

OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

Port Noarlunga OSHC and Vacation Care Services
 10 James Street, Port Noarlunga SA 5167
 Phone: 83845612 Fax: 83263530
 Mobile: 0405 334 676

CHILD INFORMATION

Family Name: _____ First Name: _____
 Preferred Name: _____ Gender: _____
 Date of Birth: ____/____/____ CRN: _____
 Address: _____
 _____ Post Code: _____

ENROLLING PARENT / GUARDIAN AND BILLING DETAILS

Family Name: _____ First Name: _____
 Gender: _____ Date of Birth: _____
 Contact Priority: _____ CRN: _____
 Address: _____
 _____ Post Code: _____
 Relationship to child: _____ Home Phone: _____
 Mobile Phone: _____ Work Phone: _____
 Email address: _____

OTHER PARENT / GUARDIAN (IF APPLICABLE)

Family Name: _____ First Name: _____
 Gender: _____ Date of Birth: _____
 Contact Priority: _____ CRN: _____
 Address: _____
 _____ Post Code: _____
 Relationship to child: _____ Home Phone: _____
 Mobile Phone: _____ Work Phone: _____
 Email address: _____

PARENTING PLANS, CUSTODY / ACCESS ORDERS RELATING TO THIS CHILD

Please provide information on current parenting plans or family court orders relating to custody / access of the child you are enrolling.

NB: It is the parent’s responsibility to inform OSHC staff of any relevant and useful information in relation to this child.

CARE ELSEWHERE

I am claiming Childcare Benefit (CCB) at other approved Child Care Service/s (which includes LDC, OSHC, FDC, IHC, OCC) Yes No Number of children _____

EMERGENCY CONTACTS

Family Name: _____ First Name: _____
 Contact Priority: _____ Home Phone: _____
 Mobile Phone: _____ Work Phone: _____
 Address: _____
 _____ Post Code: _____
 Relationship to child: _____

EMERGENCY CONTACTS

Family Name: _____ First Name: _____
 Contact Priority: _____ Home Phone: _____
 Mobile Phone: _____ Work Phone: _____
 Address: _____
 _____ Post Code: _____
 Relationship to child: _____

It is very important that you tell these people you have nominated them. In nominating them you give them the authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child in an emergency until he/she can be returned home.

COLLECTION AUTHORITIES

Family Name: _____ First Name: _____
 Home Phone: _____ Mobile Phone: _____
 Work Phone: _____ Relationship to child: _____

Family Name: _____ First Name: _____
 Home Phone: _____ Mobile Phone: _____
 Work Phone: _____ Relationship to child: _____

Family Name: _____ First Name: _____
 Home Phone: _____ Mobile Phone: _____
 Work Phone: _____ Relationship to child: _____

The people nominated here have been given approval only to collect the child and should not be contacted in case of emergency.

MEDICAL AND HEALTH INFORMATION

Has the child received all immunisations appropriate for his/her age? Yes No (Please tick)

If no, please provide details: _____

I accept full responsibility if my child is not immunised. Parent/Guardian Signature: _____

Has the child any conditions / medications that be affected by OSHC activities? Yes No (Please tick)

If yes, please give specifics and provide details of related medication: _____

Has the child any additional / special needs? Yes No (Please tick)

If yes, please give specifics and provide details of related medication: _____

Does the child require special aids (eg. Glasses, hearing aids)? Yes No (Please tick)

If yes, please provide details: _____

MEDICAL AND HEALTH INFORMATION (Continued)

Has the child any special dietary needs not related to allergies? Yes No (Please tick)

If yes, please provide details: _____

Has the child had any kind of allergic reaction (e.g. foods, medication)? Yes No (Please tick)

If yes, please provide details including reaction, treatment and medications: _____

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)? Yes No (Please tick)

If yes, please provide details: _____

Is there any other medical that we may need to know? Yes No (Please tick)

If yes, please provide details: _____

Is there any other personal information that we may need to know? Yes No (Please tick) *This includes religious or cultural practises/prohibitions that you would like the service to know or comments on homework, behaviour management etc.*

If yes, please provide details: _____

Please supply the OSHC service with required medications in the original containers with child's name clearly marked. Please complete a 'permission to administer medication form' together with any medication records where necessary.

Usual Medical Attendant

Doctor's Name: _____ Phone No: _____

Clinic Name and Address: _____

Usual Dental Attendant

Dentist's Name: _____ Phone No: _____

Clinic Name and Address: _____

Medical Benefits cover with: _____

Ambulance Cover with: _____

Medicare No: _____ Health Care Card No: _____

GENERAL CONSENTS

- I consent for my child to take part in supervised walking excursions with the local area as part of the Centre’s program.
- I consent for my child to be photographed and for their image and name to be published in circumstances the Director of the service deems to be appropriate.
- I consent for the service to apply sunblock to my child if required.
- I give consent for Centre staff to apply insect repellent to my child if required.
- I give consent for the service to call an ambulance if the Director deems it necessary for my child’s wellbeing.
- I give my permission for my child to watch a PG rated video at the discretion of the service Director.
- I give my permission for my child to use the skateboarding equipment and scooters during OSHC and Vacation Care. The equipment will be used in conjunction with adult supervision and safety gear.

AGREEMENTS

- I agree to pay the \$50 bond within a week of my child’s first booking.
- In accordance with the service policies, I agree to pay the required fees for my child’s/children’s booked care for OSHC / Vacation Care. I agree to pay all extra costs relating to outstanding fees and late fees. I understand that Child Care Subsidy is available through the Family Assistance Office that may assist with the cost of my Child Care Fee.

Fees will be charged at: Before school care \$18.00
 After school care \$25.00
 Early Dismissal \$30.00

School closures, pupil free days & Vac Care \$55.00

FEES may change in line with our policies and Procedures.

- I agree that the staff of the service may administer basic first aid to my child if the need arises.
- I understand that if at any time the staff of the service consider that my child requires emergency medical / hospital / ambulance assistance, that they will have the local medical / hospital / ambulance attend my child. I acknowledge that I be liable for any medical / hospital / ambulance expenses uncured in the treatment of my child.
- I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the OSHC Service if any of these details change.

Signature of Parent / Guardian: _____ Date: ____/____/____

Interviewed / Accepted by: _____ Date: ____/____/____

INFORMATION to PARENTS

I have read the OSHC Family Information package and agree to comply with the OSHC / Vacation Care service policies and procedures outlined. Full information on OSHC policies, procedures and guidelines will be located in the OSHC office for access.

Port Noarlunga School service aims to provide a quality Out of School Hours Care service at an affordable price to parents who have children eligible to attend under the Commonwealth Government Priority of Access Guidelines.

Due to increasing costs fees are reviewed annually are subject to change, parents will be notified prior to these changes taking place by DoJo, on your OSHC statement and notification on the sign in/out folder.

When your OSHC/Vac fees exceed \$200 or more after a 4-week period (unless a payment plan has been organised directly with Belinda, OSHC Director) a reminder note will be sent out, failure to make payment will result in your account being forwarded to the debt collection agency.

**A NOTE FROM THE OUT OF HOURS SCHOOL CARE
MANAGEMENT COMMITTEE**

Dear Parents / Caregivers,

Invoices are sent out weekly and payment is required within 7 days after the date of the invoice. Families, who are experiencing financial hardship at any particular time, please contact Belinda (OSHC Director) to negotiate a staged payment plan preferably before you receive a 2nd reminder.

After 3 reminders the matter will be put in the hands of a debt collection agency without any further notice, at which time your child/children will be excluded from the OSHC / Vac Care program.

Parents with children attending OSHC / Vac Care are required to sign that they have read and agreed to the payment policy.

Please note:

“YOU shall pay for all costs incurred by Port Noarlunga OSHC / Vacation Care Service (including costs that Port Noarlunga OSHC Inc may be contingently liable) in any attempt to collect any monies owed by YOU”.

I have read and acknowledge the policy on FEES AND DEBT COLLECTION.

Name: _____ **Signature:** _____

Date: _____

Please provide details of the booking arrangements you wish to make. We understand that these may change at times and require 24 hours notice of cancellation for BSC and ASC and 48 hours (2 working days) for Vacation Care. If you wish to make further bookings please contact the school on 83822455 or the OSHC Service on 0405 334 676.

Before School Care

Monday	Tuesday	Wednesday	Thursday	Friday
Arrive: am	Arrive: am	Arrive: am	Arrive: am	Arrive: am
Depart: am	Depart: am	Depart: am	Depart: am	Depart: am

Dates: _____ or ongoing (Please tick)

After School Care

Monday	Tuesday	Wednesday	Thursday	Friday
Arrive: pm	Arrive: pm	Arrive: pm	Arrive: pm	Arrive: pm
Depart: pm	Depart: pm	Depart: pm	Depart: pm	Depart: pm

Dates: _____ or ongoing (Please tick)

Vacation Care

Monday	Tuesday	Wednesday	Thursday	Friday
Arrive: am/pm	Arrive: am/pm	Arrive: am/pm	Arrive: am/pm	Arrive: am/pm
Depart: am/pm	Depart: am/pm	Depart: am/pm	Depart: am/pm	Depart: am/pm

Dates: _____ or ongoing (Please tick)