

OUT OF SCHOOL HOURS CARE ENROLMENT FORM 2016

Before School Care 7:15 – 9.00am
 After School Care 3.15pm - 6.00pm
**BOOKINGS CANNOT BE MADE UNTIL
 ENROLMENT FORMS ARE RECEIVED BY OSHC
 STAFF**

How did you hear about this programme? Friend Website Internal marketing Previously enrolled	
*ESSENTIAL INFORMATION: Please add if claiming CCB/CCR, otherwise enrolment cannot be processed. The service may charge a fee if backdating of attendances is required due to not receiving CRN details.	
PARENT 1 DETAILS As previous details	
Family name	Given name
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
*Date of Birth (ESSENTIAL)	
*CRN (ESSENTIAL)	*Number of children claiming CCB
*Child's CRN (ESSENTIAL)	
Address	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	Family Cultural Background
Occupation	
PARENT 2 DETAILS As previous details	
Family name	Given name
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Date of birth
Address	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	Family Cultural Background
Occupation	
EMERGENCY CONTACT DETAILS 1 As previous details	
Surname	First name
Address	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship
EMERGENCY CONTACT DETAILS 2 As previous details	
Surname	First name
Address	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship
DOCTOR'S NAME	
Address	
Medicare No #	Private Health Fund
CUSTODY ACCESS	
Is there a court order, parenting order or parenting plan in place: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide a copy and see the Educator. Unless a copy of the court order is provided to us we are unable to uphold the requirements.	

CHILD 1 INFORMATION

First name	Child's Surname
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Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's School
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Child's CRN (ESSENTIAL)

Languages	Family Cultural Background
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Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests. What support does your child require? Please also discuss with the Educator.

Illness/Accident History

Please list any allergies,

Is your child at risk of anaphylaxis?
 Yes No

Does your child have a medical management plan?
 Yes No

If yes, please provide a copy and speak to the OSHC Supervisor or Educator.
 We cannot accept any child without a current copy of a medical management plan.

Standard VIC Vaccination Schedule	Completed <input type="checkbox"/>	Non-immunised <input type="checkbox"/>	
Please ensure a staff member sights a copy of your child's immunisation record when enrolling.			Staff Signature

Please circle to rate your child's swimming level:	<ol style="list-style-type: none"> 1. Non-swimmer 2. Swims with floaties in deep water 3. Can swim less than 10m unassisted in deep water 4. Can swim up to 25m unassisted in deep water 5. Can swim competently up to 50m or more in deep water
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CHILD 2 INFORMATION

First name	Child's Surname
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Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Child's School
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Child's CRN (ESSENTIAL)

Languages	Family Cultural Background
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Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests. What support does your child require? Please also discuss with the Educator

Illness/Accident History

Please list any allergies,

Is your child at risk of anaphylaxis?
 Yes No

Does your child have a medical management plan?
 Yes No

If yes, please provide a copy and speak to the OSHC Supervisor or Educator.
 We cannot accept any child without a current copy of a medical management plan.

Standard VIC Vaccination Schedule	Completed <input type="checkbox"/>	Non-immunised <input type="checkbox"/>	
Please ensure a staff member sights a copy of your child's immunisation record when enrolling.			Staff Signature

Please circle to rate your child's swimming level:	<ol style="list-style-type: none"> 1. Non-swimmer 2. Swims with floaties in deep water 3. Can swim less than 10m unassisted in deep water 4. Can swim up to 25m unassisted in deep water 5. Can swim competently up to 50m or more in deep water
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CHILD 3 INFORMATION

First name _____ Child's Surname _____

Date of birth _____ Age _____ Male Female Child's School _____

Child's CRN (ESSENTIAL) _____

Languages _____ Family Cultural Background _____

Please list any medical conditions, special considerations or dietary requirements, cultural and religious requests. What support does your child require? Please also discuss with the Educator

Illness/Accident History _____

Please list any allergies, _____

Is your child at risk of anaphylaxis?
 Yes No

Does your child have a medical management plan?
 Yes No

If yes, please provide a copy and speak to the OSHC Supervisor or Educator.
 We cannot accept any child without a current copy of a medical management plan.

Standard VIC Vaccination Schedule Completed Non-immunised

Please ensure a staff member sights a copy of your child's immunisation record when enrolling. Staff Signature

Please circle to rate your child's swimming level:

1. Non-swimmer
2. Swims with floaties in deep water
3. Can swim less than 10m unassisted in deep water
4. Can swim up to 25m unassisted in deep water
5. Can swim competently up to 50m or more in deep water

ENROLLED DAYS

Please tick below the days your child/children will be attending Kelly Club each week. (One tick represents one child). Please be aware that days booked must be paid for, whether your child/children attend or not, unless a minimum of one week's notice in writing is given (emails accepted).

BEFORE SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Starting date _____ Finishing date _____ Casual care _____

AFTER SCHOOL	Monday	Tuesday	Wednesday	Thursday	Friday
Child 1					
Child 2					
Child 3					

Starting date _____ Finishing date _____ Casual care _____

DIRECT5 DEBIT PAYMENT SYSTEM *NEW FAMILIES ONLY*

I have given authorisation for Direct Debit Payment system to deduct fees fortnightly on a Thursday. I understand that this system is the only form of payment accepted and my child will only be enrolled once this information is supplied. I have completed the Authority to Direct Debit form.

I agree Parent/Guardian Signature _____ Date _____

PARENT STATEMENT

The information given in this statement is true and correct. It is my responsibility to inform Kelly Club should any details change.

I agree Parent/Guardian Signature _____ Date _____

DISCLAIMER

I wish to enrol my child/children in Kelly Club Out of School Hours Care Programme on the days specified above. I understand that Kelly Club, its staff and volunteers will take all reasonable care of my child/children and I will not hold them responsible for any damage and/or loss of property and/or accident. I realise I am responsible for informing Kelly Club staff of any medical conditions that may affect my child's participation in the programme.

I agree Parent/Guardian Signature _____ Date _____

I give permission for my child/ren to be transported by Bus.

I agree Parent/Guardian Signature _____ Date _____

I acknowledge that 1 weeks notice is required for cancellation of care in writing to either OSHC Supervisor or Manager.

I agree Parent/Guardian Signature _____ Date _____

PHOTOGRAPHS

I consent for photographs of my child/children taken within Kelly Club Out of School Hours Care programmes to be displayed within the Childcare Department.

I agree Parent/Guardian Signature _____ Date _____

PEANUTS AND PEANUT PRODUCTS

I am aware that some children attending Kelly Club OSHC are highly allergic to peanuts and peanut products and agree to not supply my child/children with any item containing nuts.

I agree Parent/Guardian Signature _____ Date _____

PARENT HANDBOOK

I have received a copy of the Kelly Club Parent Handbook. I have read, understood and will follow the policies and procedures.

I agree Parent/Guardian Signature _____ Date _____

AUTHORISATIONS

I authorise for both Parent 1 & 2 and my emergency contacts listed on this enrolment form to collect my child/children on my behalf. To consent to medical treatment and to give permission to an educator to remove my children from the service.

Yes No Parent/Guardian Signature _____ Date _____



IMPORTANT PARENT INFORMATION

Fax (03) 93842205, Email portarlinton@kellycluboshc.com.au
or post to Kelly Club PO Box 71 Moonee Vale VIC 3055
Ph: (03) 9384 2204

PLEASE DETACH AND KEEP FOR YOUR OWN INFORMATION

Welcome to Kelly Club of School Hours Care programme. Please find following some important information for you to keep regarding your child/children's care at Kelly Club. For a more detailed version of Kelly Club's Out of School Hours Care Policies, please ensure you access a copy of our Parent Handbook via our website.

KELLY CLUB PHILOSOPHY

At Kelly Club Out of School Hours Care programme we strive to provide high quality care to all children within the service. Our primary goal is to provide a safe, supportive, stimulating environment committed to the care and development of each and every child, one in which children, their parents and members of the community feel welcome, happy and secure.

This is achieved by:

- Educators creating an environment in which children can grow and reach their full potential.
- The physical environment providing access to all, encouraging participation and is designed to facilitate learning within a safe environment.
- Diversity and cultural backgrounds being valued and respected within the service.
- Valuing the uniqueness and promoting inclusion of each child within the care environment.
- Educators and Managers seeking to include the community within the service and for the service to participate within the community.
- Child involvement and programming information being shared with families, encouragement is given to families to participate and opportunities to contribute to policy/procedure and philosophy updates and reviews.
- Ongoing learning and reflective practice to ensure secure and respectful relationships with children, families and educators.
- Educators being encouraged and given opportunities for professional development and continuous learning.
- Educators and managers ensuring professionalism when dealing with confidentiality, ethical contact and communication within the service.
- The 'My Time, Our Place' school aged framework developed for children based on the developmental needs, interests and experiences of each child.
- The service's commitment to providing best practice through continuous improvement and feedback from industry bodies, children, families, educators and management.
- Providing quality outcomes for children by reflecting the guiding principles within the Education and Care services National Law Act 2010 and the framework for school aged care.

We are committed to maintaining high quality care for the period of middle childhood, as it is a unique and valuable stage of life.

CHILDCARE REBATE

Some families are eligible for Child Care Benefit (CCB). You can apply for this payment, which will reduce your childcare fees, at the Family Assistance Office.

Families are eligible for Childcare Rebate (CCR) so please provide your CCB number if you wish to claim fortnightly through childcare fees. Please call the Family Assistance office to organise your payments.

JET PROGRAMME

In order to claim JET please hand in your JET form from Centrelink to the Childcare office, otherwise JET cannot be claimed.

FEE'S

Fees will not be allowed to be in arrears beyond one month. All accounts must be settled at the conclusion of each term. A late payment fee of \$20 will be charged for each week fees are in arrears beyond one month and for accounts not settled by the end of each term.

SIGNING IN/OUT

All children must be signed in each morning and signed out each afternoon. Not only is this a vital safety feature of our programme, it is to be noted by parents that failure to sign children in and out may see your Child Care Benefit cancelled.

COLLECTION OF CHILDREN

Please do not take your child/children from Kelly Club without notifying staff and without signing them out. Should you wish for someone other than the nominated person/s to collect your child, please complete a changes of details form to advise Out of School Hours Care staff of the changes to collection. A photograph of that person would also be appreciated.

ILLNESS/ACCIDENTS

Should your child/children fall ill or have an accident during the Out of School Hours Care, Kelly Club staff will contact you to discuss the best course of action. Please ensure Emergency Contacts have been provided on the Enrolment Form should staff fail to reach either parent or guardian. In an **emergency situation** where your child/ren needs medical attention, staff will ensure that every effort possible is made to get hold of the caregivers/emergency contacts. If contact is unsuccessful, the Programme Supervisor will administer any medical treatment deemed necessary by a professional.

MEDICATION

Kelly Club staff will only administer prescribed medication if a parent has completed a Kelly Club "Authority to Administer Medication" form. An Action Plan must be completed by parents and medical practitioner for children with severe allergies. If your child/ren has medication it must be handed to a staff member to be locked away. Do not leave in your child's bag.

EXCLUSION

As a protection for all children and staff, children with infectious diseases will be excluded from the Arena Out of School Hours Care programme until such time as a medical certificate clearance is provided. Please be sure to check your children's hair before they attend care. Parents of children found to have head lice will receive notification from the Manager and all parents will be advised through an information flier.

IMMUNISATION

Please ensure immunisation details are recorded on the Enrolment Form. Your child's immunisation records are to be viewed by staff upon enrolment.

ABSENCES

Parent's pay for a place, therefore payment is required whether your child attends or not. An absence will be recorded on the Attendance Sheet and parents are requested to initial that day. Families are entitled to 42 absences each financial year if you are receiving childcare rebates. One week notice in writing is required for fees to be cancelled. Parents/caregivers **must inform us** via email, phone, text message or in person if their child/ren will be absent for any reason from the programme.

EXPECTATIONS OF BEHAVIOUR

All children have the right to feel safe and have fun at Kelly Club. Kelly Club Management reserves the right to request parents remove their children from the Out of School Hours Care should their child be found to be disruptive or abusive towards other children in the programme. (Please read Parent Handbook for further information)

RULES AND BOUNDARIES

Kelly Club Leaders will instruct children daily at the commencement of each day's activities on the rules and boundaries of Kelly Club's Out of School Hours Care. Children must abide by these rules and boundaries each day to ensure their safety and health whilst in the centre and on excursions.

Every care will be taken to ensure the safety of your child/ren and their property. However, organisers of Kelly Club **accept no liability** for any injury sustained to your child/ren or any loss or damage to his/her property whilst on the programme.

AGE

Kelly Club of School Hours Care Programme is open to boys and girls aged between 5 and 12 years. Children must have turned 4 and be enrolled in primary school.

CHILDREN WITH SPECIAL NEEDS

Children with special needs will be integrated into the whole group with additional support from an Inclusion Support worker. Funding must be secured before one-on-one care can be implemented. A minimum of 3 months will be required for approval of funding to be granted. This funding is only available if the service has the resources and staff to provide additional support.

Please note: to ensure ALL children in Kelly Club Out of School Hours Care receive the best possible care and attention from Kelly Club Leaders, only 4 children with Special Needs can be enrolled on any given day of the programme. Please contact the Manager to clarify our policy.

VENUE/TIMES

Venue: Portarlinton Primary School, Newcombe St, Portarlinton, VIC
Kelly Club will be open at 7.15am and you must collect your child by 6.00pm.

LATE FEE

Any pick-ups after 6pm will incur a \$1.00 per minute Late Fee.

LABELLING BELONGINGS

Please label your child's/children's belongings with their name and phone number. It will be much easier to return. Unclaimed clothing will be stored at Kelly Club for two weeks, and then donated to the Brotherhood.

PERSONAL ITEMS

Do not allow children to bring personal items of value or money to Kelly Club, as we will not be responsible for the security of those items.

RATIOS

The service is licensed for 30 children for before school care and 45 children for after school care and reaches high capacity on a regular basis. Vacation Care is 30 places. The following ratios are followed

1 - 15 while at the service.

