

Outside School Hours Care – Enrolment Form

This information is **CONFIDENTIAL** and will be available only to supervising educators

❖ ENROLLING PARENT/GUARDIAN & BILLING DETAILS

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

❖ EMERGENCY CONTACTS/COLLECTION AUTHORITIES Only (If parent/guardian cannot be contacted)

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

❖ IN CARE ELSEWHERE

- I am claiming Child Care Subsidy at other Approved Childcare Services- *(Please enter number of children)*
- Indigenous status and/or Ethnicity- Primary Language spoken.....
- Does your child have Additional/Special Needs (Please specify)

❖ 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 child/children?

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

COMPLYING WRITTEN AGREEMENT (CWA)

BEFORE SCHOOL CARE & AFTER SCHOOL CARE BOOKINGS (Fixed or Casual)

Child's Surname: _____ First Name: _____

Date of Birth: ____/____/____ Child's CRN: ____ - ____ - ____ - ____

Medicare No: _____ - ____

Is the Child linked to the: Mother Father Guardian (please tick- For Centrelink Purpose)?

Linked Parent name: _____ Date of Birth: ____/____/____

Parent CRN: ____ - ____ - ____ - ____

Commencement Date: ____/____/____ Parent Contact Number: _____

Type of Enrolment: (Tick One)

Permanent Session

Casual session

Child Care Subsidy or Additional Child Care Subsidy can be paid? YES NO

	BSC: 7AM to 8.35AM	ASC: 3.05PM to 6.00PM
MONDAY	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENT OF FEES

BSC Permanent Session \$16.00 BSC Casual Session \$19.00

ASC Permanent Session \$28.50 ASC Casual Session \$30.50

End of Term ASC 2.05pm start \$32.50

VACATION CARE \$58.00 Home days per session Excursion days \$66 per session

Pupil Free days \$58

PARENT DECLARATION

- I understand that once approved, this will replace the existing complying written agreement.
- I understand that ANY changes to the CWA must be approved by the service before implementing.
- I understand that I will receive weekly invoices on a Tuesday. (Please see payment agreement form attached)

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.

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 THE OSHC ROOM.

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 educators to provide informed quality care for your child/ren.

Parent/Guardian: Signature: Date:

Outside School Hours Care

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 is required to be completed

Family Name	Child's Name	Date of Birth

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 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)

.....

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)

Doctor's Name:	Clinic Name:
Address:	Phone Number:

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

No

Yes please give details

.....

❖ **Does your child need special aids or equipment (e.g: Glasses, hearing aids, callipers)?**

No

Yes please give details

-
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 staff.

Parent/Guardian/Approved Person Signature:.....

Outside School Hours Care (Consent for Families)

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. Information on appropriate hats is available from 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, 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 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 or required by law.

Fees Policy

I have read the OSHC Fees policy and understand the late fee charges and management of overdue accounts, which may include an exclusion from using the service if unpaid.

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:.....

PAYMENT AGREEMENT FORM

It is a condition of annual enrolment to any of the OSHC services that a parent / caregiver initial each box in the table below to indicate acceptance of each of the commitments to the service.

I _____ acknowledge and understand that:

	the Enfield Primary School OSHC service is a user pays service, funded through fees.
	OSHC fees are charged one week in arrears and are then due payable.
	Fees are charged based on my child's booked sessions. Each financial year my child is entitled to 42 days of absence whilst still being able to claim Child Care Benefit.
	Normal fees are charged when my child is sick or absent from a booked session if no notification is given. Notification must be given by 6pm the previous day for Before School care and by 9am, on the booking day, for After School care.
	<p>Payments can be made in the following ways:</p> <ul style="list-style-type: none"> • EFTPOS • Direct deposit (bank transfer) into the OSHC Bank account • Setting up a Direct Debit agreement <p>Payments made directly to OSHC during service hours (7.00 – 8.45am & 2.30 – 6pm)</p>
	<p>When making bookings for Vacation Care:</p> <ul style="list-style-type: none"> • Total fees must be paid in full prior to the start, or • Pay a deposit of \$10 per session and/or set up a direct debit agreement. <p>All non-payments will be monitored as per this payment agreement and service suspended if accounts go into arrears over 28 days.</p>
	<p>Before School Care begins at 7 am After School Care ends at 6 pm</p> <p>Each day my child attends the service, their arrival or departure time must be entered in the electronic sign in. This provides an accurate record of session attendance and it is an important safety precaution as in case of emergency this list is used by staff to provide an instant guide to the children present.</p>
	<p>There is a late pick up fee of \$15 for the first 15minutes, per family and thereafter \$1 per minute applies.</p> <p>A parent is regarded as being late when they arrive to collect their child 5 minutes after closing time. Notification of special circumstances will be considered in relation to collection of late fees. Without prior notification that the authorised carer is unavoidably delayed, any child not collected by 6:30pm will require the OSHC staff to contact Crisis Care for arrangements.</p>
	<p>ACCOUNTS IN ARREARS:</p> <p>Invoices are sent out weekly detailing sessions I am being charged for, Child Care Subsidy payments that have been processed and the outstanding balance to be paid.</p> <p>If an account is overdue by 28 days or more there will be a letter sent to the parent/ caregiver noting a suspension from the OSHC service from the date of the letter. It will also detail a summary of monies owing on the account and instructions for how to organise payment, and the involvement of a debt collection agency.</p> <p>It is the parent/ caregiver's responsibility to contact the OSHC Director within 7 days from the date stated in the letter.</p> <p>If no arrangement is made to pay the outstanding fees, the following will occur:</p>

	<ul style="list-style-type: none"> • A late fee will be applied to the account - \$5 a week • An exclusion from the OSHC service will commence • A debt collection agency will be involved. For any accounts that are referred to our debt collector for recovery, the parent/caregiver responsible for the account will be responsible for the Debt Collector's charges which will be added to the total amount to be recovered.
	<p>Parent/ caregivers with unpaid arrears will not be able to resume use of the OSHC service until they have paid their debt in full. This involves setting up a Direct Debit agreement to make regular payments till the debt is cleared.</p> <p>Parents/ caregivers can also set up a direct payment of the Child Care Rebate to OSHC. This needs to be organised and approved through Centrelink.</p>
	<p>If any of the following changes are made, the service must be notified immediately:</p> <ul style="list-style-type: none"> • Address, telephone numbers and emergency contacts • Person/s authorised to collect your child, including changes as the result of a custody arrangement or court order • Changes in access authorisation • Your child contracts an infectious disease or illness • When your child is absent
	<p>Bookings are made and kept up to date by:</p> <ul style="list-style-type: none"> • Contacting OSHC directly to speak with a member of staff or to complete a <i>Booking Confirmation/ Update</i> form • Leaving a message on Oshc landline or Mobile.
	<p>Inappropriate behaviour by children may result in them being excluded from the service for short or long term periods. Warnings are used wherever possible, as per the Behaviour Policy, but an immediate exclusion would be applied when the safety of other children has been jeopardised.</p> <p>The OSHC Director may also involve family/caregivers in strategies to improve behaviour, when concerns arise, or as part of a re-entry after an exclusion. This process may include the use of support agencies when necessary.</p>

I agree to the listed conditions of enrolment and understand that I am responsible for payment of fees each week.

Full name of Parent/Guardian responsible for accounts

Signature of Parent/Guardian responsible for accounts Date:.....

Office use Only: Interview / Accepted by: Date: / /