GENERAL INFORMATION
The School Council operates an Out of School Hours Care Program for primary school children attending Kew East Primary School, St. Anne’s Primary School and the local community. The program provides high quality Before Care and After Care in a safe, enjoyable and caring environment. It is provided at a minimal cost and enables parents to pursue options relating to employment, training, recreation and personal interests. At the program, qualified and experienced OSHC staff plan a balance of activities to meet the physical, social, intellectual, emotional, recreational and creative developmental needs of children. Play is recognised 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 and well being is catered for in a variety of ways including varied and nutritious snacks, a Sun smart policy, qualified First Aider Staff and a program which is inclusive with regard to planning for individual needs, cultural relevance, children with additional needs and gender equality.

HOURS OF OPERATION

<table>
<thead>
<tr>
<th></th>
<th>Before School Care</th>
<th>After School Care</th>
<th>Curriculum Day Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>(on weekdays during school terms)</td>
<td>7.00am – 8.45am</td>
<td>3.30pm – 6.15pm</td>
<td>7.00am – 6.15pm</td>
</tr>
</tbody>
</table>

On the final day of each term the program will operate from the close of the school day. Program also available for Prep Early School Finish.

BOOKING & CANCELLATIONS

- Families wishing to use the Out of School Hours Program must register with the program: an annual Non-refundable Administration Fee of $20.00 per family applies.
- To ensure the whereabouts and safety of children attending the program, parents must make a booking for their child(ren).
- Cancellation and bookings should be made by notifying staff at the program during program hours, or a message left on the Program message bank (9.00am – 3.00pm Monday – Friday).
- Cancellations must be made for children who are not attending a booked/casual session for Before or After School Care.
  - Cancellations received by 6.00pm the night before the session will not incur a fee.
  - Cancellations for Mondays must be received by 6.00pm on Sunday. The message bank will be left on over the weekend for Monday CANCELLATIONS ONLY.
  - Cancellations received after this time will be charged as an Allowable Absence* and the normal fee will apply.
  - If no cancellation is received, an Allowable Absence will be charged and an additional $2.00 non cancellation fee will apply. It is the responsibility of the parent/carer, not the school, the teacher or child to inform the O.S.H.C program of changes to attendance.

- Permanent cancellation of Regular Booked Care – 1 week’s notice required.
- Curriculum Day Care – Bookings & Cancellations must be received five working days prior to the day.

(*Please see co-ordinator for more information regarding Allowable Absences)

DROPPING OFF / COLLECTION OF CHILDREN

- Children can only be collected by parents, guardians or other authorised persons listed on the registration form. Requests for any other arrangements should be in writing. In emergency situations, verbal or written permission by parents to authorise additional persons to collect the child will be permitted.
- Children must always be signed into Before School Care and out of After School Care by authorise additional persons to collect the child will be permitted.
- Children must be signed into the service as they arrive at the service. Staff have the responsibility to ensure that:
  - A roll call of children is conducted as they arrive at the service.
  - 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.
  - Staff have the responsibility to ensure that a message is put over the intercom/speaker requesting that the missing child/ren in question go immediately to the service.

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 school office.
If missing children have not arrived by 4.00pm staff will attempt to contact the parents to determine whether the child/ren 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 TIMES.
If children are not collected by 6.15pm from After Care, the co-ordinator will contact parents. If parents cannot be contacted within 15 minutes the emergency 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.

LATE FINES
If children are not collected by closing time a late fee of $1.00 per minute, will apply.

Please Note: Consistent late collection could jeopardise your child’s place.

CUSTODY ORDERS
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.

2 ways to reduce your fee payments!!!

CHILD CARE TAX REBATE – Not means tested
The Child Care Tax Rebate covers up to 50% of out of pocket costs for approved child care. For queries and to check eligibility regarding the Child Care Tax rebate contact the FAO on 13 61 50 or check the Centrelink website – www.centrelink.gov.au for more information in relation to becoming current and obtaining Customer Reference Numbers (CRNs).

KEPS OSHC REFERENCE NUMBERS: BSC: 555 008 341C ASC: 555 008 002S

CHILDcare benefit (CCB)
CHILDcare Management System (CCMS)
Benefits can be received as reduced fees or as a lump sum payment. Families must link with the Family Assistance Office (FAO) on 13 61 50 to ascertain eligibility. Centrelink website – www.centrelink.gov.au for more information in relation to becoming current and obtaining Customer Reference Numbers (CRNs).

Fees Schedule for 2010

<table>
<thead>
<tr>
<th>Service</th>
<th>Fee</th>
<th>CCB</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before School Care</td>
<td>$12.00 per child</td>
<td>CCB available</td>
<td>Includes breakfast (to 8.00am)</td>
</tr>
<tr>
<td>After School Care- Permanent Booking</td>
<td>$15.00 per child</td>
<td>CCB available</td>
<td>Includes afternoon tea</td>
</tr>
<tr>
<td>After School Care- Casual Booking</td>
<td>$16.00 per child</td>
<td>CCB available</td>
<td>Includes afternoon tea</td>
</tr>
<tr>
<td>After School Care- Irregular Booking</td>
<td>$18.00 per child</td>
<td>CCB available</td>
<td>Includes afternoon tea</td>
</tr>
<tr>
<td>Curriculum Day Care</td>
<td>$40.00 per child</td>
<td>CCB available</td>
<td>Breakfast/lunch &amp; snack provided</td>
</tr>
<tr>
<td>Administration Fee</td>
<td>$20.00 per child</td>
<td>CCB not available</td>
<td></td>
</tr>
<tr>
<td>Non-Cancellation Fee</td>
<td>$2.00 per child</td>
<td>CCB not available</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

- Accounts are usually printed weekly and will be available for collection by parents from O.S.H.C room.
- Fees must be paid by the due date (two weeks after the account is printed), and should be paid to program staff during program hours.
- Receipts and change will not be issued during program hours, so cash payments of correct money is preferred. 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 and that all allergies and medical details are listed.
- Medication can only be administered to children by staff with the written consent of parents.
- Children must wear their own hats during outdoor activities in Term 1& 4. If a child does not bring their hat they will play inside or in a shaded area. Children are encouraged to bring their own sunscreen and apply it each afternoon before going outside to play.

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

Please retain these information sheets for your own reference

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 school office.
# KEW EAST PRIMARY SCHOOL – 2010
## OUT OF SCHOOL HOURS CARE PROGRAM REGISTRATION FORM

(A Registration/Enrolment form is required for Casual and Permanent Booked Care and also for Irregular Booked Care)

AN ADMINISTRATION FEE OF $20.00 IS PAYABLE WITH THE RETURN OF THIS FORM.

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found on page 2

Circle School Attending:  **Kew East Primary School**  St. Annes

---

### Information about the child:

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Date of Birth:</th>
<th>*Sex: M □ F □ (Please tick)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name:</td>
<td>Middle Name:</td>
<td>Grade:</td>
</tr>
<tr>
<td>Home Address:</td>
<td>Language(s) spoken in the home:</td>
<td></td>
</tr>
<tr>
<td>*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ No □ Yes, Aboriginal □ Yes, Aboriginal and Torres Strait Islander □ Yes, Torres Strait Islander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Other Cultural Details:*

*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?*

□ No □ Yes (please tick)

---

### Information about the child’s parents or guardians

<table>
<thead>
<tr>
<th>Mother</th>
<th>Responsible for account?</th>
<th>Yes</th>
<th>No</th>
<th>Father</th>
<th>Responsible for account?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date of Birth.........../......../......</td>
<td></td>
<td></td>
<td>Name</td>
<td>Date of Birth.........../......../......</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
<td>Middle Name</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
<td>Surname</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address - as per child or:</td>
<td></td>
<td></td>
<td></td>
<td>Address - as per child or:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone/s</td>
<td></td>
<td></td>
<td></td>
<td>Telephone/s</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td>(W)</td>
<td>(Mobile)</td>
<td>(H)</td>
<td>(W)</td>
<td>(Mobile)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the child live with the mother?</td>
<td></td>
<td></td>
<td>No □ Yes □ (please tick)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian (if applicable)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Date of Birth.........../......../......</td>
</tr>
<tr>
<td>Address - as per child or:</td>
<td></td>
</tr>
<tr>
<td>Telephone/s</td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td>(W)</td>
</tr>
<tr>
<td>Does the child live with this guardian?</td>
<td></td>
</tr>
<tr>
<td>No □ Yes □ (please tick)</td>
<td></td>
</tr>
</tbody>
</table>

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### Other persons to be notified

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 programme should notify one of the following people who are authorised to give medical consent, or collect and care for the child after accident, injury, trauma or illness. People listed below will be called 15 MINUTES after closing time if parents are unable to be contacted.

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

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Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 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 Children’s Services Act 1996 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.

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:

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

2. If these orders:
   a) change the powers of a parent/guardian to:
      · authorise 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
   b) give these powers to someone else,

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

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

Details of people who you authorise to collect your child/ren

Your consent is required for other people to collect the child from the osch programme on your behalf. In the table below please list the details of those people you have authorised to collect the child. 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. The people below are not authorised to give medical consent on your behalf.

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

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

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

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### Information about the second child

Family Name: ......................................................  Date of Birth: ...........................................  *Sex:  M □  F □  (Please tick)
Child’s Name: ....................................................  Middle Name: ...........................................  Grade: ............................................
Home Address: ........................................................................................................................................
Language(s) spoken in the home: ...........................................................................................................
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)
☐ No  ☐ Yes, Aboriginal  ☐ Yes, Aboriginal and Torres Strait Islander  ☐ Yes, Torres Strait Islander
*Other Cultural Details: ..........................................................................................................................
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
No ☐  Yes ☐  (please tick)

### Information about the third child

Family Name: ......................................................  Date of Birth: ...........................................  *Sex:  M □  F □  (Please tick)
Child’s Name: ....................................................  Middle Name: ...........................................  Grade: ............................................
Home Address: ........................................................................................................................................
Language(s) spoken in the home: ...........................................................................................................
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)
☐ No  ☐ Yes, Aboriginal  ☐ Yes, Aboriginal and Torres Strait Islander  ☐ Yes, Torres Strait Islander
*Other Cultural Details: ..........................................................................................................................
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
No ☐  Yes ☐  (please tick)

### Information about the fourth child

Family Name: ......................................................  Date of Birth: ...........................................  *Sex:  M □  F □  (Please tick)
Child’s Name: ....................................................  Middle Name: ...........................................  Grade: ............................................
Home Address: ........................................................................................................................................
Language(s) spoken in the home: ...........................................................................................................
*Is the child of Aboriginal and/or Torres Strait Islander origin? (please tick)
☐ No  ☐ Yes, Aboriginal  ☐ Yes, Aboriginal and Torres Strait Islander  ☐ Yes, Torres Strait Islander
*Other Cultural Details: ..........................................................................................................................
*Does the child have a developmental delay or disability including intellectual, sensory or physical impairment?
No ☐  Yes ☐  (please tick)
BOOKING DETAILS – 2010

*(Regular Booked=1 OR MORE DAYS WEEKLY) *(Casual=EXTRA DAY/S in addition to BOOKED) *(Irregular Booking=occasional care/NO regular days each week)

Will you be using the program on an Irregular, Casual or Regular booked basis? (please circle) *IRREGULAR * CASUAL * REGULAR BOOKED

CASUAL and IRREGULAR users must contact the service prior to attendance in order to ensure a place is available. DO NOT INDICATE IN BOX BELOW

If you will NOT be using the program on a REGULAR BOOKED basis. Please circle which session/s you child/ren will be attending each week – In Box:-

<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>
</tr>
<tr>
<td>2</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
</tr>
<tr>
<td>3</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
</tr>
<tr>
<td>4</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
<td>AM / PM</td>
</tr>
</tbody>
</table>

CHILD CARE BENEFIT (CCB) – Reduces fee payments

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

Customer Reference Numbers:

Parent Name: ___________________ CRN: __________________________________________
Child Name: ___________________ CRN: __________________________________________
Child Name: ___________________ CRN: __________________________________________
Child Name: ___________________ CRN: __________________________________________
Child Name: ___________________ CRN: __________________________________________
Child Name: ___________________ CRN: __________________________________________

Child Care Benefit (CCB) – reduces fee payments / as does the Child Care Tax Rebate:

Child Care Tax Rebate – claim up to 50% or your out of pocket expenses. Families must contact the FAO 13 61 50 or check Centrelink website – www.centrelink.com.au in order to obtain information regarding the CCB and to check eligibility for the Child Care Tax Rebate.

Child Care is required to enable (please tick)

Employment____________________Search for work__________________Work related training of study__________________

Parent Break_____________________Children playtime__________________Other__________________________

CHILD/REN’S DETAILS / including medical details (see below)

Medical details: Is your Child/ren fully immunised? YES NO (please circle)

Does your child/ren have any special needs, medical conditions, allergies, dietary restrictions or any other matter you feel is important to those looking after your child? (eg. Excessive fears) *(If yes, please attach any further information) YES NO (please circle)

Child’s Name: ___________________ Details: ________________________________
Child’s Name: ___________________ Details: ________________________________
Child’s Name: ___________________ Details: ________________________________

Has your child Ever had Asthma? □ YES □ NO

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

Child’s Name: ___________________ Details: ________________________________
Child’s Name: ___________________ Details: ________________________________

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

Medicare Number: ________________________________

Children’s Doctor: ___________________________ Phone: ___________________________

Address: ________________________________________________________________

ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? YES NO (please circle)

Does your child have an auto injection device (eg. EpiPen®)? YES NO (please circle)

Has the anaphylaxis medical management plan been provided to the service? YES NO (please circle)

Has a risk management plan been completed by the service in consultation with you? YES NO (please circle)

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.vis.gov.au/anaphylaxis.

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 school office.
Does the child have any dietary restrictions?  
Yes  No  (please circle)

If yes the following restrictions apply

MEDICAL CONSENT

Where the O.S.H.C. staff are unable to contact me or it is otherwise impracticable to contact me, I authorise the O.S.H.C 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 O.S.H.C. staff may judge to be reasonably necessary.

MEDICAL CONSENT

The information I have provided on this form is correct.

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

GENERAL DECLARATION

✓ I understand that some information from my registration form may be used by the program to apply for Customer Reference Numbers from the Family Assistance Office on my behalf.
✓ I agree to the transitional learning and development statement to be made available to the OHSC staff 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/ren to attend and participate in the activities of the program and will advise staff if I do not wish my child/ren to participate in any particular activity (including Australian Sports Commission Activities.)
✓ I agree to my child/ren watching G and PG films with OHSC supervision.
✓ I acknowledge that if I do not supply sunscreen for my child/ren use, the OSHC program will provide and expect that sunscreen be applied as per the policy displayed at the program. If my child/ren is unable to wear sunscreen ie due to medical reasons such as allergies I will inform the OSHC program in writing and arrange alternative protection.
✓ I acknowledge that Kew East Primary School provides a sun smart program therefore my child/ren is required to have correct clothing and hat to participate in all outdoor activities during Day Light Savings.
✓ I understand that although care and supervision are provided, the Kew East Primary Out Of School Hours Care Staff and the Kew East Primary School cannot accept responsibility for any injury sustained by my child at Before of After School Care or Curriculum Day Care.
✓ I authorise the OSHC program to record as an allowable absence, any day indicated 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 all allowable absences 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/ren is successfully enrolled, regardless of whether my child/ren actually attends the OSHC program.
✓ I understand and agree that the information from this registration form and other related information regarding my child/ren well being may be discussed by OSHC staff with the principal and 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……………………………………

✓ I give permission for the photographic video or audio recording of my child/ren and authorise the use of any recording to only be used within the Out of School Hours program. (As we are currently in the process of Quality Assurance (QA) and Regulations we are required to record evidence of children participating in program activities).

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

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

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