

# SHEIDOW PARK SCHOOL OSHC & VACATION CARE ENROLMENT FORM 2022

**21-43 ADAMS ROAD, SHEIDOW PARK. S.A. 5158 Mobile : 0418814057**

Email address: [oshc.director766@schools.sa.edu.au](mailto:oshc.director766@schools.sa.edu.au)

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

## Child's Information

Child 1	Child 2	Child 3
Family Name	Family Name	Family Name
Child's Name	Child's Name	Child's Name
Birth Date M/F/O	Birth Date M/F/O	Birth Date M/F/O
Year/Teacher	Year/Teacher	Year/Teacher
Child's Customer Reference Number	Child's Customer Reference Number	Child's Customer Reference Number

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

<b>Name Of Enrolling Parent/Guardian Claiming CCS</b>			<b>Other Parent/Guardian Name</b>		
Residential Address			Residential Address		
Suburb	State	Post Code	Suburb	State	Post Code
Home Phone:			Home Phone:		
Work Phone:			Work Phone:		
Mobile:			Mobile:		
Place of Work	Birth Date	Place of Work	Birth Date		
Enrolling Parent Customer Reference Number( CRN) This is the parent who is claiming the CCS					

This is for the enrolling parent who will be applying for and getting the Child Care Supplement. You will need to apply with Centrelink prior to

commencing the service.

Have you applied for Child Care Subsidy (CCS)	
Yes	No

## Cultural Heritage

Child 1	Child 2	Child 3
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

## 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

Child 1	Child 2	Child 3
<p><b>Custody/Access</b></p> <p>Are there any court orders?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p><b>Custody/Access</b></p> <p>Are there any <b>Parenting Orders</b>?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p><b>Custody/Access</b></p> <p>Are there any <b>Parenting Plans</b>?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>
<p><b>Are any of the children under the Guardian of the Minister?</b></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Case Manager Families SA</p> <p>_____</p> <p>Contact Phone Number: _____</p>	<p>Are there any <b>Restraining Orders</b> in relation to the child/children</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p>Is there any <b>Person</b> who is NOT authorised to collect the child/children?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Persons Name: _____</p> <p>OSHC Director Signature: _____</p>

## Emergency Contacts

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

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
<b>Name</b>	<b>Name</b>	<b>Name</b>
<b>Residential Address</b>	<b>Residential Address</b>	<b>Residential Address</b>
<b>Phone No:</b>	<b>Phone No:</b>	<b>Phone No:</b>
<b>Relationship to child</b>	<b>Relationship to child</b>	<b>Relationship to child</b>

# HEALTH PROFILE

Child 1	Child 2	Child 3
Family Name	Family Name	Family Name
Child's Name	Child's Name	Child's Name
Birth Date                      Medicare No	Birth Date                      Medicare No	Birth Date                      Medicare No

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			Is the immunisation up to date?                      Yes/No		
State					
Post Code					

**Please Note : This Service does not have access to medication or relevant documentation stored at the school.**

**Medical Conditions and Health Care Needs**

National Law: Section 173

National Regulations: Regulations 90-91

Does your child have any specific health care needs or medical conditions that educators need to be aware of?	Yes/No
Does your child have any additional or special needs educators need to be aware of?	Yes/No
Does your child have any aids to assist them? (glasses, hearing aids).	Yes/No
Does your child have any allergies that educators need to be aware of?	Yes/No
Has your child received a diagnosis that puts them at risk of anaphylaxis that educators need to be aware of?	Yes/No
Does your child have any special dietary needs (not related to allergies) that educators need to be aware of.	Yes/No
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 (Must have an end date)
- Asthma management plan
- Diabetes management plan
- Communication plan for staff and parents
- Other

ADDITIONAL HEALTH CARE PROFILE FORMS (EG ASTHMA, ANAPHYLAXIS ETC ) REQUIRED TO BE,  
THESE ARE AVAILABLE FROM OSHC

### Administration of Medication

Under 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 medical practitioner 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:	

### Additional information

Is there anything else you would like us to know about your family?

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**PLEASE NOTE: For more than one child that requires a Health profile, please photocopy the Governemnt of South Australia Health profile for Education and care Confidential form on page 5).**



Government  
of South Australia

Department for Education

# Health profile

for education and care

**CONFIDENTIAL**

HSP128

The following information must be completed by the parent/guardian or adult student and returned to the preschool or school as soon as possible. This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person:			
DOB:		Medic alert number:	
Allergies:			
Education or care service:		Year level:	

## EMERGENCY CARE

If your child becomes ill or is injured staff will administer basic first aid.

If your child requires emergency medical help an ambulance will be called and your child's emergency contact will be notified.

## HEALTH SUPPORT

(Identify if your child or young person's has any health care needs)

Personal Care		Physical Health		Neurodiversity	
<input type="checkbox"/>	Continance	<input type="checkbox"/>	Anaphylaxis and allergy	<input type="checkbox"/>	ADHD
<input type="checkbox"/>	Infection control	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Oral eating and drinking	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Personal Hygiene	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	Depression
<input type="checkbox"/>	Transfer and positioning	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Eating disorders
<input type="checkbox"/>	Wound and skin care	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Emotional regulation
		<input type="checkbox"/>	Osteogenesis Imperfecta	<input type="checkbox"/>	FASD
		<input type="checkbox"/>	Seizures & Epilepsy	<input type="checkbox"/>	Gender Diversity
		<input type="checkbox"/>	Spina bifida	<input type="checkbox"/>	Self-harm and suicidality
<input type="checkbox"/>	Other(specify)				

Provide a copy of any health care plans, action plans or management plans completed by a health professional (these can be accessed on the Department for Education website) <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning>

## MEDICATION

Is medication required to be administered in an education or care service?

YES

NO

If yes, a medication agreement must be completed

The medication agreement and supporting information can be accessed from the Department for Education website <https://www.education.sa.gov.au/supporting-students/health-e-safety-and-wellbeing/health-support-planning/managing-health-education-and-care/medication-management>

## CONSENT

The information I have provided is true and correct

I understand it is my responsibility to keep the education and care service up to date with my child's health support information.

Name

Relationship to child/young person

Signature

Date

HEALTH PROFILE  
Health Support Planning

# CONSENTS

## 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 Information

I consent to the exchange of information including appropriate medical plans relating to my child/ren between my child's/ren's Teacher/Principal/OSHC Director and to the appropriate person(s) where necessary for the child's well being or in an emergency.

**Parent Initial** \_\_\_\_\_

## After School Activities

After school Activities, children need to sign into OSHC before attending any after school activities. Our Educators will escort children to their after school sports/ activities and collect them when activity has finished, they will be re signed back into OSHC by an Educator.

**Parent Initial** \_\_\_\_\_

## Photo Consent

I consent to the use of photographs/images of my child being used as part of the OSHC program and to be displayed around the OSHC/School site on display boards.

**Parent Initial** \_\_\_\_\_

## See Saw app Consent

I consent to photographs/images of my child/ren to be included in Sheidow Park School OSHC individual and group stories in See saw . You own all content and control your child's digital footprint. Children in group photos can be viewed by parents of our service that also use Seesaw.

**Parent Initial** \_\_\_\_\_

## Creative Work Consent

I consent to my child's work (art/craft) being published in an OSHC newsletter and displayed on boards in the OSHC/School 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, Educators and adults 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** \_\_\_\_\_

## Permission to inspect for Head Lice.

OSHC staff has permission to check my child's hair for head lice (if there is a possibility of head lice) and that such checks will be conducted sensitively. I understand that the South Australian Health Commission recommends that children's hair should be checked every week for head lice and this checking and treating hair is, by law, a parent's responsibility. Child can return to OSHC once treatment has been completed.

**Parent Initial** \_\_\_\_\_

## Movies and Electronic Games

I consent to my child/children watching PG rated movies and playing PG rated games (no adult only themes or extreme violence will be shown) At all times G movies and games will be available.

**Parent Initial** \_\_\_\_\_

## Sun Protection

OSHC follows the guidelines of the Cancer council SA who recommend that children wear hats with 8cm brim or legionnaires style while outside during Term 1, 3 and 4 or when the UV rating is 3 or above.

I consent to my child having sun block applied as the need arises in accordance with the OSHC policies and procedures. I understand that it is my responsibility to notify OSHC staff if my child/children are allergic to any sunblock and provide a suitable replacement.

**Parent Initial** \_\_\_\_\_

## OSHC hats

We will provide your children with a red legionnaires hat on commencement, for a small charge of \$2.50 per child, this will be debited to your OSHC account. The hat will remain at OSHC for your child's own personal use during OSHC & Vacation care

**Parent Initial** \_\_\_\_\_

## Cancellations

**NO REFUNDS are give on cancelled sessions.** All cancellations and bookings can be advised in person, text message, emailed or via the OSHC mobile phone

**Parent Initial** \_\_\_\_\_

## Fees

I agree to pay the required fees for my child's/ren booked care for OSHC. I agree to pay all extra costs relating to outstanding fees and late fees. I understand that Child Care Subsidy is available through the Dept of Human Resources (formally Centrelink) to assist in the cost of my Child Care Fees. I acknowledge that I am responsible for any debts resulting from a Centrelink Reconciliation/Adjustment, which may be applied to your OSHC Account retrospectively by the Department of Human Resources.

**Parent Initial** \_\_\_\_\_

## OSHC – National Quality Framework

I am aware that Sheidow Park Primary 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/Vacation Care is a NUT AWARE service. I am aware that some children have severe allergies to nuts and will not send nut based products to the service.*

**Parent Initial** \_\_\_\_\_

## Account Information

All OSHC & Vacation care accounts are emailed to you weekly.

**You are advised that the above consents are necessary to comply with legal requirements. Failure to consent will affect our ability to claim CCS on your behalf and will result in you having to pay full fee.**

# OUR PHILOSOPHY

## OSHC PHILOSOPHY

The Sheidow Park School OSHC/Vacation Care provides quality care for school aged children and operates within all the regulatory and legislative requirements, including the National Quality framework and My Time Our Place framework.

We ensure that all experiences offered to children in our care meet these outcomes and guidelines.

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, whilst 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.

To ensure that we are tailoring activities to suit our children, Educators activities are programmed to engage with children, as well as, build and maintain positive, respectful and meaningful relationships.

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 safe, welcoming, fun and creative program that provides children with the opportunity to develop friendships, become effective communicators, experience life skills, and develop their self esteem.

**OSHC must be notified of any casual bookings prior to the session commencing, via text message or phone call.....**

**BSC before 7am daily & ASC by 2.30pm daily**

**A Walk in fee of \$5.00 per child will be charged if no notification is received.**

OSHC Bookings can be Permanent or Casual or a combination of both.

BOOKINGS	<input type="checkbox"/> <b>Flexible/casual</b> <input type="checkbox"/> <b>Please tick any permanent sessions required</b> (All Permanent bookings will be booked in for the year- any changes to your bookings please notify the Director)				
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BSC SESSION					
ASC SESSION		EARLY FINISH  ASC			
No of children					

From ...../...../..... For  Weeks/or until : From ...../...../..... OR Ongoing (tick)

- **NO REFUNDS** are given on **CANCELLED OSHC sessions or Vacation care days.**
- **All cancellations can be advised in person, emailed, text or by calling the OHSC mobile phone.**
- **Two weeks written notice must be given when a child is withdrawn from the service for a period of time.**
- **Prior to the school holidays, a Vacation care booking form will be available for you to complete for the days of care you require.**

**Feedback**

We value your feedback whether it be positive or negative, we strive to offer a quality service and meet your needs. Please don't hesitate to contact us with any suggestions you may have or record them below.

Parent/Guardian Name: \_\_\_\_\_

Current email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For office use only:**

Details entered

Bookings entered

Enrolment fee

Hat & fee