

# Allenby Gardens OSHC– Enrolment Form

## A BOND is required - Refer to Family Handbook for details

This information is confidential and will be available only to supervising educators

	Child's First Name and Family Name	Date of Birth	M/F	CRN Number
1				
2				
3				
4				
5				
6				

**Please inform staff how is the Account Holder when enrolling you child**

**\*CCS Card Holder - Parent / Caregivers Names**

**\*Parent / Caregivers Names**

Mother/ Father /Caregiver:	Mother/ Father /Caregiver:
Address:	Address:
Post code:	Post code:
<b>Date of Birth :</b>	<b>Date of Birth :</b>
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile Phone:	Mobile Phone:
<b>CRN Number:</b>	<b>CRN Number:</b>
Email:	Email:

**\*Emergency contacts (Can Not be Parent/Caregiver)** may be notified and possibly asked to collect the child/ren.

<b>1. Name:</b>	<b>2. Name:</b>
Address:	Address:
Home Phone:	Home Phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:

**\*Other people authorised to collect child/ren (eg special arrangements for social sporting events)**

1. Name:	Home Phone:	Mobile:
2. Name:	Home Phone:	Mobile:
3. Name:	Home Phone:	Mobile:
4. Name:	Home Phone:	Mobile:

*\*Custody/Access*

Are there any court orders?

- No
- Yes (Please attach a copy of the order)

Comments: .....

Are there any restraining orders in relation to the child/ren?

- No
- Yes (Please attach a copy of the order)

Comments:

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# Medical and Health Information

Confidential

	Child's First Name and Family Name	Date of Birth	Medic Alert Number	Date Reviewed
1				
2				
3				
4				
5				
6				

## Health support

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

- No  
 Yes (If yes put the number of the child next to the box that show's your child's health needs)

Number of child in box below ↓	Number of child in box below ↓
Asthma	Incontinence
*Is your child/ren under a health care plan for Asthma (Please circle) <b>Yes / No</b>	Joint disorder (eg Arthritis)
Epilepsy	Ear Disorder eg (Drainage tubes)
Heart Disorder	Hearing impairment
Vision Impairment	Communication difficulties
Seizures/convulsions	Skin condition(eg Dermatitis)
Allergies(eg bees stings, peanuts, dairy)	Swallowing/choking difficulties
Diabetes	Other(please give details below)

## Health Care Plan

**\*Out of School Hours Care educators need a written Health Care Plan from your child/ren's doctor/treating professional to plan for any special health needs. Your child/ren's Health Care Plan must be attached to this Enrolment Form before your child can attend the service.**

- No (If no educators will provide standard supervision and first aid)  
 Yes (If yes write down what you have attached(eg Asthma Care Plan, Anaphylaxis Plan, Details about ear care etc))

## Medication

**\*Does your child/ren have any routine health care needs (eg medication?)**

- No (If no educators will provide standard supervision and first aid)  
 Yes (If yes write down what you have attached(eg Asthma Care Plan, Anaphylaxis Plan, Details about ear care etc))

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Doctors Name:	Clinic Name:
Address:	Phone Number:
Post code:	

- \*Are there any special dietary requirements relating to your child/ren?**  
 No  
 Yes (If Yes attach modified Food Plan or Eating Health Care Plan from your doctor or treating professional)

- \*Does your child need special aids or equipment? (eg Glasses, hearing aids, callipers)**  
 No  
 Yes (If yes please give details)

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1. All medications must be supplied in the original container with the pharmacy label and child's name clearly marked on the container.
2. A permission to administer form must be signed by the parent/care giver/doctor before medication can be administered by OSHC educators or self- administered by child over 8 years of age

**Parent/Care-giver/Approved Persons Signature: .....Date: .....**

## OSHC Information for Parents/Care-givers

It is the Parent/Care-givers responsibility to inform the OSHC educators of any relevant information that is in relations to the Child/ren or the family. This allows the OSHC educators to provide informed quality care for your child/ren.

### Permission/Consent Information (Circle the appropriate response)

<p><b>Child Participation</b> I give permission for my child/ren to participate in the OSHC program and any excursions and incursions that may be a part of the program</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Child Information</b> I give permission for OSHC educators to exchange information relating to my child/ren with school staff and to the appropriate person's (eg in an emergency/special needs of my child/ren)</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Face Painting:</b> I give permission for my child to have his or her face painted while in OSHC</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Photo Consent</b> I consent to photographs (still or video) being taken of my child/ren as a part of the OSHC program and being displayed around the OSHC site on display boards and in the newsletter</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>PG Movie Consent:</b> I consent for my child/ren to watch PG Movies while attending OSHC</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Behaviour Management</b> The OSHC program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviour. Children who display violent or aggressive behaviour towards other children and educators will be excluded from the program in line with the School's Behaviour Policy I understand that it is the responsibility of the Parent/care-giver to inform OSHC educators of anything relating to their child's behaviour that may need to be monitored (A copy of the behaviour management process is available in the OSHC folder)</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Head Lice</b> The South Australian Health Commission recommends that children should be checked regularly for head lice. Checking and treating hair is <u>by law a parent's responsibility</u> I give permission for OSHC educators to check my child/ren hair for head lice if there is a possibility of head lice. I understand any checks will be conducted discreetly  I Understand that I will need to collect my child/ren if the OSHC Nominated Supervisor believes that my child/ren has head lice. I understand it is my responsibility to arrange collection of my child/ren 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</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Sun Screen</b> OSHC follows the guidelines of the SA Cancer- Council that recommends that children be sun smart and wear hats while outside. I understand that if my child/ren does not have a hat he/she will spend time in a shaded area. Sun Block will be used in accordance with the OSHC Policies and Procedures I give my permission for educators to assist my child applying sunscreen as needed.</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Fees</b> In accordance with the service policies, I agree to pay the required fees for my child/ren's booked care for OSHC. I agree to pay all extra costs relating to Outstanding fees and Late fees. I understand that child Care Benefit is available through the Family Assistance Office to assist the cost of my Child Care Fees. Please refer to Detailed Fees Policy</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Medical Emergency</b> In the event of a medical emergency OSHC educators will call an ambulance in line with the standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Privacy Act</b> I understand the information provided on this Enrolment/Medical Form:</p> <ul style="list-style-type: none"> <li>• Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluating</li> <li>• May be disclosed to and used for the purposes by Commonwealth and State Government Departments and their agencies</li> <li>• May otherwise be disclosed without consent where authorised or required by law</li> </ul>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Information to Parents/Care-givers</b> I have read the OSHC 'Information for Parents/Care-givers and agree to comply with the OSHC service Policies and Procedures outlined</p>	<p><b>Yes</b></p> <p><b>No</b></p>
<p><b>Parent/Care-givers Signature.....Date.....</b></p>	<p><b>No</b></p>

# Complying Written Agreement

## OSHC – Booking Form Term 1 – 2 – 3 – 4

### Before School Care

#### Regular Bookings

Please write the full names of your child/ren on the first day required

Then tick all other boxes for days needed

Monday 7:00 – 8:30	Tuesday 7:00 – 8:30	Wednesday 7:00 – 8:30	Thursday 7:00 – 8:30	Friday 7:00 – 8:30

### After School Care

#### Regular Bookings

Please write the full names of your child/ren on the first day required

Then tick all other boxes for days needed

Monday 3:05 – 6:00pm	Tuesday 3:05 – 6:00pm	Wednesday 3:05 – 6:00pm	Thursday 3:05 – 6:00pm	Friday 3:05 – 6:00pm

**It is up to Parents/Care-givers to inform the Director /Assistant Director of any changes to bookings**

- All Term bookings must be in no later than week 9 of each Term. Bookings made after this time will incur a fee of \$3
- All remaining outstanding fees for OSHC must be paid in full by the last week of each Term
- Cancellation **MUST** be made 2 weeks in advance or the normal fee applies
- Should you want to pay by credit card please fill in your details below and give them to the OSHC Director/Assistant Director on confirming your bookings

Parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

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