to 50% of your out of pocket expenses! Call 13 61 50 or check Centrelink website – www.centrelink.com.au in order to obtain information regarding the CCB and CCR and to check your eligibility.

Do you have another child/children in care for which you receive CCB? □ YES □ NO (please circle)

If YES how many? 1 2 3 4 (please circle)

Child Care is required to enable (please circle):

- Employment
- Search for Work
- Work related training or study
- Parent Break
- Children playtime
- Other

**Child/Children’s details - including medical details**

**IMMUNISATION** Is your child / children fully immunised: □ YES □ NO (please circle)

Does your child / children have any special needs, medical conditions, allergies, or any other matters that you feel are important for Out of School Hours Care educators looking after your child to be aware of? (e.g. excessive fears) □ YES □ NO

Please note details of any special needs and/or any management procedure to be followed with respect to the special needs:

…………………………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………

Does the child have any DIETARY RESTRICTIONS: □ YES □ NO (please circle)

If yes the following restrictions apply:

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Has your child **EVER** had **ASTHMA**? □ YES □ NO (please circle)

If yes please complete and attach Asthma Plan, signed by your child’s Doctor

Is your child/children currently taking any medication? □ YES □ NO (please circle)

If necessary please attach any further information regarding any of the above

Child’s
Name:………………………………………………………………………………………………………………………………………………………….

Child’s
Name:………………………………………………………………………………………………………………………………………………………….

Child’s
Name:………………………………………………………………………………………………………………………………………………………….

Do you have a current Ambulance Subscription? □ YES □ NO (please circle)

Medicare Number………………………………………………………………

Children’s Doctor……………………………………………………………… Phone………………………………………………

Address………………………………………………………………………………………………………………………………………………………….

**Anaphylaxis**

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>(please circle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your child been diagnosed at risk of anaphylaxis?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child have an auto injection device (eg. Epipen /Anapen)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the anaphylaxis medical management plan been provided to the service?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a risk management plan been completed by the service in consultation with you?</td>
<td></td>
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</tr>
</tbody>
</table>

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy upon request. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information can be found at www.education.vic.gov.au/anap

**Name of child with Anaphylaxis**………………………………………………………………

**Medical consent**

Where the Out of School Hours Educators are unable to contact me or it is otherwise impracticable to contact me, I authorize the Out of School Hours staff to:

✓ Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
✓ Administer such first aid as the Out of School Hours staff may judge to be reasonably necessary.

Parent/Guardian Signature…………………………………………………………………Date………………………………………………

Privacy Information obtained regarding children and families using the service is to be used for the sole purpose for which it is collected. If you Have any questions concerning the privacy of your details please contact the KEPS school office
GENERAL DECLARATION

I understand that some information from my registration form may be used by the program to assist with Child Care Benefit and/or Child Care Rebate status enquiries to the Child Care Management System (CCMS) on my behalf.

✓ I agree to the transitional learning and development statement to be made available to the OSHC Educators if required;
✓ I agree to familiarise myself with, and follow the terms and conditions of the program’s Policy & Procedures as outlined in the Parent Handbook;
✓ I agree to allow my child/children to attend and participate in the activities of the program and will advise OSHC Educators if I do not wish my child/children to participate in any particular activity (including Australian Sports Commission Activities);
✓ I agree to my child/children watching G and PG films with OSHC Educator supervision;
✓ I acknowledge that Kew East Primary School provides a Sun Smart Program therefore my child/children is required to have correct clothing and hat to participate in all outdoor activities during Daylight Savings —between the months of September to April of each year;
✓ Sun Smart behaviour will be regularly enforced by OSHC Educators;
✓ I understand that although care and supervision are provided, the Kew East Primary Out of School Hours Educators and the Kew East Primary School Council cannot accept responsibility for any injury sustained by my child at Before or After School Care or Pupil Free Day Care;
✓ I authorise the Out of School Hours Care program to record as an allowable absence, any day indicated as a booking on this form that my child does not attend the service, unless I provide a valid reason (according to Federal Government requirements) for the absence to be recorded as an approved absence and acknowledge that all allowable absences are to be signed for. I understand that CCB is paid for only 45 allowable absences per child per year;
✓ I agree to pay for all of the days my child/children is successfully enrolled, regardless of whether my child/children actually attends the OSHC program;
✓ I understand and agree that the information from this registration form and other related information regarding my child/children’s well being may be discussed by OSHC Educators with the principal and/or staff of Kew East Primary School/St. Anne’s Primary School;
✓ The information I have provided on this form is correct.

Parent/Guardian Signature……………………………………………………………….Date……………………………………

EMERGENCY PROCEDURE RESPONSES

LOCKOUT  EVACUATION

As part of the Kew East Primary School and the Out Of School Hours Care Program Emergency Response Plan, there could be times when the children have to be escorted by OSHC staff off the school grounds and to a safe evacuation point. There are 3 Evacuation points:

- One on the KEPS school grounds and two offsite evacuation points – St.Anne’s emergency meeting point and Guthrie Park in Windella Street.

I give my permission for my child/children to leave the school grounds if required during an Emergency Response and for practice of such.

Parent/Guardian Signature……………………………………………………………….Date……………………………………

✓ I give permission for the photographic video or audio recording of my child/children and authorise the use of any recording to only be used within the Out of School Hours program (We are required to record evidence of children participating in our program activities to comply with Regulations, for newsletter inclusion and children to enjoy viewing photos of their activities).

Parent/Guardian Signature……………………………………………………………….Date……………………………………

Welcome to all new families to the Before & After school Care programs. Please feel free to consult Staff, Parent Handbook if you have any problems or queries. Refer to Notice Board for general information on programs.

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