

# Alberton OSHC – Enrolment Form 2024

*This information is confidential and will be available to supervising staff and emergency personnel.*

<b>Child's Name</b>	
<b>Family Name</b>	
<b>Gender</b>	<b>Date of Birth</b>
<b>Residential Address</b>	
<b>CRN number</b>	<b>School</b>
<b>Languages Spoken at Home</b>	
1.	2.
<b>Indigenous status and/or Ethnicity</b>	
<b>Year Level/ Room Number/ Teacher</b>	

## Parent/Guardian Information

<b>Account Holder Information</b> Parent/Guardian Name (Given Names/Surname)		<b>Second Parent/Guardian Information</b> Parent/Guardian Name (Given Names/Surname)	
<b>Birth date (legally required)</b>	<b>Gender</b>	<b>Birth date (legally required)</b>	<b>Gender</b>
<b>Parent/Guardian CRN number</b>		<b>Parent/Guardian CRN number</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	
<b>Postal Address</b>		<b>Postal Address</b>	
<b>Home Address</b>		<b>Home Address</b>	
<b>Place of Work</b>		<b>Place of Work</b>	
<b>Email</b>		<b>Email</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Wk Phone</b>		<b>Wk Phone</b>	
<b>Hm Phone</b>		<b>Hm Phone</b>	

Please list primary contact email to be added to the OSHC group email list (details will be kept confidential and not shared with other families) \_\_\_\_\_

**Emergency Contacts** - (If parent/guardian cannot be contacted, emergency contacts will be notified)

Please list in order of preference

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

**Other people Authorised to collect (Please advise staff if this information changes)**

Name	Contact Number	Relationship to Child
Gender		
Name	Contact Number	Relationship to Child
Gender		
Name	Contact Number	Relationship to Child
Gender		

## Medical and Health Information

Is your child up-to-date with their immunisations? Yes    No  
 If not, the Director may be in contact to discuss this further

Medic Alert Number (if relevant) \_\_\_\_\_ Review Date \_\_\_\_\_

### Health Support

Does your child have a health care need, disability or diagnosis that we need to be aware of at Out of School Hours Care?    No    Yes    (If YES please tick the boxes below that show your child's health care) needs.

	✓		✓
Asthma		Incontinence	
Diabetes		Joint Disorder (e.g. arthritis)	
Epilepsy		Swallowing/choking difficulties	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication Difficulties	
Seizures/convulsions		Skin condition (e.g. dermatitis)	
Allergies (e.g. bees, peanuts, dairy)		Autism	
ADHD		Other (please give details)	

### Health Care Plan

Before they start at Out of School Hours Care, staff need a 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, restrictions to enrolment may apply
- 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.

<b>Doctor's Name</b>	<b>Clinic Name</b>
<b>Address</b>	<b>Phone Number</b>

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 parent before medication can be administered by OSHC staff.

Are there any special dietary requirements in relation to your child? If yes, please give details:

Please provide information if your child needs aids, equipment or has accessibility requirements

If you have indicated yes to any of the above, the Director may be in contact with you to set up a time to complete a Risk Minimisation Plan

## Custody/Access

Are there any **Family Court Orders**?

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

Are there any **Restraining Orders** in relation to the enrolled child?

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

**NB** 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 the family. This allows the OSHC staff to provide informed quality care for your child/ren.

### Other Information:

Are there any aspects of this child's cultural, ethnic and/or religious background that you would like us to be aware of?

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Is there any other information you would like to make us aware of regarding this child or your family?

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### **Written permission**

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

Parent/Guardian/Approved Person

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Declaration and consent to Emergency medical treatment**

I \_\_\_\_\_ (print full name) with lawful authority of the child referred in this enrolment form,

- Declare that the information in this enrolment form is true and correct and will undertake immediate action to inform the OSHC service in the event of any changes to this information.
- Understand and accept that OSHC staff may administer simple First Aid to my child if the need arises.
- Agree to collect or make arrangements for the collection of my child referred to in this enrolment form if they become unwell at the service.
- Consent to the staff seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as it reasonably necessary and agree to reimburse any necessary expenses incurred by the HC service.
- Undertake to inform the staff of any absence of my child from the service due to illness, especially infectious conditions.
- In the event of a medical emergency; OSHC staff will call an ambulance. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent for OSHC activities:**

I \_\_\_\_\_ (print full name) with lawful authority to the child referred in this enrolment form give consent to the following applicable areas.

**Photographic consent:** permission for my child to be photographed by staff members to be used in records and displayed in the centre only YES  NO

**Photographic consent:** permission for my child to be photographed and group photos of them be given to other children to take home as a memento YES  NO

**Photographic consent:** permission for my child to be photographed and photos of them to be shared using the SPIKE App YES  NO

**Photographic consent:** permission for my child to be photographed and group photos of them to be displayed on school website, Skoolbag and Alberton PS Facebook Page YES  NO

**Children's work publications consent:** permission for my child's work (no photo of child) to be published in OSHC newsletters and publications displayed in OSHC and externally on the school website, Skoolbag and SPIKE App YES  NO

**Sunscreen Consent:** permission for my child to have a 30+ sunscreen applied as per the services sun smart policy YES  NO  (if no, own sunscreen will need to be provided or discussed with the Director prior to starting)

**Permission to Apply Sunscreen:** permission for my child to receive help if needed to apply sunscreen YES  NO

**Walking Excursions:** permission for my child to be accompanied with staff members on walking excursions within the local area YES  NO

**Water Play Consent:** permission for my child to participate in water activities YES  NO

**Mud Play Consent:** permission for my child to participate in mud play activities YES  NO

**PG Movie Consent:** permission for my child to watch PG movies in OSHC during the term and vacation care YES  NO

**Head lice consent:** permission for the staff to check my child's hair if suspected head lice, I understand all checks will be conducted sensitively YES  NO

**Wet and Soiled Clothing:** to receive help by a staff member (if needed) to get changed out of wet or soiled clothes YES  NO

**Permission for my child to use** (as part of programmed activities): face paint zinc nail polish makeup (please circle yes to indicate permission for each activity)

### **OSHC Behaviour Management**

**Behaviour management policy:** OSHC has a Relations and Interactions with Children 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 OSHC staff of their child's behavioural needs. Children who are displaying violent or aggressive behaviour towards other children and staff will be excluded from the program, in line with this policy (a copy of this policy is available in the OSHC Policy Folder)

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Sun Protection**

OSHC follows the Cancer Council Sun Smart guidelines which recommend children wear appropriate hats while outside. All children and staff must wear an appropriate hat such as a wide brimmed bucket hat or legionnaire hat. We follow the No Hat/No Play policy in line with the OSHC Sun Safe policy. Hats must be worn during Term One and Term 4 or when the UV index is 3 or above

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **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 and may be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies and may otherwise be disclosed without consent where authorised or required by law.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Agreements of Enrolment**

I \_\_\_\_\_ (print full name) with lawful authority of the child referred in this enrolment form agree,

- Before, After and Vacation Care fees are regularly reviewed and families will be notified of any changes
- OSHC fees are charged a week in arrears and payable every week via direct deposit, cash or Eftpos to the school or OSHC office
- Late collection fees past 6pm may apply if the service has not been contacted. Refer to the Fee policy for a breakdown of the charges
- When a child is continually collected late, it is at the discretion of the Director that alternate care options may be discussed
- Families who cannot afford fees are encouraged to discuss this with the OSHC Director and will be assisted where possible and/or provided with information on other avenues of financial support, to continue to access the service
- If accounts are more than 28 days in arrears or greater than \$150, \$300 or \$450 (relevant to the number of children attending) the following process will occur:
  - After 14 days – reminder email will be sent to pay the minimum amount due
  - After 30 days - Fee Letter One will be emailed and posted asking for the updated minimum payment to be paid within a week and a payment plan set up.
  - After 60 days – Fee Letter Two will be sent when no contact or payment is made-notice of suspension of care will be given and children will be marked as absent until contact or payment is made. Please note: Fee Letter Two will be issued in lieu of first Fee letter, if families have already received one in the financial year.
  - After 90 days - Fee Letter Three will be sent when no contact or payment is made-current and future bookings will be cancelled and the debt recovery process will begin as well as an addition \$25 charge will be added to the account to help with debt recovery fees.
- To attend Vacation Care, accounts must no more than 2 weeks in arrears or exceed \$200 at the time of booking.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_