

SHEIDOW PARK SCHOOL OSHC – Enrolment Form 2018

21-43 Adams Road, Sheidow Park SA 5158 Phone: 0418 814 057

Email address: oshc.director766@schools.sa.edu.au

This information is confidential and will be available only to educators and emergency personnel

Child's Information

| | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Family Name | Family Name | Family Name |
| Child's Name | Child's Name | Child's First Name |
| Birth Date M/F | Birth Date M/F | Birth Date M/F |
| Year/Teacher | Year/Teacher | Year/Teacher |
| Child's Customer Reference Number | Child's Customer Reference Number | Child's Customer Reference Number |

| | | | |
|---------------------|--------|-------|----------|
| Residential Address | Suburb | State | Postcode |
| | | | |

Parent/Guardian Information: *Please provide information for each known parent*

| | | | | | |
|--|---------------|-----------|----------------------------|-------|-----------|
| Enrolling Parent/Guardian Name | | | Other Parent/Guardian Name | | |
| Residential Address | | | Residential Address | | |
| | | | | | |
| Suburb | State | Post Code | Suburb | State | Post Code |
| | | | | | |
| Home Phone: | | | Home Phone: | | |
| Work Phone: | | | Work Phone: | | |
| Mobile: | | | Mobile: | | |
| Date of birth | Place of Work | | Place of Work | | |
| Enrolling Parent Customer Reference Number | | | | | |

Child Care Benefit Information

This is for the enrolling parent who will be applying for and getting the Child Care Benefit or Child Care Rebate

| | | |
|---|--|--|
| Have you applied for Child Care Benefit (CCB) | Have you applied for Child Care Rebate (CCR) | Number of children at other approved Child Care Services |
| Yes No | Yes No | |

CHILDREN'S ATTENDANCE FOR OSHC

NO REFUNDS are given on cancelled sessions

All cancellations can be advised in person, emailed or via the OSHC mobile telephone.

Two weeks written notice must be given when a child is withdrawn from the service for a period of time.

| BOOKING TYPE | CASUAL – to be advised | | PERMANENT – Please tick days required each week. | | |
|----------------|------------------------|---------------------|--|----------|--------|
| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| BSC SESSION | | | | | |
| ASC SESSION | | EARLY FINISH ASC | | | |
| No of children | | | | | |

Collection of children

National Law: Sections 165, 167

National Regulations: Regulations 99,158-159, 176

- A child may only leave the education and care service(OSHC) premises under any of the following circumstances:
- A parent or authorised nominee collects the child
- A parent or authorised nominee provides written authorisation for the child to leave the premises
- A parent or authorised nominee provides written authorisation for the child to attend an excursion
- The child requires medical, hospital or ambulance treatment, or there is another emergency

Custody/Access

| | | |
|---|--|---|
| <p align="center">Custody/Access</p> <p>Are there any court orders?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of order) OSHC Director Signature: _____ | <p align="center">Custody/Access</p> <p>Are there any Parenting Orders?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of order) OSHC Director Signature: _____ | <p align="center">Custody/Access</p> <p>Are there any Parenting Plans?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of order) OSHC Director Signature: _____ |
| <p>Are any of the children under the Guardian of the Minister?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes Case Manager Families SA _____ Contact Phone Number: _____ | <p>Are there any Restraining Orders in relation to the child/children</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (please attach copy of order) OSHC Director Signature: _____ | <p>Is there any Person who is NOT authorised to collect the child/children?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes Persons Name: _____ OSHC Director Signature: _____ |

Emergency Contacts

(Authorised person to collect children in the event that the parent/guardian cannot be contacted)

| 1. Name | 2. Name | 3. Name |
|-----------------------|-----------------------|-----------------------|
| Residential Address | Residential Address | Residential Address |
| Phone: Mobile: | Phone: Mobile: | Phone: Mobile: |
| Relationship to child | Relationship to child | Relationship to child |

Collect Cultural Heritage

| | | |
|--|--|--|
| Aboriginal Y/N Torres Strait Islander Y/N | Aboriginal Y/N Torres Strait Islander Y/N | Aboriginal Y/N Torres Strait Islander Y/N |
| Cultural background of child | Cultural background of child | Cultural background of child |
| Cultural background of parent | Cultural background of parent | Cultural background of parent |
| Language/s spoken at Home | Language/s spoken at Home | Language/s spoken at Home |

Medical information

| | | | |
|------------------------|---------------|---|-----------------------|
| Child's Name | Date of Birth | Medicare Number | Medical condition Y/N |
| Child's Name | Date of Birth | Medicare Number | Medical condition Y/N |
| Child's Name | Date of Birth | Medicare Number | Medical condition Y/N |
| Ambulance Cover Yes/No | | Medic Alert Number (if relevant) Review Date: | |

| | | | | |
|---|--------------|------------------|---------------------------------|--------|
| Clinic Name: | | | Doctors Name: | |
| Address: | | | Immunisation Status | |
| | | | Is your child Immunised? | Yes/No |
| Suburb | State | Post Code | Is the immunisation up to date? | Yes/No |
| | | | | |
| For Educators | | | | |
| Health Care record has been sighted by educators Yes No | | | | |

Medical Conditions and Health Care Needs (please complete a separate form for each child with medical condition)

National Law: Section 173

National Regulations: Regulations 90-91

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|--|
| Does your child have any specific health care needs or medical conditions that educators need to be aware of? Yes/No |
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|--|
| Does your child have any additional or special needs educators need to be aware of? Yes/No |
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|---|
| Does your child have any aids to assist them? (glasses, hearing aids and equipment). Yes/No |
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| |

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|---|
| Does your child have any allergies that educators need to be aware of? Yes/No |
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|--|
| Has your child had any allergic reactions that educators need to be aware of? Yes/No |
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| |

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|---|
| Has your child a diagnosis that puts them at risk of anaphylaxis that educators need to be aware of? Yes/No |
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| |

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|---|
| Does your child have any special dietary needs (not related to allergies that Educators need to be aware of. Yes/No |
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| |

| |
|--|
| Are there any special considerations such as any cultural or religious requirements that educators need to be aware of. Yes/No |
| |
| |

If yes to any of these questions, please tick if any of the following documents have been attached:

- Medical management or medication plan
- Anaphylaxis management plan
- Asthma management plan
- Diabetes management plan
- Communication plan for staff and parents

PLEASE NOTE: This service does not have access to medication or relevant documentation stored at the school

Administration of Medication

National Law: Section 167 (protection from harm and hazards) National Regulations: Regulations 93-96, 178, 181-184

- 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.
- The prescribed medication supplied must be in the original container bearing the original label and instructions and before the expiry date
- A child may self-administer medication under the following circumstances:
Written authorisation is provided by a person with the authority to consent to the administration of medication. See medication policy for more information.

Medication

| Does your child require any ongoing medication? | Yes/No | Please give details |
|---|--------|---------------------|
| | | |
| | | |
| | | |

Medical Emergency

In the event of a medical emergency, OSHC educators 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.

Parent Initial _____

Child Participation

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

Parent Initial _____

Child Information

I give permission for OSHC educators to exchange information and management plans relating to my child with my child’s teacher/principal and to the appropriate person(s) or if necessary for the child’s well being or in an emergency

Parent Initial _____

Written Permission

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

Parent Initial _____

Photo Consent

I consent to photographs (still or video) being taken of my child/ren as part of the OSHC program and to be displayed around the OSHC site on display boards and in the Sheidow Park School newsletter or any other publications.

Parent Initial _____

Work Consent

I consent to my child’s work (art/craft) being published in an OSHC newsletter and displayed in the OSHC area.

Parent Initial _____

OSHC Behaviour Management

The OSHC program has a behaviour guidance policy in place where the main feature is to recognise and support positive behaviours. Children who are displaying violent or aggressive behaviour towards other children and educators will be excluded from the program until an appropriate management plan is written and agreed on. I understand that it is the responsibility of the parent to inform the OSHC educators of the child’s behaviour needs.

Parent Initial _____

Prevention and control of notifiable and infectious diseases

I understand that I will need to collect my child, if OSHC educators believe that my child shows evidence of a notifiable disease or is unwell. I understand it is my responsibility to arrange collection of my child from OSHC, notified. I understand that in some circumstances children may be excluded until they have a clearance from their doctor to return.

Parent Initial _____

Sun Protection

OSHC follows the guidelines of the Cancer Council Sun Smart program that recommends children wear the appropriate hats while outside during Terms 1, 3 and 4 when the UV rating is 3 or above. All children and educators must wear an appropriate hat. Information on appropriate hats is available from OSHC. Sun block will be used in accordance with the OSHC policies and procedures.

Parent Initial _____

Cancellations

No Refunds are given on cancelled sessions. All cancellations and bookings can be advised in person, emailed or via the OSHC mobile telephone.

Bookings required by 2.30pm daily, if no bookings received, a walk in fee of \$5.00 per child per session will be charged

Parent Initial _____

Fees

I agree to pay the required fees for my child's/en booked care for OSHC. I agree to pay all extra costs relating to outstanding fees and late fees. I understand that Child Care Benefit and the Child Care Rebate is available through the Dept of Human Resources (formally Centrelink) to assist in the cost of my Child Care Fee.

Parent Initial _____

Account Information

Please indicate how you would like to receive your OSHC Invoice

OSHC invoices are issued weekly and payable within 14 days.

Collect from OSHC: Emailed:

What is your email address? _____

Parent Initial _____

OSHC Quality Assurance

I am aware that Sheidow Park School OSHC is registered for and complies with the National Quality Standards

Parent Initial _____

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 and required by law.

Parent Initial _____

Information to Parents

I have read the OSHC Family Information Handbook and agree to comply with the OSHC service policies and procedures outlined.

Parent Initial _____

I acknowledge that the Sheidow Park School OSHC is a NUT free service. I am aware that some children have severe allergies and will not send nut based products to the service.

Parent Initial _____

OSHC PHILOSOPHY

Our program provides quality, Out of School Hours Care and Vacation Care for children aged five to twelve years. Our commitment is to meet the needs of individual children in our care, their parents, caregivers and the community, through a continuous improvement plan.

The program is set in a safe and supported environment, encouraging the learning and development of individual children, while encouraging positive attitudes, value of play, self esteem, respect for others and responsibility.

We encourage appropriate behaviour of children by helping them connect to their world through collaborative learning opportunities, discussion and positive reinforcement.

Through our diverse program, we aim to meet and respect the cultural and individual strengths and capabilities of all children in our care, by reflecting and evaluating their learning and development.

Our goal is to offer a fun and creative program that provides children with the opportunity to develop friendships, become effective communicators, experience life skills, and develop their self esteem.

Parent/Guardian Name: _____

Signature: _____ Date: _____

For office use only :

Details entered Bookings entered Enrolment fee