

OSHC

 **St John Bosco School – Out of School Hours Care/Vacation Care Enrolment Form**
 This information is confidential and will be available to supervising staff

|  |  |
| --- | --- |
| Child’s Last Name  | Child’s Last Name |
| Childs Name (1)Preferred Name | Child’s Name (2)Preferred Name |
| Date of Birth  M/F | Date of Birth  M/F |
| Is this child Aboriginal or a Torres Strait Islander Y/N  | Is this child Aboriginal or a Torres Strait Islander Y/N  |
| Centrelink Ref No: | Centrelink Ref No: |

 **\*Parent/Caregiver Information (This will be used to contact you in an emergency)**

|  |  |
| --- | --- |
| **Enrolling** Parent/Caregiver **(1st Contact)** | **Other** Parent/Caregiver **(2nd Contact)** |
| Full Name | Full Name |
| Home Address | Home Address |
| Home Phone | DOB: | Home Phone | DOB: |
| Occupation | Days worked per week | Occupation | Days worked per week |
| Work Place & Address | Work Place & Address |
| Work Phone | Work Phone |
| Mobile Phone | Mobile Phone |
| Centrelink Ref No: | Centrelink Ref No: |
| Preferred Contact Email: |

 **Emergency Contact**
 If Parent/Caregiver cannot be contacted, emergency contacts will be notified and possibly asked to collect child/ren

|  |  |  |
| --- | --- | --- |
| 1. Name | 2. Name | 3. Name |
| Address | Address | Address |
| Home PhoneWork PhoneMobile | Home PhoneWork PhoneMobile | Home PhoneWork PhoneMobile |
| Relationship to Child/ren | Relationship to Child/ren | Relationship to Child/ren |

**Medical and Health Information**

Child/ren’s Name: 1…………………………………..…………………….………….2……………………………………………………….…….………........

Medicare Number:………………….…………Health Card No:……………….…….…….Medical Alert No:……………………………………….

**HEALTH SUPPORT**

**\*Does your Child/ren have health care needs that could effect their safety at OSHC?**

**□ NO**

**□ YES -** If YES, please tick the boxes below that show your child/ren’s health care needs.

 ü ü ü ü

 Child 1 Child 2 Child 1 Child 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asthma |  |  | Incontinence |  |  |
| Epilespsy |  |  | Joint Disorder (eg Arthritis) |  |  |
| Heart Disorder |  |  | Ear Disorder (eg drainage tubes) |  |  |
| Vision Impairment |  |  | Hearing Impairment |  |  |
| Seizures / convulsions |  |  | Communication difficulty |  |  |
| Allergies (eg bees, nuts, dairy)Anaphylatic |  |  | Skin Conditions(eg dermatitis)  |  |  |
| Diabetes |  |  | Swallowing/Choking difficulties |  |  |
| Other (Please give details) |  |  |

 **HEALTH CARE PLAN**

\*OSHC Staff needs a **written health care plan** from your childs/rens doctor/treating health professional to plan for any special needs. **Have you attached the health care information from your childs/ren’s doctor/treating health professional?**

□ If NO, staff will provide standard supervision for safety and 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/ren have any routine health care needs (eg medication)?

□ NO

□ YES Please advise

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| (\*) Doctors Name | Clinic Name |
| Address | Phone Number |

(\*) This information will be used by supervising staff and is a requirement for South Australian standards for OSHC

\*Are there any special dietary requirements relating to your child/ren?

□ NO

□ YES Please attach a modified food plan from your doctor or treating health care professional.

\*Does your child/ren need any special aids or equipment? (eg. Glasses, hearing aids, callipers)

□ NO

□ YES, please give details: Child 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WHEN SIGNING BELOW YOU ARE AGREEING TO THE FOLLOWING:**

All medication must be supplied in the original container with the pharmacy label and child/ren’s name clearly marked on the container.

1. I understand that a **permission to administer medication letter** must be **signed** by the parent/caregiver/doctor before medication can be administered by the OSHC staff or self administered by the child/ren over 8 years of age.
2. I give permission for the appropriate forms to accompany my child/ren in an emergency situation. I understand that this information will be treated confidentially.
3. I understand that the OSHC staff will make every effort to contact Parents/Caregivers before seeking medical assistance if child/ren attending the Program are injured or become ill.
4. If urgent treatment is required, I authorise the staff to obtain the medical assistance that is necessary and agree to pay all medical and transport costs incurred. I further authorise qualified practitioners to administer anaesthetic if the need arises (unless otherwise specified).

Name of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE HELP US MAKE YOUR CHILD/REN SAFE
Please circle the USUAL method by which your child/ren leaves OSHC/Vacation Care:

1. Walking YES/NO
2. Taxi called by Parent/Caregiver YES/NO
3. Picked up by Parent/Caregiver/Approved Person YES/NO
4. \*Other People Authorised to collect child/ren/ Email address is required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Name | Address | Relationship to child | Phone Mobile | Email : |
| 2. Name | Address | Relationship to child | PhoneMobile | Email: |
| 3. Name | Address | Relationship to child | PhoneMobile | Email:  |

**What days would you like your child to attend OSHC?** (IF YOU REQUIRE VAC CARE PLEASE DISREGARD THIS)

(Please tick for the number of children eg. 1ü child, 2 üü children)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Before School Care |  |  |  |  |  |
| After School Care  |  |  |  |  |  |

**Is this a recurring booking or once off? (Please tick)**

□ Recurring □ Once off

**FEE PAYMENT**

By signing below you are agreeing to the following statements:

1. I agree to pay the required fee payment for my child/ren booked care at SJB OSHC.
2. I acknowledge that it is my responsibility to pay our fees as indicated on in the current Parent Handbook.
3. I am aware of the debt collection and payment policy as per the Parent Handbook and that fees must be paid. Failure to pay fees over an extended period of time may result in suspension from the service.

Name of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment will be: Weekly□ Fortnightly□ Monthly

 **CUSTODY AND 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/ren

□ NO □ YES (Please attach a copy of the order)

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the responsibility of Parent/Caregiver to inform OSHC staff of any useful information that is in relation to the child/ren of the family. This allows the OSHC staff to provide informed quality care for your child/ren.

**BEHAVIOUR EXPECTATIONS**

Are there any behavioural or emotional issues regarding your child/ren that may affect them whilst at OSHC and are there any ways that we can help them?

□ NO □ YES (Please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BEHAVIOUR EXPECTATIONS CONTINUED**

Please be aware that by enrolling your child/ren within this service, you are agreeing with the services expectations of the children. All expectations and behaviours are outlined in the OSHC Parent Handbook that is available from OSHC, the website and the school Office.

If at any time, a child is willing participating in unsafe or threatening behaviour, is purposefully and continuously disobeying rules/instructions or we feel that they are a danger to themselves and/or the other students we will call parents and ask for you to come and pick up your child. In such cases, the OSHC director may find that we can no longer allow your child to attend our service.

By signing your name and signature below you are agreeing to these terms and understand that the safety of the children in our service is our priority.

Name of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CONSENTS (Please tick) Yes No**

* I/we give permission for my child/ren to participate in the OSHC program and understand that OSHC educators will notify us of each individual excursion.

□ □

□ □

 □ □

□ □

□ □

□ □

□ □

□ □

* I/we give permission for OSHC educators to exchange information to my child, with school staff and to the appropriate persons when necessary.
* I/we give consent to photographs (still or video) being taken of my child/ren, as part of the OSHC program and to be displayed around the OSHC site on display boards.
* I/we give consent to photographs (still or Video being taken of my child/ren, as part of the OSHC program and to be published on Xplor.
* I/we give permission for my child/ren to participate in computer and active based activities.
* I/ we give permission for my child/ren to access or view media rated G and/or PG.

**I/we have read the current OSHC Parent Handbook and agree to comply with the services policies and procedures as outlined in the Handbook**

Name of Enrolling Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Enrolling Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of other Parent/Caregiver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_