

# Pulteney Grammar School

## OSHC and Vacation Care



### 2024 Enrolment Form

We understand you may have filled this information out in the past, but it is a legal requirement to update this form annually. This form must be fully completed and returned at the beginning of each school year to secure your child's enrollment.

Primary Carer Name	Secondary Carer Name

Home Address

Email address of primary carer (attached to CCS)	Email address of secondary carer

Family Details and CCS
<p><input type="checkbox"/> I am ineligible / do not want to claim CCS (Relevant Written Arrangement - RWA)</p> <p><input type="checkbox"/> I am eligible and want to claim CCS - (Complying Written Arrangement - CWA)</p> <p>To claim the Child Care Subsidy (CCS), a Centrelink Customer Reference Number (CRN) and a date of birth for both the <u>primary carer</u> and all children is required.</p> <p>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.</p>

	Mobile Number	Work Number (if applicable)	Caregiver Date of Birth	Caregiver CRN
Primary Carer Name				
Secondary Carer Name				

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

**BSC:** Before School Care, **ASC:** After School Care, **VAC:** Vacation Care

Other Persons who may collect your child/children		
Name	Relationship	Contact Details

Emergency Contacts (other than Primary or Secondary Carer)		
Name	Relationship	Contact Details

### Medical Information

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 Director of OSHC.

Please indicate if your child(ren) has/have any medical conditions

**Medical Action Plan attached?**

YES or NO

**Risk Minimisation Form attached?**

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 pay all costs incurred on behalf of my child.

**Primary Carer Signature:** \_\_\_\_\_

## Terms and Conditions

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 obtained at 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.

**Do you agree to these Terms and Conditions?**

**Primary Carer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Social Media</b>	I <u>do</u> / <u>do not</u> consent to my child's image being used the Pulteney Website / Facebook page.
<b>Homework</b>	<p>At Pulteney Grammar School OSHC we aim 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.</p> <p>I <u>would</u> / <u>would not</u> prefer my child to complete homework at OSHC in this set time.</p>

	Before School Care	After School Care	Vacation Care
Opening Hours	7:30 – 8:20am	3:20 – 6:00pm	7:30am – 6:00pm
Cost	\$20.00	\$31.50	\$80 (plus any additional costs)

### **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)

**Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_