

Glenrowan Primary School
AFTER SCHOOL CARE / VACATIONAL CARE

After School Care:

The Glenrowan Primary School operates an After School Program each weeknight throughout the school year. Care is provided in the Warby Wing classroom from **3.30pm until 6.00pm** each school day. The cost for each night is \$15.00. *(This is reduced by your individual entitlement to Child Care Subsidy CCS – see below). (End of year and End of Term additional charges also apply)*

Vacation Care:

We also operate a Vacation Care Program for a portion of each of the four term school holidays according to demand. Care is provided from **8.30am to 6.00pm**. The cost for one day of care is \$57.00 per child. *(This is reduced by your individual entitlement to Child Care Subsidy – see below)*. Families are to supply their own lunch and snacks. The program may also include special excursions such as swimming and movies subject to COVID-19 restrictions, which are an additional charge to the daily cost. These days are advertised to families several weeks prior to the care and are invoiced to families at the end of the program.

Child Care Subsidy

Families may be eligible to claim some level of Child Care Subsidy (CCS). This benefit is in the form of a fee reduction depending on the number of dependants and combined income of your family.

If you are a new family using childcare, you need to contact the Family Assistance Office on **136150** to register for CCS or activate Child Care Subsidy in your MyGov account.

Staff

Nominated Supervisor: Tabetha Graham

Assistants: Tina Twamley, Shari Pritchard, Anne Hanrahan

Program and Snacks:

The program includes a range of educational experiences including cooking, indoor/outdoor games, crafts, Lego, board games and many activities chosen by the children themselves. We provide healthy snacks each night including fresh fruit, sandwiches, biscuits and spreads. The weekly program and menus are included in the school newsletter.

Further Enquiries: Please call the school office on 5766 2221.

Bookings:

- New families need to complete an **enrolment form** available from the school office or the Educators on duty.
- Complete forms can be returned to the school office or emailed directly to the school.
- Information will be entered into the Child Care Software Program – Xplor
- Parents are then sent an email from Xplor asking them to digitally sign the CWA (Complying Written Agreement) – an agreement between themselves and the school to care for their child. This information is then sent to the parents MyGov account to be approved and determines the Child Care Subsidy for the family (income tested). Once finalized, the childcare subsidy will be applied to each booking.
- Invoices for care are emailed monthly and will be sent to the registered parent account.
- Details for electronic bank transfer are outline on the invoice.
- Bookings can be made by phoning the school on 5766 2221 or emailing the school on glenrowan.ps@education.vic.gov.au
- Bookings that are not cancelled are charged at the normal rate.

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Confidential Enrolment / Medical / Authority Form 2022

A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31-35. Questions mark with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

Information Required to claim Child Care Subsidy

This information is essential and is used to match your details with the Family Assistance Office. We will then be able to calculate your CCS fee reduction, otherwise full fee will apply.

Childs Surname: Child's Given Name:
 Child's Date of Birth:/...../.....
 Child's Client Reference Number: (As per your Family Assistance Office correspondence)
 Name of Primary Carer:
 Date of Birth:/...../.....
 Carer Client Reference Number: (As per your Family Assistance Office correspondence)
 Date of Enrolment:/...../.....

Information about the child

*Sex (Circle) Male / Female
 * Usually called:
 Home Address:
 Languages (s) spoken in the home:
 *Is the child Aboriginal and/or Torres Strait Islander origin? (please tick)
 No, not Aboriginal or Torres Strait Islander Yes, Aboriginal
 Yes Aboriginal and Torres Strait Islander Yes, Torres Strait Islander
 Does the child have a developmental delay or disability, including intellectual, sensory or physical impairment? Yes No
 Does your child have any cultural sensitive issues that we need to be aware of: Yes No
 If yes, please give brief outline and discuss with staff: _____

Information about the child's parent or guardian

Mother or guardian – please circle	Father or guardian – please circle
Name:	Name
Address – as per child or:	Address - as per child or:
Telephone/s (Home) (Work) (Mobile)	Telephone/s (Home) (Work) (Mobile)
Does the child live with the mother or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child live with the father or guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can Collect Child Yes No
Email address: Email accounts: Yes/No	Email Address:

Details of authorised nominee:

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service

Your consent is required for other people to collect the child from the children's service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

<u>NAME OF CHILD</u>	<u>COLLECTION</u> Authorised to collect the child from the children's service	<u>EXCURSIONS</u> Authorized to consent to routine outings and excursions	<u>MEDICAL</u> Authorised to consent to medical treatment	<u>MEDICATION</u> Authorised to consent to administration of medication
	YES / No	YES / No	YES / No	YES / No
Name:				
Address:				
Telephone/s (Home) (Work) (Mobile)				
Relationship to child				
Name:				
Address				
Telephone/s (Home) (Work) (Mobile)				
Relationship to child				
Name:				
Address				
Telephone/s (Home) (Work) (Mobile)				
Relationship to child				
Name:				
Address				
Telephone/s (Home) (Work) (Mobile)				
Relationship to child				

Parenting orders relating to the child

Are there any **parenting orders** relating to the powers, duties of responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section. Yes **please complete the following:**

Details of parenting order:

Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form and notify the service when there is any change to the order.

Court orders relating to the child

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No go to the next section. Yes **please complete the following:**

Details of court order:

Bring the **original** court order/s for staff to see and a copy to attach to this enrolment form and notify the service when there is any change to the order

Child's Health Information

Name Doctor/Medical Service:.....Telephone:

Address Doctor/Medical Service:

Medicare No: _____ Ambulance Member: Yes / No Number _____

*Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Name and position of person at the children's service who has sighted the child's health record.

Name:..... Position:

Name Doctor/Medical Service:.....Telephone:

Address Doctor/Medical Service:

Medicare No: _____ Ambulance Member: Yes / No Number _____

*Maternal & Child Health (MCH) Centre:

Does your child have a child health record? No Yes (please tick)

If yes, please provide to the service for sighting.

Child health record means a record that documents a child's health and development assessments and immunisations.

Name and position of person at the children's service who has sighted the child's health record.

Name:..... Position:

Child’s Medical Information

Does your child have any special needs? No Yes (please tick)
If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.
.....
.....
.....

Does your child have any allergies or sensitivity? No Yes (please tick)
If yes please provide details of any allergies and any management procedure to be followed with respect to the allergy.
.....
.....

Anaphylaxis

- Has your child been diagnosed at risk of anaphylaxis? No Yes
- Does your child have an auto injection device (eg EpiPen®)? No Yes
- Has the anaphylaxis medical management plan been provided to the service? No Yes
- Has a risk management plan been completed by the service in consultation with you? No Yes

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form. More information is available at www.education.vic.gov.au/anaphylaxis

Does your child have any other medical conditions? (eg asthma, epilepsy, diabetes etc that are relevant to the care of your child) No Yes (please tick)
If yes please provide details of any medical condition and any management procedure to be followed with respect to the medical condition.
.....
.....

Does the child have any dietary restrictions? No Yes (please tick)
If yes, the following restrictions apply:
.....
.....
.....

Child's Immunisation Record

Has the child been immunized? No Yes (please tick)

*If yes, provide the details:

- attaching a copy of the Immunisation Record from the Child Health Record book OR
- attaching a copy of the Immunisation Record printout from local government OR
- attaching the Child History Statement from the Australian Childhood Immunisation Register OR
- completing the table below using the child's Immunisation Record to provide the dates of immunisations received.

Immunisation (valid from March 2009)	Birth	2months	4months	6months	12 months	18 Months	4 years
Hepatitis B							
Diphtheria, tetanus and acellular pertussis (DTPa)							
Haemophilus influenza (Type b)							
Inactivated poliomyelitis (IPV)							
Pneumococcal conjugate (7vPCV)							
Rotavirus							
Measles, mumps and rubella (MMR)							
Meningococcal C							
Varicella (VZC)							
Additional immunisations for Aboriginal and Torres Strait Islander children (if required)							
					12-24 months		18-24 months
Hepatitis A							
Pneumococcal polysaccharide (23vPPV)							

*Other information

If there is anything else that the children's service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

.....

Does your child have any cultural sensitive issues that we need to be aware of: **Yes / No**

If yes, please give brief outline and discuss with staff:

Additional Authority

Is your child allowed to apply sunscreen during the program (Provided by the program) **YES** **NO**

Is your child allowed to get wet during water activities (Hot Days Only) **YES** **NO**

Is your child allowed to be photographed for any promotional material such display on the notice board, handbooks, and brochures or in the local newspaper? **YES** **NO**

Confidentiality of Enrolment Records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children's Services Regulations 2009 (regulation 35(1) (d-e))

Declaration and Consent to Emergency Medical Care

I, (*Print full name*).....

a person with lawful authority of the child referred to in this enrolment form,

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service 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 enrolment form if s/he becomes unwell at the service;
- consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Signature: ----- *Date*-----

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "lawful authority". It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the *Children's Services Act 1996* also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

CHILD PROFILE

To enable us to know a little more about your child, we would like you to complete the following survey.

This information will be kept in you child's file and will be treated as private and confidential.

CHILDS NAME: _____

DATE OF BIRTH: / / **SEX :** Male / Female

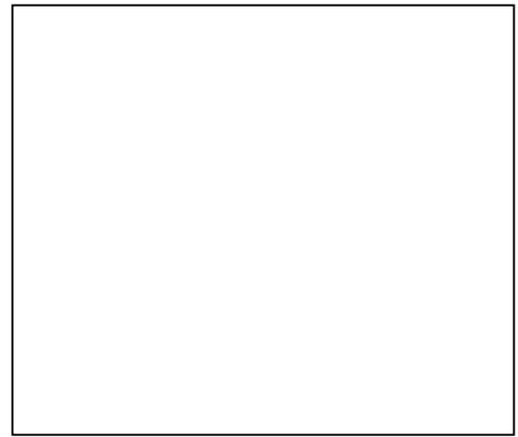


Photo of child (to be taken by staff)

What special snacks does your child enjoy?

1. _____ 2. _____

3. _____ 4. _____

What drinks does your child enjoy?

1. _____ 2. _____

3. _____ 4. _____

What games does your child like to play?

1. _____ 2. _____

3. _____ 4. _____

What games does you child like to play with other children?

1. _____ 2. _____

3. _____ 4. _____

What games does you child play alone?

1. _____ 2. _____

3. _____ 4. _____

What activities, besides games does your child enjoy?

1. _____ 2. _____

3. _____ 4. _____

What gifts would your child like to have for birthday, Christmas etc?

1. _____ 2. _____

3. _____ 4. _____

What does your child like to do with his/her favorite person?

1. _____ 2. _____

3. _____ 4. _____