

# HALLETT COVE OSHC ENROLMENT FORM

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

CHILD 1	CHILD 2	CHILD 3
Family Name: _____	Family Name: _____	Family Name: _____
First Name: _____	First Name: _____	First Name: _____
Preferred Name: _____	Preferred Name: _____	Preferred Name: _____
Birth date: ____ / ____ / ____ M/F	Birth date: ____ / ____ / ____ M/F	Birth date: ____ / ____ / ____ M/F
CRN: _____	CRN: _____	CRN: _____
School: _____	School: _____	School: _____
Teacher: _____	Teacher: _____	Teacher: _____

**Is your child of Aboriginal or Torres Strait Islander origin?**    Y Aboriginal   /   Y Torres Strait Islander   /   N

ENROLLING PARENT / GUARDIAN & BILLING DETAILS	OTHER PARENT GAURDIAN (if applicable)
Parent/ Guardian Name: _____ M/F	Parent/ Guardian Name: _____ M/F
Birth date: ____ / ____ / ____    Contact Priority: _____	Birth date: ____ / ____ / ____    Contact Priority: _____
CRN: _____    Relationship to child: _____	Relationship to child: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Mobile phone: _____	Mobile phone: _____
Email: _____	Email: _____

**CARE ELSEWHERE**

I am claiming Childcare Benefit at other Approved Child Care Service/s (which includes LDC, OSHC, FDC, IHC, OCC)  
 For this number of children: \_\_\_\_\_

**EMERGENCY CONTACTS**

(If parent/guardian cannot be contacted, emergency contacts will be notified. This section must have at least one contact)

Name: _____	Name: _____
Address: _____	Address: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Mobile phone: _____	Mobile phone: _____
Relationship: _____	Relationship: _____

**OTHER PEOPLE AUTHORISED TO COLLECT CHILD/REN**

1. Name	Address	Phone	Relationship
2. Name	Address	Phone	Relationship
3. Name	Address	Phone	Relationship
4. Name	Address	Phone	Relationship

**CUSTODY / ACCESS**

Are there any **Family Court Orders**?

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

Comments:

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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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**IS THERE ANYTHING MORE WE NEED TO KNOW?**

(eg. 1. languages other than English spoken, any personal, religious, or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

**Does the student/family identify with a non-English speaking culture? Will the family need an interpreter?**

It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or family. This allows the OSHC staff to provide informed quality care for your child/ren.

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**AGREEMENT**

**Fees**

I agree to pay the required fees for my child/ren's booked care to the OSHC Service. **I understand that all fees are to be paid in full by no later than the last working day of the next week.**

Failure to do so I the applicant hereby acknowledge and agree that the service is entitled to undertake all and necessary enquiries, investigations, and assessments to ensure the accuracy of the information provided to them; and further, that such information, as verified, may be used by the service, and any authorized agent, employee, or subcontractor engaged by the service, for the purpose of reviewing, vetting, monitoring and if necessary, actioning the applicant's use and performance in the operation of the Account/Credit facility, including recovery of any outstanding account balance. The applicant agrees to pay all costs associated with the collection of overdue account.

**Medical emergency**

In the event of a medical emergency, 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 hospital costs.

**Privacy act**

I understand the information provided on the Enrolment and Medical forms:

- Is collected for the purpose of registration, program planning, preparing statistic, 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**

I have read the OSHC 'Information for parents' and 'Parent Information Pack', and agree to comply with the OSHC service policies and procedures outlined.

I certify that the information entered on these forms is true to the best of my knowledge and I undertake to inform the OSHC service if any of these details change.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Children's Attendance for OSHC

Booking Type- Casual / permanent (please circle)

BSC Session	Monday	Tuesday	Wednesday	Thursday	Friday
No. of Children					
ASC Session	Monday	Tuesday	Wednesday	Thursday	Friday
No. of Children					

## HALLETT COVE OSHC INFORMATION FOR PARENTS

**Child participation**

I give permission for my child/ren to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I understand it is my responsibility to advise staff if I do not wish my child/ren to participate in a particular activity.

**Child information**

I give permission for OSHC staff to exchange information relating to my child/ren with school staff and to the appropriate persons/s (eg. in an emergency / special needs of my child/ren).

**Written permission**

I understand that OSHC staff require written permission, for my child/ren to travel alone, to and from the OSHC service. I am aware that the Director will sign my child/ren in and out of the service and the arrival and departure times will be noted.

**Photo consent**

I consent to photographs being taken of my child/ren, as part of the OSHC program and to be displayed within the OSHC rooms.

**Work consent** - I consent to my child/ren's work being displayed within the OSHC rooms.

**Ed Modo page consent** - I consent to my child appearing on our services Ed Modo page, showcasing what fun times we have at both OSHC/VAC

**Email Invoices to provided email address**

Do you give consent for us to email your invoices to you to try and achieve our goal of being a more sustainable service? If yes please ensure you add your email address to this form.

**OSHC behaviour management**

The OSHC program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours. 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).

**Permission to inspect for head lice**

The South Australia Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating hair is by law a parent's responsibility.

I give permission for OSHC staff to check my child/ren's head for head lice, if there is a possibility of head lice. I understand any checks will be conducted sensitively. I understand that I will need to collect my child, if OSHC supervising staff believe that my child/ren has head lice. I understand that it is my responsibility to arrange collections 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/ren's hair is free of head lice.

**Sun protection**

OSHC follows the guidelines of the Cancer Council of SA that recommends 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 playtime in a shaded area.

I consent to my child/ren having sunblock applied as the need arises in accordance with the OSHC policies and procedures (A copy of the Health and Safety policy is available in the OSHC policy folder). I understand that the responsibility of supplying sunblock for my child/ren is that of the parent/guardian, however the OSHC program will provide a Hamilton or The Cancer Council 30+ sunblock if a child does not have access to any sunblock. I understand that it is my responsibility to notify OSHC staff if my child/ren are allergic to these products and he/she needs to bring his/her own sunscreen for use at the OSHC program.

Parent/Guardian/Approved Person Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Full information on the Hallett Cove OSHC service is available in the OSHC policies and guidelines, which are located in the OSHC office.**

This information is confidential and will be available only to supervising staff  
(One form per child)

Family Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Birth date / /

Medic Alert Number (if relevant) \_\_\_\_\_ Review date: / /

**HEALTH SUPPORT**

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

- No
- Yes If Yes, please tick the boxes that show your child's health care needs

Asthma	√	Incontinence	√
Is your child under a health care plan for Asthma?		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, 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 professional to plan for any special health needs. **Have you attached the health care information from your child's doctor / treating health professional?**

- If No, staff will provide standard supervision for safety and first aid
- If Yes, write down what you have attached (eg. asthma care plan; details about ear care)

\_\_\_\_\_

**MEDICATION**

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

- No
- Yes, please attach a **medication plan** from your doctor or treating health care professional.

Doctors Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

- No
- Yes, please attach a **modified food plan** from your doctor or treating health care professional.

\* Does your child need special aids or equipment (eg. glasses, hearing aids, callipers)?

- No
- Yes, please give details

\_\_\_\_\_

\* All medication must be supplied in the original container with the pharmacy label and the child's name clearly marked on the container.

\* A permission to administer medication form must be signed by the parent / doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.

- I have read and understood this information and that which is in the Medication Policy.
- I agree that the staff of the service may administer simple first aid to my child/ren if the need arises.
- My child/ren has permission to be transported in a private vehicle in a medical emergency if deemed necessary by the coordinator and in accordance with OSHC standards.
- **In an emergency if I am unable to be contacted I give permission for prescribed medication to be administered to my child/ren.**

Parent/Guardian/Approved Person Signature \_\_\_\_\_ Date: \_\_\_\_\_