

**Woodville Primary School OSHC**  
Woodville Primary School, Evans Street, Woodville South, 5011  
Phone: (08) 82432454

# ENROLMENT FORM

**Before School Care**

**After School Care**

**Vacation Care**

**How to Register in Three Easy Steps**

**STEP 1**



Fill in this form using pen only. If you have any questions about the form, please contact Woodville Primary School OSHC

Please check that you and/or your partner have completed all the sections and questions you need to answer, signed and dated where necessary.

**STEP 2**

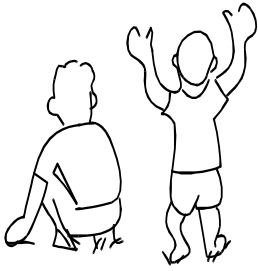


If you are claiming Child Care Benefit (weekly or lump sum), please ensure all Customer Reference numbers are provided. To estimate your child care fees (out of pocket expenses) please visit Centrelink's Child Care Estimator ([www.centrelink.gov.au/internet/internet.nsf/individuals/child\\_care\\_estimator.htm](http://www.centrelink.gov.au/internet/internet.nsf/individuals/child_care_estimator.htm))

**STEP 3**

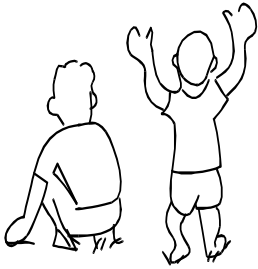


Return your completed forms to Woodville Primary School Out of Hours School Care office.



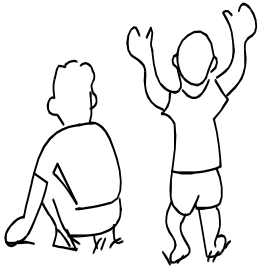
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<p><b>Parent/Carer 1 Details</b></p> <p style="text-align: center;">→</p> <p>All of this information is mandatory. Any form that does not have this information completed will be rejected and returned to the applicant.</p> <p>For more information about Child Care Benefit, please contact Family Assistance Office on 13 61 50</p> <p>Families for whom English is not the primary language may receive translation assistance by calling 13 12 02</p>	<p><b>Parent/Carer 1 Details</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Relationship to Child</td> <td style="padding: 5px;"> <input type="checkbox"/> Mother  <input type="checkbox"/> Father  <input type="checkbox"/> Other (Please specify)         </td> </tr> <tr> <td colspan="2" style="padding: 5px;">Are you the parent/carer that receives Family Assistance Office Child Care Benefit?</td> <td style="padding: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> <tr> <td style="padding: 5px;"><b>Family CRN Number*</b></td> <td style="padding: 5px;">Date of Birth</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Surname</td> <td style="padding: 5px;">First Name</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Address</td> </tr> <tr> <td style="padding: 5px;">Suburb</td> <td style="padding: 5px;">Post Code</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Home Phone</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Mobile Number</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Email Address</td> </tr> <tr> <td style="padding: 5px;">Work Status</td> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Full time employment  <input type="checkbox"/> Part time employment  <input type="checkbox"/> Actively seeking employment  <input type="checkbox"/> Unemployed  <input type="checkbox"/> Other (Please specify)         </td> </tr> <tr> <td style="padding: 5px;">Place of Work</td> <td style="padding: 5px;">Work Phone</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">Country of Birth</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Are you of Aboriginal or Torres Strait Island Background?</td> <td style="padding: 5px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </td> </tr> <tr> <td style="padding: 5px;">Family Circumstances</td> <td colspan="2" style="padding: 5px;"> <input type="checkbox"/> Single Parent – Mother  <input type="checkbox"/> Single Parent – Father  <input type="checkbox"/> Mother &amp; Father at Home  <input type="checkbox"/> Step/Blended  <input type="checkbox"/> Foster Care  <input type="checkbox"/> Legal Guardian  <input type="checkbox"/> Other         </td> </tr> </table>	Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please specify)	Are you the parent/carer that receives Family Assistance Office Child Care Benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Family CRN Number*</b>	Date of Birth		Surname	First Name		Address			Suburb	Post Code		Home Phone			Mobile Number			Email Address			Work Status	<input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Unemployed <input type="checkbox"/> Other (Please specify)		Place of Work	Work Phone		Country of Birth			Are you of Aboriginal or Torres Strait Island Background?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Circumstances	<input type="checkbox"/> Single Parent – Mother <input type="checkbox"/> Single Parent – Father <input type="checkbox"/> Mother & Father at Home <input type="checkbox"/> Step/Blended <input type="checkbox"/> Foster Care <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	
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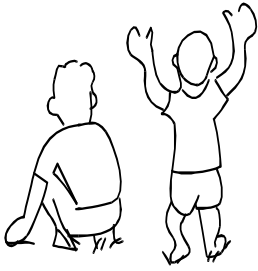


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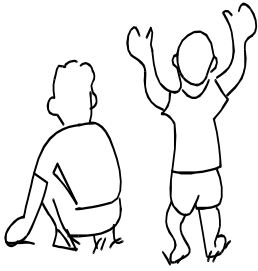
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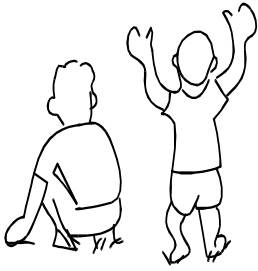


<b>Emergency Contact 1</b>		<b>Alternative Contact and Family Medical Details</b>									
The emergency contact person must be somebody other than the parent.	→	Full Name									
		Day Phone No.	Mobile No.								
		Relationship to Child									
		Is this person authorised to sign in and/or out your child/ren from care?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Emergency Contact 2</b>											
	→	Full Name									
		Day Phone No.	Mobile No.								
		Relationship to Child									
		Is this person authorised to sign in and/or out your child/ren from care?		<input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Doctor Details</b>											
	→	Doctors Name									
		Street Address									
		Suburb	Post Code								
		Telephone No.									
<b>Family Medicare Details</b>											
	→	Medicare No.	Valid Date								
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Child 2	<input type="checkbox"/>										
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<b>Medical Consent</b>											
	→	I give consent for my child/ren to receive medical attention only when necessary and I agree to meet any expenses incurred.		<input type="checkbox"/> Yes <input type="checkbox"/> No							

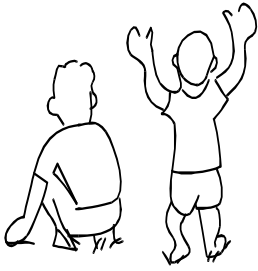


<b>Child's Medical History</b>	
<p style="text-align: right; margin-bottom: 0;"><b>Disability</b></p> <p style="text-align: center; margin-bottom: 0;">→</p> <p>If there is not enough room in the space provided to specify all details, please attach a page to the back of this enrolment form and indicate that you have done so in the space provided</p>	<p>Have any of the children you are applying for care been diagnosed with a disability or are they undergoing diagnosis?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Child 1 <input type="checkbox"/>                      Child 2 <input type="checkbox"/>                      Child 3 <input type="checkbox"/></p>
	<p>Please specify what kind of disability, who it was diagnosed by, how it affects your child and what management plans are in place <b>including medication</b></p>
	<p>Have any of the children you are applying for care been diagnosed with a medical condition? I.e. Asthma, fits/seizures, allergies etc. (especially anaphylaxis)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p style="text-align: right; margin-bottom: 0;"><b>Medical Conditions</b></p> <p style="text-align: center; margin-bottom: 0;">→</p> <p>It is important that any medication is divulged to us to ensure the safety of your child/ren</p>	<p>Child 1 <input type="checkbox"/>                      Child 2 <input type="checkbox"/>                      Child 3 <input type="checkbox"/></p>
	<p>Please specify what kind of disability, who it was diagnosed by, how it affects your child and what management plans are in place <b>including medication</b></p>
	<p style="text-align: right; margin-bottom: 0;"><b>Behaviour Management</b></p> <p style="text-align: center; margin-bottom: 0;">→</p>
	<p>Do any of the children for whom you are applying for care have behaviour management issues? E.g. ADHD, non-responsive, uncooperative etc.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Child 1 <input type="checkbox"/>                      Child 2 <input type="checkbox"/>                      Child 3 <input type="checkbox"/></p>
	<p>Please specify what kind medical condition, who it was diagnosed by, how it affects your child and what management plans are in place including medication</p>
<p style="text-align: right; margin-bottom: 0;"><b>Lifestyle Choices</b></p> <p style="text-align: center; margin-bottom: 0;">→</p>	<p>Is there anything that the children for whom you are applying for care, can not eat or participate in due to lifestyle or religious choices?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Child 1 <input type="checkbox"/>                      Child 2 <input type="checkbox"/>                      Child 3 <input type="checkbox"/></p>
	<p>Please specify what foods or activities your child/ren can not participate in.</p>
<p style="text-align: right; margin-bottom: 0;"><b>Court Orders</b></p> <p style="text-align: center; margin-bottom: 0;">→</p>	<p>Are any of the children for whom you are applying for care, involved in a court order? (If so, please supply a copy of the Court Orders for our records.)</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Child 1 <input type="checkbox"/>                      Child 2 <input type="checkbox"/>                      Child 3 <input type="checkbox"/></p>

<b>OFFICE USE ONLY</b>	
Copy Court Order Attached	
Yes	No

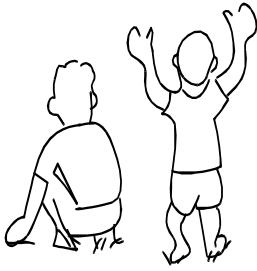


<h2>Consents</h2>	
Please read each statement carefully and tick the appropriate box	
<p><b>Movie Watching Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to watch movies evaluated by our staff as appropriate and of an Australian Censorship Board rating of either 'G' or 'PG' in centre and on excursions         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Photo and Video Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to be photographed for the purpose of publicity and promotion of the Service.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Observation Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to receive individual observation by students on accredited training programs in the Service.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Travel Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to participate in outings to places of interest in close proximity to the Service (within walking distance)         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Active After School Care Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to participate in regular recreational activity programs, run by the Active After School Communities (AASC). This may include activities such as soccer, football, dancing, etc.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Face Painting and Hairspray Consent</b></p> <p style="text-align: right;">→</p>	<div style="border: 1px solid black; background-color: #f2f2f2; padding: 5px;">           I consent for my child/ren to having their face painted and/or their hair decorated with coloured hairspray during centre programmed activities.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>



<b>Consents (cont')</b>	
<p><b>Code of Behaviour Consent</b></p> <p style="text-align: right;">—————→</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>I have read the Rights and Responsibilities (see parent hand-book) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Rights and Responsibilities and that the positive strategies that are outlined in the Rights and Responsibilities will be implemented if my child/ren is in breach of the guidelines.</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>OSHC Parent Handbook</b></p> <p style="text-align: right;">—————→</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>I have received and read the Outside School Hours Care (OSHC) Parent Handbook and agree to be bound by the information and policies outlined by the Service. I understand that any changes or additional information will be displayed on the Parent Notice Board, located in the kitchen area.</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Privacy Acknowledgement</b></p> <p style="text-align: right;">—————→</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>I acknowledge the information provided herein by me is to be used by Woodville Primary School OSHC for the sole purpose of OSHC services, and that the information will only be released when legally required to do so</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <input type="checkbox"/> Yes                      <input type="checkbox"/> No         </div>
<p><b>Disclaimer</b></p> <p style="text-align: right;">—————→</p>	<div style="border: 1px solid black; padding: 5px; background-color: #f0f0f0;"> <p>I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at Woodville Primary School OSHC has been included.</p> <p>I understand that enrolment in the service(s) is conditional on the accuracy of the information supplied by me and that my child/ren's participation may be terminated with no refund of costs incurred, if the information is found to be inaccurate or misleading.</p> <p>I understand that my responses to the above consents will be acted upon as I have directed and any alteration to these consents by me will need to be made in writing.</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>Sign...../...../.....                      Date...../...../.....</p> </div>





## Booking Information

### Booking

Please indicate the day/s your child/ren will be attending WPS OSHC BSC and ASC only. Vacation Care requires a separate booking sheet. Please read the booking and cancellation policy

Child's Name	Mon	Tues	Wed	Thurs	Fri	Casual Basis	

### Other Children in Care

To ensure you receive the correct CCB% please list all children and the school or child care they attend.

Child's Name and Date of Birth	Approved Centre/Service Details ie/ Queen Elizabeth Child Care Centre

### After School Sport

Does your child participate in an after school sport? Please indicate what day and time training is. This is to assist us in afternoon tea provision and ensuring all children are safe

Child's Name	
<i>Sport</i>	
<i>Day of Game or Training</i>	
<i>Arrival Time ASC</i>	
<i>Departure Time ASC</i>	

# About You

What is your name? .....

What do you like to be called? .....

Who is your teacher this year? .....

What is your favourite subject at school? .....

What is your favourite food? .....

Do you have any good healthy food ideas for snacks at After School Care/Vacation Care? .....

.....

What do you like doing with your best friends? .....

.....

What is your favourite TV show? .....

Do you play any sports? .....

What is your favourite football team? .....

What is your favourite movie? .....

Do you have any pets? .....

What sort of music do you like? .....

Who is your favourite band? .....

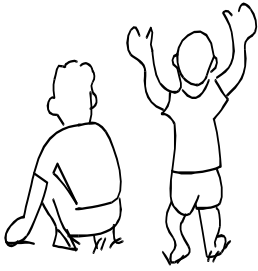
Tell us something that you would like to at After School Care:

Outdoors: .....

Indoors: .....

Quiet Time: .....

Excursions: .....



<h2>General Information</h2>	
<b>Hours of Operation</b> →	<p><b>Before School Care: 7.30am-8.30am</b>  <b>After School Care: 3.05pm—6.05pm</b>  <b>Vacation Care &amp; Pupil Free Days 8.00am—6.00pm</b></p>
<b>Fees and Bookings</b> →	<p>To secure a place and ensure that your child's name appears in the daily roll, parents are required to book-in using the pink booking sheet submitted to the OSHC office.</p> <p>Invoices are produced monthly, in arrears, and placed in your family's pocket (located near the front door), or in the Casual Account Box (located near the sign in/out folder). Payments are to be made by cash, cheque, EFTPOS, or internet banking (see internet banking information sheet).</p> <p>Payments made via cash or cheque can be placed into the locked box in the activity room. If you wish to pay in person, please only do so during the office hours 2.00pm—3.00pm and 4.45pm—5.45pm.</p>
<b>Children's Behaviour</b> →	<p>The Woodville Primary School Out of Hours School Care will provide a secure, friendly and stimulating environment which encourages children to co-operate, enhances their self esteem and encourages their ability to interact with others, promotes acceptable behaviour and any recriminations are kept to a minimum. Where a child continues to behave in an unacceptable manner, parents/guardians will be consulted and asked to work with the staff and outside agencies (if appropriate) to ensure clear guidelines and acceptable behaviour is promoted.</p> <p>Our Service has established 'Rights and Responsibilities' for the safety and well being of ALL children and staff. Children who choose not to follow these guidelines consistently may be excluded after consultation with the Service Director, OSHC advisory committee, parents and child.</p>
<b>Collection of Children</b> →	<p>All children need to be signed in AND out of the Service whenever they attend. Children attending Before School Care will be signed in by parents, and signed out by staff. Children attending After School Care will be signed in by staff and signed out by parents. This is a legal document and Child Care Benefit will NOT be paid to families where children are not signed in and out and proof of attendance is not available.</p>
<b>Policies and Procedures</b> →	<p>The information in this enrolment package is taken from our Policies and Procedures. These are available for parents to read on request.</p>