



**FAMILY
REGISTRATION
FORM - 2018**

**Osborne Primary School
OSHC Program.**

120 Craigie Road, Mt Martha. 3934
Mobile: 0419 527 938

Service Provider Number: 407 259 033J

ANNUAL REGISTRATION FEE \$50
(Non-refundable, payable on submission)

REGISTRATION DETAILS - Mandatory information is marked with an *Registration Date

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 registration information as required in regulations 31 to 35. Questions marked without an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your children.

Please USE BLOCK LETTERS TO COMPLETE and RETURN this registration form along with any necessary DOCUMENTATION for sighting or photocopying (asthma plans, custody orders and/or proof of immunisation) and PAYMENT of annual registration fee (cash, eftpos or chq payable to Osborne Primary School) to OSHC (between 9:00-9:30am or 2:15-2:45pm) or the SCHOOL OFFICE.

CLAIMING PARENT – CHILD CARE BENEFIT

NAME: _____ D.O.B*/...../.....

CRN *

Do you have children attending any other childcare on a regular basis? * Yes No If Yes, how many? _____

Receive only email (for invoices/surveys etc.): _____

MOTHER	FATHER
NAME*: _____	NAME*: _____
Occupation: _____	Occupation: _____
HOME ADDRESS *(If different to child): _____	HOME ADDRESS *(If different to child): _____
Suburb: _____ P/C: _____	Suburb: _____ P/C: _____
Work Address: _____	Work Address: _____
TELEPHONE/S*: Home: _____ Work: _____ Mobile: _____	TELEPHONE/S*: Home: _____ Work: _____ Mobile: _____
Does the child live with the mother?* Y N	Does the child live with the father?* Y N

GUARDIAN (If applicable)	
NAME*: _____	NAME*: _____
Occupation: _____	Occupation: _____
ADDRESS* (If different to child): _____	ADDRESS* (If different to child): _____
Suburb: _____ P/C: _____	Suburb: _____ P/C: _____
Work Address: _____	Work Address: _____
TELEPHONE/S*: Home: _____ Work: _____ Mobile: _____	TELEPHONE/S*: Home: _____ Work: _____ Mobile: _____
Does the child live with the guardian?* Y N	Does the child live with the guardian?* Y N

Medicare card number:

□ □ □ □ □ □ □ □ □ □ □

Do you have Ambulance cover?

Y N

Are you in a private health fund?

Y N

Indicate which sessions you would like to book on a REGULAR basis with a tick ✓ OR select CASUAL

*Start Date...../...../..... (NO guarantee of vacancy with casual client)

Table with columns for CHILD'S NAME, MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, and CASUAL ONLY. Rows include session times: FULL AM 6:30-8:45, 1/2 AM 8:00-8:45, AFTER 3:15-6:15.

Please note that "other persons to be notified & authorised to collect" will be referred to as "AUTHORISED NOMINEE FOR CONSENT & COLLECT". These persons may be notified in the case of an emergency (if we are unable to contact you or your partner). They may therefore consent to medical treatment or authorise the administration of medication to the child. Furthermore they may be asked to consent a nominated supervisor or educator to seek medical treatment from a registered practitioner, or transportation of the child by ambulance. Lastly they may also be contacted to authorise an educator to take your child outside the education and care service premises.

"Additional authorised to collect" persons on this form, to be referred to in the future as "AUTHORISED NOMINEE COLLECT ONLY"

AUTHORISED NOMINEE FOR CONSENT & COLLECT

Form for Authorised Nominee for Consent & Collect. Fields include: NAME*, Relationship to child, HOME ADDRESS *(If different to child), Suburb, P/C, TELEPHONE/S* (Home, Work, Mobile).

ADDITIONAL NOMINEE COLLECT ONLY

Form for Additional Nominee Collect Only. Fields include: NAME*, Relationship to child, HOME ADDRESS *(If different to child), Suburb, P/C, TELEPHONE/S* (Home, Work, Mobile).

Form for Additional Nominee Collect Only. Fields include: NAME*, Relationship to child, HOME ADDRESS *(If different to child), Suburb, P/C, TELEPHONE/S* (Home, Work, Mobile).

PARENT SIGNATURE: _____ Date: ____/____/____

Declaration and consent

I, _____ (Print full name) a person with lawful authority of the child/ren referred to in this registration form, declare that the information in this registration 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 children referred to in this registration form if they become unwell at the service; consent to the proprietor to seek medical treatment for the child from a medical practitioner, hospital or ambulance service. I/We agree that neither Osborne Primary School nor its officers and servants will be liable for lost property or any damage or injury caused of any nature that may be incurred by any of my/our/child/ren in attendance at any program or any of the activities in connection with the said program and agree to meet any expenses attached. I / We are willing for my / our child/ren to participate in all activities offered by the program. I / We agree that it is my / our responsibility to familiarise myself / ourselves with the program and to advise staff if I / We do not wish my / our child/ren to participate in a particular activity. I / We realise that it is our responsibility to inform the program if my / our child/ren contracts any illness which could be detrimental to the health of others in the program. I / We understand that by filling in this form I / We are committing myself / ourselves to the payment of all fees associated with the program. I / We consent to the Program using photos of our child/ren as part of displays, Newsletters or promotions. I / We understand that priority will be given to families according to Australian government, Priority Access Guidelines, in the case of all allocated placements being filled. I / We consent to our child/ren participating in organised School Events within the school grounds as required.

Signature _____ Date _____

Optional Information

OSHC encourages cultural inclusion. From time to time we may study and explore other cultures as weekly themes. What is your / or your child's cultural background? _____ Do you speak another

language at home? _____

Do you have any special talents, or information that could assist us with our programming in the future?

Confidentiality of registration records

The proprietor of the children's service must ensure that information in the child's registration 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 Education and Care Services National Law Act 2010, and Education and Care Services National Regulations 2011, (181-184).

Parental responsibility

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. Parent and/or guardianship of a child is referred to in the Education and Care Services National Regulations 2011 – 160 (3). It is not affected by the relationship between the parents, such as; whether or not they have lived together or are married – see the Relationships Act 2008. 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.

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 Education and Care services National Law Act 2010 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.

Registration Checklist ✓

Please check your registration is complete. We are unable to claim CCB or register your child without the following:

- Provided **PARENT CRN & D.O.B**
- Provided **CHILD/REN'S CRN & D.O.B**
- PAYMENT of registration** – eftpos, cash, cheque, bank transfer @ school or OSHC office.
- Bookings advice
- Copy of Immunisation or proof of Conscientious objector.
- Declaration – Signed (in two places).
- Behaviour Management Plan (Parent & Child/ren signature)
- Copy of your child's **kindergarten transition statement**/helpful information.

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.

PRIMARY SCHOOL PRIVACY NOTICE

Information about this registration form.

Please Read This Notice Before Completing This Registration Form.

This confidential registration form asks for personal information about your child as well as family members and others that provide care for your child. The main purpose for collecting this information is so that Osborne Primary School can register your child and allocate staff and resources to provide for their educational and support needs. All staff at Osborne Primary School and the Department of Education & Training are required by law to protect the information provided by this registration form.

Health information is asked for so that staff at Osborne Primary School can properly care for your child. This includes information about any medical condition or disability your child may have, medication your child may rely on while at school, any known allergies and contact details of your child's doctor. Osborne Primary School depends on you to provide all relevant health information because withholding some health information may put your child's health at risk.

Osborne Primary School requires information about all parents, guardians or carers so that we can take account of family arrangements. Family Court Orders setting out any access restrictions and parenting plans should be made available to Osborne Primary School. Please tell us as soon as possible about any changes to these arrangements. Please do not hesitate to contact the Principal of Osborne Primary School, if you would like to discuss, in strict confidence, any matters relating to family arrangements.

Emergency Contacts

These are people that Osborne Primary School may need to contact in an emergency. Please ensure that the people named are aware that they have been nominated as emergency contacts and agree to their details being provided to Osborne Primary School.

Student Background Information

This includes information about a person's country of birth, aboriginality, language spoken at home and parent occupation. This information is collected so that Osborne Primary School receives appropriate resource allocations for their students. It is also used by the Department to plan for future educational needs in Victoria. Some information is sent to Commonwealth government agencies for monitoring, planning and resource allocation. All of this information is kept strictly confidential and the Department will not otherwise disclose the information to others without your consent or as required by law.

Immunisation status

This assists Osborne Primary School in managing health risks for children. This information may also be passed to the Department of Human Services to assess immunisation rates in Victoria. Information sent to the Department of Human Services is aggregate data so no individual is identified.

UPDATING YOUR CHILD'S RECORDS

Please let Osborne Primary School OSHC know if any information needs to be changed by sending updated information to the service.

ACCESS TO YOUR CHILD'S RECORD HELD BY THE SCHOOL

In most circumstances you can access your child's records. Please contact the Principal to arrange this.

Sometimes access to certain information, such as information provided by someone else, may require a Freedom of Information request. We will advise you if this is required and tell you how you can do this.

If you have any concerns about the confidentiality of this information please contact the Principal. The Department can also provide you with more detailed information about privacy policies that govern the collection and use of information requested on this form. Please call or email the Department's Privacy Manager: Ph: 8688 7967 or www.education.vic.gov.au if you would like this information.