

Pulteney Grammar School OSHC

2020 Enrolment Form



We understand you may have filled this information out in the past, but it is a requirement this form be completed annually as circumstances often change. This form must be fully completed and returned before care can commence in 2020.

Name of Caregivers:

.....

Home Address and Postcode:

.....

Email Address:

Have you used the ELC/ OSHC service in previous years? Yes No

Please specify whether you would prefer statements via Post Email

Family Details and CCS (Please select)

I am ineligible / do not wish to claim CCS (Relevant Written Arrangement - RWA)

I am eligible and wish to claim CCS - (Complying Written Arrangement - CWA)

In order to claim the Child Care Subsidy (CCS), a Centrelink Customer Reference Number (CRN) and a date of birth for **both the primary contact and all children is required.**

Pulteney OSHC select 'flexible sessions' (routine and casual) for CCS enrolments. This is to allow regular attended days to be altered within the written agreement requirements.

Parent / Caregiver Name	Telephone (Home)	Telephone (Work)	Telephone (Mobile)	Parent / Caregiver Date of Birth	Parent / Caregiver CRN

Child Name	Gender	Class	Child CRN	Child Date of Birth	Service Required (Circle if needed)
					BSC / ASC / VAC
					BSC / ASC / VAC
					BSC / ASC / VAC
					BSC / ASC / VAC

If your child is currently receiving CCS at another Centre, please indicate this to the Director.

For more information about the Child Care Subsidy, please contact the Department of Human Services on PH 136 150.

Other persons whom may collect your child/children:

Name: **Telephone:**

Name: **Telephone:**

Emergency Contacts

Name:

Telephone: Home: **Work:**

Mobile:.....

Medical Information

please note, as of January 2020, if your child has a medical condition you will need to obtain a **current Medical Action Plan from your Medical Practitioner to give to OSHC Educators and complete an OSHC Risk Minimisation Plan. Your child **cannot** attend the service until these have been given to the OSHC Director.*

Please indicate if your child/ren has/ have any **medical conditions:**

.....

Medical Action Plan and Risk Minimisation Plan attached? Please circle if applicable:

YES or NO

Medical Attention in Case of Emergency

In the case of an accident or emergency, every effort will be made to contact parents / guardians. In the event of my child obtaining injuries requiring urgent medical attention, I authorise OSHC Educators to seek further medical attention and agree to paying all costs incurred on behalf of my child.

Parent's / Guardian's Signature :

Social Media Policy (Please Circle Your Preferred Answer)

I do / do not consent to my child's image being used on the Pulteney Website / Facebook page.

Homework Policy (Please Circle Your Preferred Answer)

At Pulteney OSHC our aim is to encourage learning in a leisure-based environment. From Year 3 onwards we provide a set homework time; however, if you would prefer your child to engage in other learning activities during this time please indicate this in your answer below.

I would / would not prefer my child (Year 3 onwards) to complete homework at OSHC in this set time.

I / We

1. Agree to adhere to the OSHC policies and procedures; including arrival & pickup procedures, correct booking policies, and behaviour management expectations.
2. Am / Are aware the policies are reviewed fortnightly and available for parents to view and comment within the Centre.
3. Have read and understood the requirements as per the current Parent Information Handbook, which is available on the Pulteney Website or can be perused at the OSHC.
4. Am / Are aware of the fee amounts charged (found in the Parent Information Handbook and Pulteney website) and that these costs may change or be updated from time to time.
5. Understand payments are to be made within 14 days of the invoice date. The service may exclude attendance if payment is not made within this timeframe.

Please note:

A registration fee of **\$25.00** per family will be charged to your fee account at the commencement of each year.

Parent's / Guardian's Signature: **Date:**

Opening hours:

During School Terms

BSC: 7:30 – 8:20am

ASC: 3:20 – 6:00pm

During School Holidays

VAC: 8:00am – 6:00pm

Office Use Only: (1) CRN / DOB (2) CCS Enrolment (3) Booking (4) Class (5) OSHC Medical Action Plan Received (if necessary) (6) OSHC Risk Minimisation Plan completed (if necessary)

Signed: _____

Date: _____