



OSHC REGISTRATION

Berwick Primary is proud to offer Out of School Hours Care to families. This service includes before and after school care, curriculum day care and vacation care.

Vacation Care is also available to children enrolled at other schools. A **once off administration fee of \$20 per family is required when registering for Before and / or After School Care.**

Fees & Hours of Operation

Before School Care	
6:45 - 8:45am (L)	\$11.00 breakfast provided
8:00 - 8:45am (S)	\$7.00

After School Care	
3:15 - 6:30pm	\$13.00 afternoon tea provided
3.15 - 4.00pm	\$7.00

Curriculum Day Care - Morning Tea Provided	
Up to 7 hours	\$15.00 per child
Over 7 hours	\$30.00 per child

Vacation Care - Morning & Afternoon Tea	
6.45 - 6.30pm	\$30.00 per child
6.45 - 12.30 or 12.30 - 6.30	\$15.00 per child

Personal Details

Names of Child/ren	Birth Date	Gender

Attendance Details

Please indicate below with a ✓ which days your child/ren will require care

Before School Care (BSC)

Mon
 Tue
 Wed
 Thur
 Fri

After School Care (ASC)

Mon
 Tue
 Wed
 Thur
 Fri

PARENT 1	
First Name:	Surname:
Address:	
	Postcode:
Occupation:	Date of Birth:
Phone: (H) (W) (M)	
Email:	
Does the child reside with this parent?	Yes / No (Please circle)

PARENT 2	
First Name:	Surname:
Address:	
	Postcode:
Occupation:	Date of Birth:
Phone: (H) (W) (M)	
Email:	
Does the child reside with this parent?	Yes / No (Please circle)

OTHER RESIDENCY ARRANGEMENTS (please provide details)	
Name:	
Address:	
Telephone:	(H) (W) (M)

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD (Maximum 30 minutes from the service)

Name:	Contact Phone Numbers		
	H:	W:	M:
	H:	W:	M:
	H:	W:	M:

CUSTODY DETAILS

Are there special access / custody arrangements?	Yes / No (please circle)
If Yes, please provide details:	

If a Court Order exists, please provide the original to the Co-ordinator so that it may be copied and attached to the enrolment form.

CULTURAL INFORMATION

Principal Language Spoken at Home:	
Relevant cultural details eg. foods, activities, etc	

MEDICAL INFORMATION

Disability	Y or N	Immunisation Status:	C = Complete P = Partial N = Not Immunised		
If your answer to above is complete then you do not have to fill in the individual immunisations below.					
Hearing Impairment	Y or N	Y = Immunised		N = Not Immunised U = Unknown	
Speech Impairment	Y or N	Diphtheria		Pertussis [Whooping Cough]	
Vision Impairment	Y or N	Haemophilus Influenzae B		Poliomyelitis	
Mobility Impairment	Y or N	MMR		Tetanus	

ASTHMA

Symptoms	Cough	Y or N	Difficulty Breathing	Y or N	On display of Symptoms:	
	Wheeze	Y or N	Symptoms After Exertion	Y or N	Inform Doctor?	Y or N
	Tight Chest	Y or N			Inform Emerg Contact	Y or N
ASTHMA MANAGEMENT PLAN					Administer Medication	Y or N
					Other Medical Action	Y or N
Medication					Dosage	
Frequency					Administer by	
Location Stored					Dosage time	
Reminder Required	Y or N (please circle)				Poison Rating	
Are there any known triggers (please provide details)						

DOCTORS INFORMATION

Doctor's Name				Medicare No:	
Building Details					
Street Name & Number					
Suburb				Postcode	
Telephone Number					
Do you have private medical insurance? (If yes, please provide details)					
Do you subscribe to an Ambulance Service? (If yes, provide subscription number & category)					

ADDITIONAL INFORMATION

Is there any other information that would assist us in the care of your child/ren? (please provide details)	

CHILDCARE BENEFIT DETAILS

Have you applied for Child Care Benefit? (If yes, please provide relevant information below)	Yes / No (Please circle)
Parent / Guardian CRN: CRN = Customer Reference Number for Child Care Benefit	
Child CRN:	
If No, do you intend to apply for Childcare Benefit in the future?	Yes / No (Please circle)

Care Agreement

I / We agree (print full name/s) being a person/s with lawful authority of the child/ren referred to in this enrolment form,

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the OSHC service in the event of any change to this information.
- Agree to abide by the rules and conditions of the Outside School Hours program.
- Agree to collect or make arrangement for the collection of the child/ren referred to in this enrolment form if he/she becomes unwell at the service.
- Consent to the staff of the OSHC service seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as is reasonably necessary and agree to reimburse any necessary expenses incurred by the OSHC service.
- Accept full responsibility for my child's belongings whilst attending this program.
- Understand that if the child referred to in this enrolment form continuously misbehaves, and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.
- Agree to pay all expenses incurred with regard to school age care within a 14-day period. I am aware that failure to do so will result in the availability of the service being withdrawn.
- Undertake to inform the staff, prior to 12 noon on the said day of care, of any absence of my child from service. I am aware that I will be responsible for payment of fees for the missed session.
- Understand a penalty fee of \$1.00 per minute with a minimum of \$5.00 will be charged for those who collect their children after 6.30pm.

Priority of Access

I understand that where the demand for places exceeds supply, the OSHC service will allocate places to those families with the greatest need for child care support. In these circumstances, places will be allocated according the Australian Government Priority Access Guidelines (copy available from service Co-ordinator).

Policy and Philosophy Statement:

I agree to abide by all policy and philosophy guidelines of the service. Yes / No (please circle)

Photographic Consent:

I give permission for the child/ren referred to in this enrolment form to be photographed by staff members; I understand that these photos are for the service use only and may be used for promotional material for the service Yes / No (please circle)

I give permission for the child/ren referred to in this enrolment form to be photographed and/or video taped in the event of media reportage. Yes / No (please circle)

Consent to View G Rated Movies:

I give permission for the child/ren referred to in this enrolment form to view 'G' rated movies whilst attending the OSHC Service Yes / No (please circle)

Privacy Notification

The Berwick Primary School OSHC program uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information by contacting the co-ordinator.

Parent 1 Signature:		Date:	/ /
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Parent 2 Signature:		Date:	/ /
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OFFICE USE ONLY

<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
_____	_____	_____	_____	_____