

## Outside School Hours Care – Enrolment Form

Please complete all information in BLOCK LETTERS. Please note: Parents & Children have their own individual CRN) Please be aware that if information is incomplete, you may not be able to claim childcare subsidy from Centrelink. You will be charged FULL FEES until all information is updated and correct.

### *Child / Children's Information*

Family Name:	Family Name:	Family Name:
Child's Name:	Child's Name:	Child's Name:
Centrelink Child's <b>Customer Reference Number</b>	Centrelink Child's <b>Customer Reference Number</b>	Centrelink Child's <b>Customer Reference Number</b>
Address:	Address:	Address:
Birth Date: ____/____/____ M / F	Birth Date: ____/____/____ M / F	Birth Date: ____/____/____ M / F
Indigenous status:	Indigenous status:	Indigenous status:
Aboriginal: YES / NO TS Islander: YES / NO	Aboriginal: YES / NO TS Islander: YES / NO	Aboriginal: YES / NO TS Islander: YES / NO

### *Parent / Guardian Information*

<b>1. Parent / Guardian name:</b> _____ Date of Birth: ____/____/____ <b>Parent's Centrelink CRN:</b> Address: _____ Contact Details: _____ <b>ACCOUNTS VIA EMAIL:</b> Email Address: _____	<b>2. Parent / Guardian name:</b> _____ Date of Birth: ____/____/____ <b>Parent's Centrelink CRN:</b> Address: _____ Contact Details: _____ <b>ACCOUNTS VIA EMAIL:</b> Email Address: _____
(Please tick- For Centrelink Purpose)? Is the Child linked to the: Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/>	

### *Emergency Contacts / Other people authorised to collect child/children*

*(If a parent / guardian cannot be contacted, an emergency contact will be notified and possibly requested to collect the child/children)*

Name	Name	Name
Address	Address	Address
Contact Details:	Contact Details:	Contact Details:
Relationship to the child	Relationship to the child	Relationship to the child

### **Custody / Access**

Are there any **Family Court or intervention Orders?**

- NO**  
 **YES** If YES, please attach a copy of the Order

## ENFIELD OUT OF SCHOOL HOURS CARE PARENT/GUARDIAN INFORMATION

➤ **CHILD INFORMATION**

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (e.g.: In an emergency or special needs of my child/children).

- YES**  
 **NO**

➤ **CHILD PARTICIPATION**

I give permission for my child/children participate in the OSHC program and understand that OSHC staff will notify parent/guardians of each individual excursion. I understand it is my responsibility to advise staff if I do **not** wish my child/children to participate in a particular activity.

- YES**  
 **NO**

➤ **FEES**

I agree to pay the required fees for my child's/children's booked care at this OSHC. Failure to do so will incur the cost of a debt collector.

- YES**  
 **NO**

➤ **MANDATED NOTIFICATION**

I understand that Enfield OSHC Program has a legal obligation to all children attending the service to defend their right to care and protection. To support this right, the service will follow the procedure set down by the Department of Child Protection under the Children's Protection Act 1993 Section 11(1) & (2), when dealing with any allegations of abuse or neglect of children, to ensure the child's and other children's protection.

- YES**  
 **NO**

➤ **MEDICAL EMERGENCY**

In the event of a medical emergency if the authorised person on the enrolment form cannot be contacted, OSHC staff will call an Ambulance, in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, Ambulance and or Hospital costs.

- YES**  
 **NO**

➤ **OBSERVATIONS**

Enfield OSHC Program observes and evaluates children's developmental needs. We then program plan around individual needs in our weekly roster. Observations will be strictly confidential however, parents/guardians can access their child's/children's information at any time. I give permission for my child/children to be observed and evaluated.

- YES**  
 **NO**

➤ **OSHC BEHAVIOUR MANAGEMENT**

The OSHC Program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviour. I understand that it is the responsibility of the parent to inform the OSHC staff of the child's behaviour needs (a copy of the behaviour management process is available in the OSHC Policy Folder). I understand that if my child/children do not follow the program's Behaviour Management Policy and staff have done their utmost to encourage positive behaviour this could result to my child/children being suspended or excluded.

- YES**  
 **NO**

➤ **HEAD LICE**

- I understand that I will need to collect my child if OSHC supervising staff believes that my child has head lice.
- I understand it is my responsibility to arrange collection of my child from OSHC, when notified.
- I understand that I may have to provide a letter from a general practitioner to say my child is free of head lice.

- YES**  
 **NO**

➤ **PERSONAL POSSESSIONS**

I understand that Enfield OSHC Program does **not accept** liability for damage or loss of any personal possessions and that insurance for children's personal possessions is my responsibility.

- YES  
 NO

➤ **PHOTO CONSENT**

I consent to photographs being taken of my child/children, as part of the OSHC program, and to be displayed around the OSHC site on display boards and in the OSHC newsletter. I also consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.

- YES  
 NO

➤ **SUN PROTECTION**

OSHC follows the guidelines of the Cancer Council SA that recommend that children be sun smart and wear hats while outside. Sun block will be used in accordance with the OSHC Policies and procedures (refer to OSHC Policy Folder).

- YES  
 NO

➤ **TRAVEL PERMISSION**

I give permission for my child/children during Vacation Care/School Closure days to travel in hired coaches.

- YES  
 NO

### **Administering non-prescribed medication**

(over the counter medications) staff cannot administer non-prescribed medication (over the counter medications) without a medical plan by a qualified Medical Practitioner. This is simply a legal protection issue for staff who are not qualified to make judgement on medical needs of children.

➤ **PRIVACY ACT**

I understand the information provided on this Enrolment / Medical Form

- Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation.
- May be disclosed to and used for the purposes by Commonwealth and State Government departments and their agencies.
- May otherwise be disclosed, without consent, where authorised or required by law.

➤ **INFORMATION TO PARENTS/GUARDIANS/CAREGIVERS**

I have read the OSHC 'Information for Parents/Guardians/Caregivers' and agree to comply with the OSHC Service policies and procedures outlined.

❖ **Parent/Guardian name:** \_\_\_\_\_  
Please print your name **CLEARLY**

❖ **Parent/Guardian signature:** \_\_\_\_\_

❖ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

It is the responsibility of the Parent/Guardian/Caregiver to inform **Out of School Hours Care (OSHC)** staff of any relevant and useful information that is in relation to the child/children of the family. This allows OSHC staff to provide quality care for your child/children.

Full information on the Enfield OSHC Program is available in the OSHC Policies and Guidelines which are located in the OSHC room.

**ENFIELD OUT OF SCHOOL HOURS CARE**

**Medical and Health Information**

*This information is **CONFIDENTIAL** and is only be available to supervising staff and emergency medical personnel.*

**One form per child**

<b>Child's Family Name</b>	<b>Child's Name:</b>	<b>Child's Date of Birth</b> ____/____/____
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Medic Alert Number (if relevant) \_\_\_\_\_ Review Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has the child received all immunisations appropriate for her/his age? YES / NO

If NO, please give details: \_\_\_\_\_  
\_\_\_\_\_

I accept full responsibility if my child is not immunised. Parent / Guardian signature: \_\_\_\_\_

Has the child any conditions/ medications that may be effected by OSHC activities?

If YES, please give specifics and any related medication:


Has the child any disabilities YES / NO Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If YES, please record specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health Support**

\* **Does your child have a health care needs that could affect their safety at Out of School Hours Care?**

- NO
- YES, If YES, please tick the box or boxes below that show your child's health care needs

Asthma		Incontinence	
Is your child under a health care plan for Asthma?		Joint Disorder (e.g. arthritis)	
Epilepsy		Ear Disorder (e.g. drainage tubes)	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication difficulties	
Seizures / convulsions		Skin condition (e.g. dermatitis)	
Allergies (e.g. Bees, Peanuts, dairy)		Swallowing/ choking difficulties	
Diabetes		Other (please give details)	

## Health Care Plan

- \* Out of School Hours Care staff need a **written Health Care Plan** from your child's Doctor/treating health care professional to help plan for any special health needs. **Have you attached the Health Care Plan information from your child's Doctor/treating health care professional?**

- If No, staff will provide standard supervision for safety and first aid
- If **YES**, write down what you have attached (e.g. Asthma care plan; details about ear care, etc.)

## Medication

- \* Does your child have any routine health care needs (e.g.: medication)?

- NO
- YES If **YES**, please attach a medication plan from your Doctor or treating health care professional.

(*) Doctor's Name	Clinic Name
Address	Phone Number

(\*) This information will be used by supervising staff and is a requirement for the *South Australian Standards for OSHC*

- \* Are there any special dietary requirements relating to your child?

- NO
- YES If **YES**, please attach a **modified food plan** from your Doctor or treating health care professional.

- \* Does your child need special aids or equipment? (e.g.: glasses, hearing aids, callipers)

- No
- YES If **YES**, please provide details:


1. **ALL** medication must be supplied in the **original container** with the pharmacy label and the child's name clearly marked on the container.
2. A "permission to administer medication" form must be signed by the Doctor and parent/care giver/guardian **before** medication can be administered by OSHC staff.

❖ **Parent/Guardian name:** \_\_\_\_\_  
Please print your name **CLEARLY**

❖ **Parent/Guardian signature:** \_\_\_\_\_

❖ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# ENFIELD OUT OF SCHOOL HOURS CARE

## OSHC Bookings

**Type of Enrolment: (Tick One)**

Permanent Session

Casual session

Child Care Subsidy has been approved?  YES  NO (if no you will be required to log onto **myGOV** through Centrelink account)

	BSC: 7AM to 8.35AM	ASC: 3.05PM to 6.00PM
<b>MONDAY</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TUESDAY</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WEDNESDAY</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>THURSDAY</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FRIDAY</b>	<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT OF FEES**

BSC Permanent per Session \$17.50  BSC Casual Session \$19.50

ASC Permanent per Session \$30.00  ASC Casual Session \$32.50

End of Term ASC 2.05pm start \$32.50  Pupil Free days \$65

**VACATION CARE** \$65.00 Home days per session  Incursion days \$75 per session  Excursion days per session \$78

**Vacation Care**

**PLEASE NOTE:** VACATION CARE REQUIRES SEPARATE BOOKINGS. VACATION CARE PROGRAM AND BOOKING FORMS ARE SENT OUT EACH TERM IN WEEK 6 FOR REGULAR USERS OR CAN BE COLLECTED FROM FRONT OFFICE OR THE OSHC ROOM.

**Please note that a permanent booking will be ongoing and any changes to this booking will need to be advice or normal fees apply. Cancellation due to end of care MUST be made 2 weeks in advance or normal fees apply.**

**AGREEMENTS**

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the service may administer simple first aid to my child if the need arises.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

As part of your enrolment at our service we require you to confirm acceptance of the above placement in order to be able to receive Government Funding on your behalf. Acceptance of these items as well as some of the information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes.

**I confirm:**

My details in the enrolment form, as well as the details of the child I am enrolling are correct.

I have agreed to days of care within the service and understand the start and finish times of these sessions of care and cost of fees associated.

I understand I am liable to pay fees for the care of my child as indicated above and if applicable in other information the service has given me (such as parent pack) which are subject to change over time based on advice from the provider and acceptance by me.

Parent / Guardian signature

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_



**ENFIELD OUT OF SCHOOL HOURS CARE  
PARENT / GUARDIAN INDUCTION CHECKLIST**

➤ **ACCOUNTS**

I am aware that I will need to check my email for billing of account.

- Yes
- No

➤ **COMMUNICATION BOOK**

I understand that Enfield OSHC Program has a communication book that welcomes any feedback, ideas, or concerns.

- Yes
- No

➤ **GUIDED TOUR**

I have been on a guided tour of the OSHC program premises.

- Yes
- No

➤ **HANDBOOK**

I have received a copy of the Enfield OSHC Programs Parent Induction Package.

- Yes
- No

➤ **NOTICE BOARDS**

I have been shown where the community, parents notice boards, pamphlets and weekly programs activities are displayed.

- Yes
- No

**POLICIES AND PROCEDURES**

I have been informed where I can access the policies and procedures folder.

- Yes
- No

➤ **SIGNING IN and OUT**

I have been notified were to sign my child/children in to and out of OSHC.

- Yes
- No

*I have been informed of all the above.*

❖ **Parent/Guardian name:** \_\_\_\_\_

Please **print** your name **CLEARLY**

❖ **Parent/Guardian signature:** \_\_\_\_\_

❖ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

❖ **Director's name:** \_\_\_\_\_

Please print name **CLEARLY**

❖ **Director's signature:** \_\_\_\_\_

❖ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_