



**SOPHIA  
MUNDI**

Steiner Education and IB World School

## Aftercare Program Enrolment Form 2019

Please read and complete these forms carefully and sign and date the declaration on the last page. The information you provide will be treated confidentially and will assist us in providing appropriate care for your child.

Your personal information will only be shared with Centrelink in order for you to claim the Child Care Subsidy (CCS). It is important that you advise us immediately of any changes to this information.

If you are claiming Child Care Subsidy (CCS) through Centrelink please complete the Fee Relief section (page 6).

If you have any queries or concerns regarding Aftercare, please phone the Aftercare Coordinator on 03 9419-9229 or email [aftercare@sophiamundi.vic.edu.au](mailto:aftercare@sophiamundi.vic.edu.au).

Enrolment Date

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### INFORMATION ABOUT THE CHILD

Family Name

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Child's full name	Age	Class	Date of Birth
<hr/>	<hr/>	<hr/>	<hr/> / /

Child's siblings: *Please indicate Yes/No if siblings are also applying for Aftercare*

1.  Yes  No (please tick) / /

2.  Yes  No (please tick) / /

3.  Yes  No (please tick) / /

Home Address

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Language/s spoken in the home

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Email Address

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Providing your e-mail address will enable us (and will only be used) to keep you up-to-date with what is happening with the Aftercare program.

## INFORMATION ABOUT THE CHILD'S PARENTS OR CARERS

PARENT/CARER 1

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Date of Birth (NOT optional)\* / / \_\_\_\_\_

Address – as per child \_\_\_\_\_

Telephone/s \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Does the child live with this parent/carer?

Yes  No (please tick)

PARENT/CARER 3

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Date of Birth (NOT optional)\* / / \_\_\_\_\_

Address – as per child or \_\_\_\_\_

Telephone/s \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Does the child live with this parent/carer?

Yes  No (please tick)

PARENT/CARER 2

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Date of Birth (NOT optional)\* / / \_\_\_\_\_

Address – as per child or \_\_\_\_\_

Telephone/s \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Does the child live with this parent/carer?

Yes  No (please tick)

PARENT/CARER 4

Name \_\_\_\_\_

Relation to child \_\_\_\_\_

Date of Birth (NOT optional)\* / / \_\_\_\_\_

Address – as per child or \_\_\_\_\_

Telephone/s \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Does the child live with this parent/carer?

Yes  No (please tick)

**\*If you are the parent/carer connected to the child with Centrelink and claiming the CCS you must provide your date of birth (DOB). This information enables Aftercare to send customer usage data to Centrelink. You will not be able to claim the subsidy if you choose not to include this data.**

### OTHER PERSONS TO BE NOTIFIED

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations Sophia Mundi Aftercare should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

Include any person who has lawful authority to consent to the medical treatment of the child; request or permit the administration of medication to the child.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone/s \_\_\_\_\_

Work Phone/s \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone/s \_\_\_\_\_

Work Phone/s \_\_\_\_\_

Mobile \_\_\_\_\_

Relationship to child \_\_\_\_\_

## COURT ORDERS RELATING TO THE CHILD

Are there any court orders relating to the powers, duties or authorities of any person in relation to the child or access to the child?  No. Go to next section.  Yes. Please complete the following:

1. Please provide the original court order/s to the office for photocopying to accompany this enrolment form;

2. If these orders:

a) Change the powers of a parent/guardian to:

- Authorise the taking of the child outside the service by a staff member of the service:
- Consent to the medical treatment of the child:
- Request or permit the administration of medication to the child
- Collect the child, AND/OR

b) Give these powers to someone else.

Please describe these changes and provide the contact details of any person given these powers:

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## DETAILS OF PEOPLE WHO YOU AUTHORISE TO COLLECT YOUR CHILD.

**Your consent is required for other people to collect your child from Sophia Mundi Aftercare 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 Aftercare and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name	Name
Address	Address
Telephone/s	Telephone/s
Home	Home
Work	Work
Mobile	Mobile
Relationship to child	Relationship to child

## PERSONS NOT AUTHORISED TO COLLECT MY CHILD.

Name
Relationship to child
Name
Relationship to child

## CHILD'S HEALTH INFORMATION

Name Doctor/Medical Service

Telephone

Address Doctor/Medical Service

Medicare number

Do you have ambulance coverage?  Yes  No (please tick)

Ambulance member number

### MEDICAL ACTION PLAN/S

All children with registered medical conditions (anaphylaxis, asthma, epilepsy, diabetes etc) must supply a current Medical Action Plan to Aftercare. In collaboration with the nominated Aftercare supervisor, a Risk Minimisation Plan must also be developed, signed and kept in Aftercare.

### CHILD'S MEDICAL INFORMATION

Does your child have any special needs? For example – medical, behavioural, etc.?  Yes  No (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?  Yes  No (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?  Yes  No (please tick)

Does your child have an auto injection device (e.g. EpiPen)?  Yes  No (please tick)

Has the anaphylaxis medical management plan been provided to Aftercare?  Yes  No (please tick)

Has a risk management plan been completed by the service in consultation with you.  Yes  No (please tick)

In the case of anaphylaxis you will be provided with a copy of the 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.

### ASTHMA

Has your child been diagnosed at risk of asthma?  Yes  No (please tick)

Has your child any history of asthma?  Yes  No (please tick)

Has the asthma medical management plan been provided to Aftercare?  Yes  No (please tick)

Has a risk management plan been completed by the service in consultation with you.  Yes  No (please tick)

In the case of asthma you will be provided with a copy of the asthma 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.

Does your child have any other medical conditions?  
(E.g., Epilepsy, diabetes etc that are relevant to the care of your child).  Yes  No (please tick)

If yes, please provide details of any medical condition and any management procedure to be followed with respect to the medical condition. (See also Medical Action Plan requirements on page 4)

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#### CHILD'S IMMUNISATION RECORD

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

If yes, please provide a copy of one of the below:

- Child History Statement from the Australian Childhood Immunisation Register or
- Immunisation Status Certificate which are available through your Local Council

If no, please provide a copy of Immunisation Status Certificate which is available through your Local Council and they will mark the immunisation as incomplete.

Even if the child's immunisation is classed as incomplete we still require the information returned to us as required by law, to assist the school in an event of a Contagious Infection outbreak.

#### EDUCATIONAL

Please list any additional social, emotional or educational needs or interests that your child has. This will assist us in developing the aftercare service and programs.

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#### CULTURAL, RELIGIOUS or SPECIAL NEEDS

Please provide any details about the cultural background of the child and any special considerations, for example cultural, religious or dietary requirements or needs.

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#### DIETARY RESTRICTIONS

Please list any dietary restrictions your child may have.

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## BOOKING DETAILS (Please tick your choices below)

Casual                      or                       Regular

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Monday       Tuesday       Wednesday       Thursday       Friday

**CASUAL USE:** Please call the School Office on 9419 9229 when after school care is required or email [reception@sophiamundi.vic.edu.au](mailto:reception@sophiamundi.vic.edu.au). Please put "Aftercare booking for [name of child]" in the email subject line.

**REGULAR/ PERMANENT USE:** Please indicate the days required above.

Regular/Permanent bookings may be cancelled by the Aftercare service if *consistently* missed or changed (e.g. after 3 consecutive weeks when the child is NOT absent from school.)

**CHANGE OF DAYS:** Change of days within a week (if places available) can be made by telephone, in person at the School Office or email with 24 hours notice.

**CANCELLATIONS:** Late cancellation after 9am and absence without notice will incur fee of 100% of the Aftercare sessional fee. There is no charge for approved absence.

## FEES

Regular/Permanent Use = \$30 per day.

Casual Use = \$30 per day.

Late Collection Fee = \$1 per minute after 6pm

**FEE RELIEF:** Centrelink Child Care Subsidy (CCS).

Please provide the parent/guardian DOB and the Customer Reference numbers (CRNs) for both yourself and your child.

Parent/Guardian

First Name:

Family Name:

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Parent/Guardian DOB:

CRN:

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Child

CRN:

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**If you are claiming the Centrelink CCS you must provide these details.** This information enables Aftercare to send customer usage data to Centrelink. You will not be able to claim the subsidy if you choose not to include this data.

## PHOTOGRAPHY

In Aftercare we sometimes wish to use photographs of the students for display in the Aftercare room or for use in other Aftercare activities, for example, making a book. We may also publish photographs in the School Newsletter, the School's website or the School's social media.

Please indicate whether you are happy for photographs to be taken of your child for use in Aftercare:

School Newsletter/ School website

Yes     No (please tick)

School social media

Yes     No (please tick)

## DECLARATION

I/We give permission for my/our child to attend the Sophia Mundi Steiner School Aftercare Program and authorise the person in charge to consent, where it is not possible to communicate with me, to the child receiving medical treatment as deemed necessary, at my/our expense.

I/We also accept full responsibility for my/our child's belongings whilst attending this program.

I/We fully understand that if my/our child continuously misbehaves and after behaviour guidance procedures have been followed, I/we will be notified and my/our child may be removed from the Aftercare program.

I/We undertake to inform the Aftercare staff of any absence of my/our child.

I/We acknowledge that my/our child will not attend the program if suffering from an infectious or contagious disease.

In the event that my/our child is injured or becomes ill during the program, either an authorised person or myself shall collect my child as soon as possible.

I/We undertake to inform the Aftercare staff of any changes relevant to my/our child as soon as practicable, including change of contact details, authorised persons to collect, custodial changes or recent health changes.

I/We understand that all enrolment details are private and confidential.

This information will be used for Sophia Mundi Steiner School Aftercare Program purposes only and will be accessible to Aftercare staff, the Aftercare Committee and the Sophia Mundi Steiner School Administration.

I/We understand that I/we can access this information and correct any necessary details whenever I/we wish.

Parent/Carer 1 Printed Name

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Parent/Carer 1 Signature

Date:

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Parent/Carer 2 Printed Name

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Parent/Carer 2 Signature

Date:

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Parent/Carer 3 Printed Name

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Parent/Carer 3 Signature

Date:

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Parent/Carer 4 Printed Name

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Parent/Carer 4 Signature

Date:

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## PLEASE NOTE

If the number of applications exceed the number of places available, it may be necessary to take some of the following factors into the consideration in deciding priority of bookings:

- Sibling bookings
- Even distribution of available places (each family offered some bookings)
- Application date of enrolment
- Special circumstances (e.g. single parents, special requirements, etc)
- Attendance record
- Balance of the group (e.g. age of children, etc)

OFFICE USE

Received:

Entered:



**SOPHIA MUNDI Limited**

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