



Outside School Hours Care (OSHC) Program 2017

This service is available to anyone who needs regular, occasional and emergency care for their children. The OSHC Program will commence on Wednesday 1st February 2017. Any student (P-9) that has not been collected by 3:45pm will be sent to OSHC where they will be signed into the attendance book by Mrs Sally Wade (OSHC Coordinator) or an Educator (OSHC staff member). An account will be issued fortnightly for time spent in the program. All children must be signed out of the program by a parent or guardian.

PROGRAM

An activity program is supervised by qualified and experience staff, between 7:30am to 8:25am and 3:15pm to 6:30pm each school day. An earlier time of 7.15am may be booked each morning. The children experience a range of creative activities such as crafts, music, games and videos when time permits.

Homework and/or readers are supervised each day from Monday to Thursday.

Afternoon tea is provided each day.

OSHC HAND BOOK

Please refer to the OSHC hand book to see all policies in brief format and details relating to OSHC fees, afternoon tea, late collection of students, late pick up, booking requirements and many other topics.



HOLIDAY PROGRAMS

All day care will be offered on the following dates

Monday 17th to Friday 21st July third week of holidays
Monday 11th to Friday 22nd December after school ends for the year
STUDENT FREE DAY CARE Tuesday 18th April Friday 9th June Friday 24th November
PREP CHILDREN CARE
Thursday 2nd & Friday 3rd February 12.00-3.15pm each day
Wednesday 8th, 15th, 22nd February, 1st & 8th March 8.45am – 3.15pm

Please note, by completing this form it will give your child/ren permission to attend anytime, when booked, in for before and after school, holiday programs and student free days.

Throughout the year when you see advertising for care on a particular day an email of confirmation will be accepted as booking a position in the care. This will also incur charging should your child/ren do not attend as expected unless a medical certificate is provided.

By signing below I give permission for my child/ren to participate in any program needed throughout 2017. If I cannot be contacted, I authorise any medical treatment deemed necessary, to be administered.

Parent/Guardian Date



OSHC REGISTRATION FORM

P 8847 8399 | E oshc@standrews.vic.edu.au

FAMILY NAME :				
	GIVEN NAME	DATE OF BIRTH	YEAR LEVEL	CENTRELINK CRN
CHILD NO. 1 GENDER: M <input type="checkbox"/> F <input type="checkbox"/>				
CHILD NO. 2 GENDER: M <input type="checkbox"/> F <input type="checkbox"/>				
CHILD NO. 3 GENDER: M <input type="checkbox"/> F <input type="checkbox"/>				
CHILD NO. 4 GENDER: M <input type="checkbox"/> F <input type="checkbox"/>				
IS THE CHILD/REN OF ABORIGINAL AND/OR TORRES STRAIT ISLANDER ORIGIN? (Please Tick) <input type="checkbox"/> No, not Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander <input type="checkbox"/> Yes, Torres Strait Islander				
LANGUAGE/S SPOKEN IN THE HOME:		CULTURAL BACKGROUND:		
HOME ADDRESS:				
HOME PHONE NO:				
MOTHER NAME:			FATHER NAME:	
CULTURAL BACKGROUND:			CULTURAL BACKGROUND:	
MOBILE NUMBER:			MOBILE NUMBER:	
PARENT ASSESSED FOR CHILD CARE BENEFIT: Each reference for family will be different.	MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/>		DATE OF BIRTH:	
	CENTRELINK CRN/CAN:			
EMAIL ADDRESS FOR INFORMATION AND STATEMENTS:				



COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers, duties, responsibilities or authorities of any persons 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 ATTACH A COPY TO THIS REGISTRATION 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. In the case of an outside school hours care service, the taking of the child outside the family outside school hours care venue by a family day carer.
- Consent to the medical treatment of the child;
- Request or permit the administration of medication to the child;
- Collect the child from the service AND/OR

b. 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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DECLARATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I,(PRINT FULL NAME)

A person with lawful authority of the child referred to in this registration form:

- Declare that the information in this registration form is true and correct and undertake to immediately inform the St Andrews OSHC in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this registration form if she/he becomes unwell at OSHC.
- Consent to the OSHC Coordinator to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature Date



DAYS OF WEEK YOUR CHILD/REN WILL BE ATTENDING

Please tick which day/s you will be using the Outside School Hours Care service and whether you expect it to be permanently or occasionally. These instructions can be changed at any time.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>
	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>
PM	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Weekly <input type="checkbox"/>
	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual <input type="checkbox"/>

To use the service the best procedure is to write in your child/ren's diary when you require it, so their teacher can remind them to attend at end of day. Prep to Year 1 children needing to attend OSHC will be collected by an OSHC staff member at the end of day and will be escorted to the building.

Changes to your child's OSHC attendance days may be notified by sending an email, to OSHC@standrews.vic.edu.au or place a note in the diary/book beside the attendance folder in OSHC. If a child does not attend but has been booked in an absent fee will be charged. A child who attends without booking and stays longer than 30 minutes will incur an extra fee of \$3.00.



OTHER PERSONS TO BE NOTIFIED / AUTHORITY TO COLLECT YOUR CHILD

There may be times when a child is involved in an accident or suffers an injury and the parent/s or guardian/s cannot be contacted. To deal with these situations will notify one of the following people who are authorized to collect and care for the child.

Please tick the following boxes as to which you are authorizing the nominated person/s to be contacted for, if you are not contactable: COLLECTION EMERGENCY MEDICAL EXCURSION

RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
NAME:	NAME:
ADDRESS:	ADDRESS:
TELEPHONE/S (H) _____ (W) _____	TELEPHONE/S (H) _____ (W) _____
(MOBILE) _____	(MOBILE) _____

OTHER INFORMATION

Is there is anything else we should know about your child/ren?
(e.g cultural, religious, dietary requirements, excessive fears, favourite activities or additional needs)

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CHILD'S MEDICAL INFORMATION

Does your child have any special needs? NO YES

Please name which child/ren has the following medical need.

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If yes, please provide details and any management procedures to be followed.

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Does your child have any allergies or sensitivity? NO YES

If yes, please provide details and any management procedure to be followed with respect to the allergy:

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ANAPHYLAXIS

Has your child been diagnosed at risk of anaphylaxis? NO YES

Does your child have an auto injection device? (e.g. EpiPen) NO YES

Has the anaphylaxis medical management plan been provided to OSHC? NO YES

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

Does your child have any other medical conditions? NO YES

(e.g. asthma, epilepsy, diabetes etc. that are relevant to the care of your child)

If Yes please provide details and any management procedure to be followed.

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Does the child have any dietary restrictions? NO YES

If yes, the following restrictions apply:

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Does the College have a record of your child/ren immunisation status, which an OSHC staff member may sight? NO YES



AUTHORITY FOR CHILD TO SELF-ADMINISTER PRESCRIBED MEDICATION

I, authorise my child/ren to self-administer medication

1. Child's full name:

2. Child's full name:

3. Child's full name:

4. Child's full name:

Signature Date

Name Doctor/Medical Service:

Telephone:

Address Doctor/Medical Service:

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PUBLISHING STUDENT PHOTOGRAPHS AND/OR WORK PERMISSION/OBJECTION FORM

Please place a tick in the square if you have **NO OBJECTION** and **GIVE YOUR PERMISSION** for your child/ren named above photographs / work, first name only being published.

1. Child's full name:
2. Child's full name:
3. Child's full name:
4. Child's full name:

I/We give permission for my child/ren to:

- Appear, first name only, in photographs in Newsletters for St Andrews Christian College or for OSHC news page for promotional purposes.
- Appear, first name only, in photographs/ or work on art displayed on the walls of OSHC room which may be viewed by visitors to the College.
- Appear, first name only, in photographs/or work, in take home books about our OSHC service.

Signature Date



OSHC FOR PREPS FEBRUARY 2017

We are happy to be able to offer extra care for Prep children during the February start to school. Please fill out an OSHC enrolment form along with this confirmation of days that will be required.

	PLEASE TICK IF YOUR CHILD NEEDS TO ATTEND	PLEASE TICK IF YOUR CHILD ALSO NEEDS ALL DAY CARE FOR WEDNESDAY	PLEASE TICK IF YOUR CHILD ALSO NEEDS TO THEN STAY ON FOR AFTER SCHOOL
TIME FRAME	12.00PM - 3.15PM	8.30AM - 3.15PM	3.15PM - 6.30PM
COSTS	\$22.50	\$50.00	NORMAL OSHC CHARGES
DATE			
Thu 2nd Feb			
Fri 3rd Feb			
Wed 8th Feb			
Wed 15th Feb			
Wed 22nd Feb			
Wed 1st Mar			
Wed 8th Mar			