Katherine South Primary School

Required Student Documents

Birth certificate ☐

Immunisation certificate ☐

Medical Records ☐

Authorisation to collect ☐

Health care plan required Yes No

Additional consents:

	Use of student photographs		Use of work by student		Publishing student first name		Publishing student surname	
School/College Newsletter	Yes	No	Yes	No	Yes	No	Yes	No
School/college yearbook	Yes	No	Yes	No	Yes	No	Yes	No
School/College/department website	Yes	No	Yes	No	Yes	No	Yes	No

KATHERINE SOUTH PRIMARY SCHOOL

OSHC & Vacation Care Centre

PO Box 721, Katherine NT 0851
Phone 8972 -1277
Fax 8972 1857
Email admin.kathesch@education.nt.gov.au

Information Booklet & Enrolment Request

Operating Times

Outside School Hours Care (OSHC)
During the school term Katherine South OSHC operates from 2.30pm to 5.45pm Monday to Friday.

Vacation Care
During the school holidays Katherine South Primary School OSHC & Vacation Care Centre will operate from 7.30am to 5.30pm Monday to Friday. The centre will be closed on public holidays and during the Christmas Shutdown period.

Enrolment

It is required that an enrolment form is completed prior to the commencement of care. Enrolment forms are available at the school front office or from OSHC. The coordinator / carers must be notified in writing/Email or Text message as changes occur to all of the details on the enrolment form. Parent CRN number and date of birth must be completed for enrolment.

Staff

The coordinator of the Katherine South Primary School OSHC & Vacation Care Centre is Beth Morrison who can be contacted on 08 8972 1277 during business hours or 0429 619 155 after hours or Email beth.morrison@education.nt.gov.au. Messages for OSHC & Vacation Care can be left at the Katherine South Primary School Office.

Fee Schedule

Outside School Hours Care fees are as follows:

Full Time Care (2.30pm to 5.45pm 5 days per week)	$100.00
Part Time Care (Set hours per week)	$10.00 per hour
Casual Care (24 hours notice required)	$15.00 per hour or part thereof

Vacation Care fees are as follows:

Full Time Care (7.30am to 5.30pm 5 days per week)	$300.00
Part Time Care (Set hours per week)	$10.00 per hour
Casual Care (24 hours notice required)	$15.00 per hour or part thereof

Full Time and Part Time Care

A holding fee of 50% of your normal care hour will be required to be paid in advance if going on other than normal specified school holidays during the school term. The centre must be notified in writing at least 2 weeks prior to a period of non-attendance - this will assist with correct billing. A 100% payment of fees is to be paid if the child is away sick.

If a child / children does not turn up on a day that parents have nominated care for, they will still be required to pay 100% of the fees for that day or hour that would have been used.

The centre must be notified 24 hours prior if your child / children are not attending on their nominated day. This can be done by ringing Katherine South Primary School Office on 8927 1277, or Beth Morrison (coordinator) 0429 619 155,
Email. *beth.morrison@education.nt.gov.au or admin.kathesch@education.nt.gov.au*

Casual Care

Casual Care requires 24 hours notice of attendance. This can be done by ringing Katherine South Primary School Office on 8927 1277, or Beth Morrison (coordinator) 0429 619 155. Child's Information Sheet, Hours of Care Form and Parent Details Form must be completed and handed to the coordinator prior to care. These forms can be obtained from the school front office or from OSHC.

Payment of Fees

It is the policy of the Katherine South Primary School OSHC & Vacation Care that all fees are paid in advance for full time and part time care. Casual care accounts are issued the week after attendance. Fees can be paid by direct deposit to BSB 015-884 Account Number 435914047 and your child's name OSHC as a reference or cash/eftpos at the front office between 8.00am and 3.00pm Monday to Friday or at OSHC & Vacation Care. The correct money would be appreciated as a float is not carried. Non-payment of fees will result in exclusion of care until fees are paid.

Late Fee

Children must be collected by correct closing time. *5.45pm OSHC and 5.30pm Vacation Care.* A fee of $10.00 for the first 10 minutes or part thereof and $1.00 per minute thereafter, will be charged for each child collected after designated closing time.

Non Payment of Fees

After 7 days of failure to pay fees parents will receive a letter from Katherine South Primary School OSHC & Vacation Care Centre warning that they have referred the matter to the coordinator. After 14 days of non-payment, the Business Manager of the service will send a letter informing the parents that care will cease if payment is not received. The family will not be offered care again until the outstanding fees are paid and a holding fee will be asked for before care can recommence.

If parents are experiencing financial difficulties they should contact the Business Manager to make an appointment to discuss payment options.

Childcare Assistance

TO BE ELIGIBLE TO RECIEVE ANY CHILDCARE ASSISTANCE PARENT /CHILD CRN NUMBERS AND DATE OF BIRTH MUST BE PROVIDED.

Sign in and Sign Out Procedures

OSHC; Staff will sign in child / children in the afternoon. Parents must sign out each day on the ipad provided.

Vacation Care; Parents must sign child / children in on the ipad provided each morning and again when they collect their child / children after designated care period. Children are not to be dropped off in the car park.

In the event of an emergency, parents must give permission for and authorised person to collect their child / children. Please phone the service in this event. The phone call will be recorded in the staff communication book. The authorised person will be asked to identify him or herself and then sign the child / children out. Failure to produce the identification will result in the child / children not being released into their care until parents are notified.

Parents Grievance Procedures

In the event of a parent, guardian or approved person having a complaint or problem relating to their child / children or the service operating in general, they should refer this to this problem to the coordinator of the centre.

Staffing Information

The staff/ child ratio will be based on NCAC standards as well as on a needs basis. All staff are required to have a current Police check. Minimum of 2 staff need to have a current first aid certificate.

Special Dietary Needs

Parents have a responsibility to inform the centre of any special dietary needs their child /children have due to medical or religious reasons. Staff will at all times accommodate dietary requirements of children. Children will be offered a variety of nutritious snacks in accordance with the schools healthy eating policy.

Medication

If your child requires medication while attending the centre, parents must complete a medication form, available from the coordinator.

Accident and Incident Report

An accident / incident report will be filled out for any accident or incident that may occur while your child / children are attending the service. Parents are informed of the accident/ incident upon collection of their child / children and must sign the report to confirm knowledge of the occurrence.

- If a child requires immediate attention all reasonable attempts will be made to contact the parent/ guardian or authorised person and secure medical attention for the child.
- In the case of medication being required in an emergency without prior consent of the parent, guardian or authorised person, every attempt will be made to secure that consent or that of a medical practitioner.
- In the event of serious injury requiring hospitilisation or immediate medical aid, an ambulance will be called to transport the child to hospital.

Exclusion of Sick Children and Staff

In the event of a child or staff member becoming ill with an infectious disease, they will be required to be away from the service for the safety of others. Recommended minimum periods of exclusion from the service can be obtained from the coordinator, from a medical practitioner or community health. In the case of an outbreak of an infectious disease, children who are not immunised will be excluded from care during the outbreak.

Sun Policy

The children and staff are required to wear a hat, sunscreen and a shirt at all times when outdoors. Parents must supply their own sunscreen.

Water

Fresh, cool drinking water will be available at all times.

Activities

Wet Season; Assorted board games, puzzles, indoor craft activities, recreational activities (Lego, trains, computers, DVD, etc)

Dry Season; Outdoor activities, access to play equipment, sport (Full supervision with child / staff ratio)

Confidentiality

All confidential material collected from parents is kept safe. Staff respect the privacy of both families and staff using the service by not discussing their personal details other than what is needed in the administration requirements of the service.

Staff respect the privacy of families for whom they provide care by discussing personal details only when necessary with the coordinator of the service.

Staff respect the rights of the parents not to disclose personal information to the staff.

Access to information is strictly limited and at the discretion of the coordinator.

Student Enrolment Form – OSHC and Vacation Care

School name:		
Proof of identity attached (e.g. birth certificate, passport)	Yes	No

Section 1 Student Details

Surname:		
Legal surname on birth certificate: (if different from above)		
Previous surname: (if applicable)		
1st name: (given name)		
2nd name: (middle name)		
3rd name: (if applicable)		
Preferred first name:		
Has the student been known by any other names? (if not listed above)	Other surname/s:	Other first name/s:

Date of birth:		
Gender:	Male Female	
Tribal grouping/clan name: (if applicable)		
Skin name: (if applicable)		
Student's residential address:		
Suburb/town/community:		Postcode:
Student's postal address: (if different from above)		
Suburb/town/community:		Postcode:

Section 2 Additional Student Information

Is the student of Aboriginal or Torres Strait **Islander origin?**	No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander
Does the student speak a language other **than English at home?** (If more than one language, indicate the one that is **spoken most often)**	No, English only Yes, other – please specify:
Is the student an Australian citizen or permanent resident?	Yes No
Students CRN Number (Centerlink Purposes)?	_____

In which country was the student born?	Australia Other – please specify:

Section 3 Special Family Circumstances

Special family circumstances include a single parent, dual custody, foster care, court orders, access restrictions etc. Please provide details of the circumstances.

Are supporting legal documents attached? Yes No

Section 4 Parent/Guardian Information

If you are an independent student (living without a parent or guardian) please go straight to Section 7

	Parent/guardian 1	Parent/guardian 2
Title: (Mr/Ms/Mrs/Miss)		
Surname:		
First name:		
Middle name:		
Relationship to student: (e.g. father, grandmother)		
Responsible for parenting*	Yes No	Yes No
Lives with student*	Yes No	Yes No
Receive reports etc*	Yes No	Yes No
Contact this person in an emergency?*	Yes No	Yes No (If all the No boxes above are ticked, please ensure Section 3 is completed.)
Home phone:		
Other phone:		
Mobile:		
Email:		
Residential address:		
Suburb/town/community:		
Postcode:		
Postal address: (if different from above)		
Suburb/town/community:		
Postcode:		

Section 5 Parent/Guardian Background Information

Does the parent/guardian speak a language other than English at home?
If more than one language, indicate the one that is spoken most often.

Parent/guardian 1	Parent/guardian 2
No, English only Yes, other – please specify Centerlink Purposes: DOB: CCB % (if known): CRN:	No, English only Yes, other – please specify Centerlink Purposes: DOB: CCB % (if known): CRN:

Section 6 Additional Emergency Contacts – Authorised to Collect

For an emergency where the parent/guardian/carer cannot be contacted, please provide alternative contacts. For independent students this is the 1st point of contact in an emergency.

	Contact 1	Contact 2
Title: (Mr/Ms/Mrs/Miss)		
Name:		
Relationship: (e.g. aunt, friend)		
Phone 1:		
Phone 2:		

Section 7 Medical Details and Consent

Does your child suffer from any of the following?
(Tick all the boxes that apply)

☐ Allergies ☐ Asthma ☐ Diabetes

☐ Seizure disorder (e.g. epilepsy) ☐ Hearing impairment ☐ Physical disability

☐ Speech impairment ☐ Visual impairment ☐ Intellectual/learning impairment (e.g. dyslexia)

☐ Acquired brain impairment ☐ Mental health or behaviour issue (e.g. depression, ADHD)

☐ Other, please specify: _____

If you have ticked any of the boxes above please provide further information. Also provide details if the student has any special needs or requires support in school (including details of previous special needs assessments undertaken by a school etc).

Family Doctor:

Telephone:

Medicare Number:

Section 8 Hours of Care Required	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Total Hours of Care	
Fee:	

Section 9 Person responsible for Payment of Accounts	
Name:	
Phone number:	
Postal Address:	
Email	
Signature:	

Your attention is drawn to the following important points:

• Students are under the OSHC staff or supervisor's authority for the duration of the care period.

• Our OSHC service has a duty of care for students engaged in OSHC related activities,

including excursions and sporting events under its direction or supervision. All reasonable steps will

be taken to protect students against reasonably foreseeable risks of injury or harm.

• Financial responsibility for medical and other costs incurred in emergency situations or where a

decision is taken seek medical advice, rests with the parent of the student. Parents may wish to take out additional insurance to cover such costs.

• Liability for loss, theft or damage to student property is the responsibility of the parent of the student.

• The parent is responsible for informing the OSHC service of any change in consent to their child attending the service and of any changes to student medical details.

Permission is given for my child to attend this OSHC/Vacation Care. Yes /No

Permission is given for OSHC staff to administer first aid to my child if required. Yes/ No

Permission is given to secure medical attention in case of illness or accident whilst present at OSHC/Vacation Care and I accept responsibility for any costs involved including ambulance

transport if applicable. Yes/ No

AUTHORISED NOMINEES FORM

I hereby give authorisation for the following people to collect my child from the following

D Bus drop off point at Katherine South Primary School

D Classroom at Katherine South Primary School

D Katherine South Preschool

Name: Katherine South OSHC Staff

Address: 120 Riverbank Drive, Katherine NT

0850 Phone: 08 8972 1277

Name of parent/guardian enrolling the student and providing consents:

_____
(Please print)

Relationship to student: _____

Signature: _____ Date: / /

Name of OSHC witness: _____
(Please print)

Signature: _____ Date: / /

It is your responsibility to notify the OSHC provider in writing of any changes to the information provided on this enrolment form.