

Enfield OSHC – Enrolment Form 2017

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 (Centrelink number)
1			
2			
3			
4			
5			

❖ ENROLLING PARENT/GUARDIAN & BILLING DETAILS

Parent/Guardian Name 1: Date of Birth: Parent CRN number: Residential Address	Parent/Guardian Name 2: Date of Birth: Parent CRN number: Residential Address
Place of Work Address	Place of Work Address
Email:	Email:
Home PH: Work PH: Mobile	Home PH: Work PH: Mobile

❖ Emergency Contacts/Collection Authorities Only (If parent/guardian cannot be contacted)

1. Name	2. Name	3. Name
Address	Address	Address
Phone: Mobile:	Phone: Mobile:	Phone: Mobile:
Relationship to Family	Relationship to Family	Relationship to Family

❖ IN CARE ELSEWHERE

- I am claiming Childcare Benefit at other approved Childcare Services which includes for this number of children (please enter number of children if this applies only)
- Indigenous status and/or Ethnicity (please tick if applies)
- Has child/ren received all immunisations appropriate for his/her age
- Primary language spoken.....

Enfield OSHC Enrolment Form

Medical and Health Information (Confidential)

This information is confidential and will be available only to supervising staff and emergency medical personnel
One form per child

Family Name	Child's Name	Date of Birth
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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 (If No, staff will provide standard supervision for safety & first aid)
- Yes (If **YES** please **tick** the boxes below 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 arthritis)	
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 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 & first aid
- If **YES** write down what you have attached (eg asthma care plan; details about ear care)

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Medication

Does your child have any routine health care needs (eg: medication?)

- No (If No, staff will provide standard supervision for safety & first aid)
- Yes (Please attach a medication plan from your doctor or treating health care professional)

Doctor's Name	Clinic Name
Address	Phone Number

❖ Are there any special dietary requirements relation to your child?

- No
- Yes please give details:

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❖ Does your child need special aids or equipment (eg Glasses, hearing aids, callipers)

- No
- Yes please give details:

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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/doctor before medication can be administered by OSHC educators.

Parent/Guardian/Approved Person

Signature _____ **Date** _____

OSHC Information for Parents/Caregivers

Child Participation

I give permission for my child/children to participate in the OSHC program and understand 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/children to participate in a particular activity. Excursions are the exception, as that is the only planned activity programmed for that day.

Child Information

I give permission for OSHC staff to exchange information relating to my child with school staff and to appropriate person(s) (eg. In an emergency/ special needs of my child/children, and behaviour management plans).

Photo consent

I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site on display boards and in the school newsletter.

Work Consent

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area

OSHC Relationships and Interactions with Children (Behaviour Management)

The OSHC program has a Relations and Interactions with Children 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 staff will be excluded from the program, in line with this policy.

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

SA Health recommends everyone check their hair every week for head lice. Checking and treating hair is by law a parent's responsibility. I understand I will need to collect my child, if OSHC supervising staff members believe my child has head lice. I understand it is my responsibility to arrange collection of my child from OSHC when notified.

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. Appropriate hats are given and remain the property of OSHC. We follow the No Hat/No Play policy in line with the OSHC Sun Safe policy. Hats must be worn between September 1 to end of Term 1 and when the UV index exceeds 3.

Medical Emergency

In the event of a medical emergency, staff of the OSHC consider that my child requires emergency/medical assistance of which an ambulance shall be called. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs. I, also agree that staff of the service may administer basic first aid to my child if the need arises.

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.

Information disclosed may be 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.

Fees Policy

I agree to pay the required fees for my child's booked care and accept the policies and guidelines of the Service.

Information to Parents

I have read the OSHC Family Information Package and agree to comply with the OSHC service policies and procedures outlined. Full information on OSHC policies, procedures and guidelines is located in OSHC.

I certify that the information entered upon this form is true to the best of my knowledge and undertake to inform the Service if any of these details change.

Parent/Guardian Signature _____ Date _____

Custody- Parenting Plans /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 child/children?

- No *child/children.*
- Yes (please attach a copy of the order)

Comments.....
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.

Bookings

Please note that a permanent booking will be ongoing and any changes to this booking will need to be advice or normal fees apply. **Cancellation** of all care **MUST** be made 2 weeks in advance or normal fees apply.

Before School Care

Regular Bookings

Please write in the names of your child/ren you require regular bookings for

MONDAY 7.00-8.35AM	TUESDAY 7.00-8.35AM	WEDNESDAY 7.00-8.35AM	THURSDAY 7.00-8.35AM	FRIDAY 7.00-8.35AM

Children will be attending Before School Care on a casual basis Y / N

After School Care

Regular Bookings

Please write in the names of your child/ren you require regular bookings for

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

Children will be attending After School Care On a casual basis Y / N (higher fee applies for casual care)

Vacation Care

PLEASE NOTE: VACATION CARE REQUIRES SEPARATE BOOKINGS. VACATION CARE PROGRAM AND BOOKING FORMS ARE SENT OUT EACH TERM IN WEEK 6 FOR REGULAR USERS OR CAN BE COLLECTED FROM FRONT OFFICE OR FROM OSHC ROOM.

Information/Comments: