



# OUTSIDE SCHOOL HOURS PROGRAM REGISTRATION FORM

Parent/Guardian must complete form. Please complete **ALL INFORMATION** on this application in **BLOCK LETTERS** and return to Program Coordinator or School Reception ASAP to ensure your children access to the program

Alphington Grammar
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Child(s) last name
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1. CHILD DETAILS				
Last Name	First Name	Gender M/F	Date of Birth	Year Level & Class

2. PARENT/GUARDIAN DETAILS		
Last Name (guardian)	First Name	Relationship to child
Street Address	Suburb	Postcode
Mobile Telephone	Home Telephone	Work Telephone

  

Last Name (guardian)	First Name	Relationship to child
Street Address	Suburb	Postcode
Mobile Telephone	Home Telephone	Work Telephone

NAME OF PERSON TO RECEIVE THE ACCOUNT:

3. ADDITIONAL ADULT CONTACT DETAILS / PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN		
Last Name	First Name	Relationship to child
Mobile Telephone	Home Telephone	Work Telephone
Last Name	First Name	Relationship to child
Mobile Telephone	Home Telephone	Work Telephone

4. BACKGROUND INFORMATION	
Are there any court orders that affect any of the children listed on this enrolment application? (Custody documents <u>must</u> be provided as an attachment to be enforced) – Please circle on of the following	YES   NO
Reason for using program: Parent/Guardian is working/studying <input type="checkbox"/> Respite <input type="checkbox"/> Recreation <input type="checkbox"/>	

**5. BOOKING INFORMATION: FOR MORE INFORMATION, REFER TO THE PARENT HANDBOOK**

**PERMANENT BOOKINGS:** Should be made for children who will constantly use the program on specific days to secure a place in the program.

**CASUAL BOOKINGS:** Children who do not come consistently on the same days, week by week, may use the casual booking option. Casual bookings can be made UP UNTIL the close of program the night before care is required ( Friday for Monday bookings ). Prebooking is strongly recommended as places are limited. These places can fill quickly and therefore cannot be guaranteed. To make a Casual booking you must contact the Coordinator at least one night before care is required to ensure there is a place available.

**PLEASE NOTE:**

Cancellation of any bookings must be made by the close of program the night before attendance. Otherwise the full fee will be charged.

If you want to make a **PERMANENT** booking, please write children's names in the relevant boxes below

Session	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care					

**6. CHILDCARE BENEFIT**

Child Care Benefit (CCB) is a form of discount that you can receive on your fees for Out of School Hours Care. To receive CCB you are required to register for CCB by contacting the Family Assistance Office on ph 13 61 50.

You will be required to link the following service codes to all children accessing the service for the CCB discount to apply;

PLEASE CHOOSE HOW YOU WOULD LIKE TO CLAIM YOUR CCB BENEFIT BY **PLACING A TICK IN ONE OF THE BELOW**

**1. I would like to claim Child Care Benefit (CCB) as reduced fees**

- the rebate will be deducted from your invoices as you go and you only pay the price less rebate amount
- if you choose this option, you must contact the FAO on 13 61 50 and link your children to the service codes listed below to receive the discount. To do this you will need to quote the programs CRN.

Service code ASC: 407105225B

- The FAO will then send you and us the information we require to apply your rebate correctly.

**If you already have a CRN you will still need to call the FAO to link your children to the service code above**

All Children must be attending primary school and be listed with the FAO as School Age.

Please note that all families are eligible for CCB regardless of income.

**2. I would like to claim Child Care Benefit as a lump sum at the end of the financial year.**

- you will be charged full price and make a lump sum claim at end of year at the FAO
- Camp Australia will apply for a reference number on your behalf

**3. I do not want to claim Child Care Benefit**

- You will be charged full price and not be allowed to make a claim for rebates

**7. CONFIDENTIAL MEDICAL REPORT**

*Please note: If your child suffers from asthma, allergies, another medical condition or needs to have medication administered, you **MUST** send a **copy of a medical management plan or additional information** with your enrolment form.*

First Name	Allergies	Asthma	Medical Condition	Medication

Please describe any additional or specific needs that we should be aware of:

Medicare Number	Preferred Doctor	Telephone
(Doctor's) Street Address	Suburb	Postcode

**8. METHOD OF PAYMENT: FOR MORE INFORMATION REFER TO THE PARENT HANDBOOK**



The school and Camp Australia are collecting this information for the purpose of registering your child for the Outside School Hours Care program. The information will be used for administration purposes and to contact you in the event of an emergency, or purposes directly related to OSHC. It will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed. You may access this information by contacting the Out of School Hours Care Coordinator..

To comply with privacy act 1988, all account details will be kept secure in a locked filing cabinet

#### 10. PARENT/GUARDIAN DECLARATION (signature required)

1. I, the undersigned, approve of my child's involvement in Camp Australia's Outside School Hours Program (OSHC) program and have read all conditions on this form
2. I give permission for my child/ren to participate centre-based activities organised for the days my child will be attending, including watching PG Rated videos / movies.
3. I authorise staff, in the event of accident or illness, to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment
4. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease
5. Camp Australia does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the OSHC program due to any cause whatsoever unless caused by the proven negligence of Camp Australia, its directors or employees.
6. I authorise staff to apply sunscreen to my child if I do not provide such
7. I fully understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the program
8. I agree to pay for all of the days my child is successfully enrolled in, regardless of whether my child actually attends
9. I understand that non payment of program fees may result in my child's exclusion from the program
10. The information I have provided on this form is correct
11. I understand that Camp Australia retains the right to use photographs taken at OSHC, for publicity and advertising purposes Y/N ( If not ticked we assume Yes )
12. If I have not successfully linked all children listed on this form with this OSHC, I provide authorisation for CA to link my children.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PAGE 4 OF 4 – PLEASE ENSURE YOU HAVE COMPLETED ALL PAGES**

Once you have completed all sections of the registration form please return to the program coordinator or school reception ASAP to ensure your children are registered to use the program