



# Out of School Hours Care & Vacation Care Family Enrolment Form

Phone: (08) 82941990 Email: oshc.stleonards865@schools.sa.edu.au

## ENROLLING PARENT/GUARDIAN

Please note: the enrolling parent/guardian is the person who is liable for the account and who is linked to the child's Centrelink Reference Number (CRN) for Centrelink subsidies.

Name of Parent/Guardian ..... D.O.B ...../...../..... C.R.N .....

Relationship to child..... Phone (H)..... (W)..... (M).....

Address:.....

Email.....

Country of birth (if not Australia) .....Language spoken at home.....

## OTHER PARENT / GUARDIAN

Name: ..... Relationship to child:.....

Phone: ..... Email.....

Address (if different to above) .....

Authority to collect **yes / no**

Emergency contact **yes / no**

## ADDITIONAL INFORMATION

Are there any court-sanctioned orders in place relating to your child/ren? **yes/no** (If so please attach a copy)

.....

## AUTHORITY TO COLLECT (other than Parent/Guardian)

Name.....

Name.....

Relationship to child .....

Relationship to child .....

Contact number .....

Contact number .....

Emergency contact **yes/no**

Emergency contact **yes/no**





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## CHILD DETAILS # 1

Name ..... Preferred name ..... D.O.B ...../...../.....

C.R.N .....

Country of birth (if not Australia) ..... Language spoken at home.....

Aboriginal Descent  Torres Strait Islander Descent

.....  
.....

### MEDICAL AND HEALTH INFORMATION

Does the child have any medical conditions that may be affected by OSHC activities?

(e.g. asthma, allergies etc)

No  / Yes  (If yes, please specific below)

.....  
.....

Treatment / Medication (A current action care plan and medication plan must be provided to the Service)

.....  
.....

Dietary Requirements

.....

Additional needs (e.g. autism, emotional)

.....  
.....

### IMMUNISATION INFORMATION

Has the child received all immunisations appropriate for their age?

Yes  / No  (If no, please give details)

.....  
.....

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

Has the child received the following immunisations (12-13 years)? (Please tick)

Diphtheria  Pertussis (Whooping Cough)

Tetanus  Human Papillomavirus (HPV)





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## CHILD DETAILS # 2

Name ..... Preferred name ..... D.O.B ...../...../.....

C.R.N .....

Country of birth (if not Australia) ..... Language spoken at home.....

Aboriginal Descent  Torres Strait Islander Descent

.....  
.....

### MEDICAL AND HEALTH INFORMATION

Does the child have any medical conditions that may be affected by OSHC activities?

(e.g. asthma, allergies etc)

No  / Yes  (If yes, please specific below)

.....  
.....

Treatment / Medication (A current action care plan and medication plan must be provided to the Service)

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.....

Dietary Requirements

.....

Additional needs (e.g. autism, emotional)

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.....

### IMMUNISATION INFORMATION

Has the child received all immunisations appropriate for their age?

Yes  / No  (If no, please give details)

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

Has the child received the following immunisations (12-13 years)? (Please tick)

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## BOOKING AGREEMENT

Bookings can be made with OSHC by phone, email or in the Family Communication Book at OSHC. Bookings can be permanent, or casual, however different fees apply (please see parent handbook for further information).

- Permanent (I would like to book the following sessions on a regular basis during term time)
- Casual (I will book as needed (subject to availability))

Details of fees are in the Family Handbook and on the school website

### Before School Care (7.00am – 8.30am)

**MON TUES WED THURS FRI**

Weekly / fortnightly (please circle)

Commencement date.....

### After School Care (3.05pm – 6.00pm)

**MON TUES WED THURS FRI**

Weekly / fortnightly (please circle)

Commencement date.....

***Applications for Vacation Care bookings open in week 5 of each term.***

## AGREEMENTS

I agree to pay the required fees for my child's booked OSHC hours and accept the policies and rules of the service.

Signature.....





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## CONSENTS / PERMISSIONS

Depending upon the severity of an injury, Educators may contact the parent/carer to advise them of the child's condition and confirm further courses of action to be taken eg (whether to call an ambulance/doctor). Any injury sustained above the shoulders, a courtesy call will be made to parents/carers. Should Educators consider a medical situation or injury to a child to be deemed life threatening, an ambulance will be called and families notified. The parent/carer will be responsible for any expenses incurred on behalf of their child.

Signature .....

I further authorise qualified practitioners to administer medication if the need arises

Signature .....

I give permission for OSHC Educators to administer first aid to my child/ren should the need arise Yes  No

I give permission for my child/ren to watch PG rated movies Yes  No

I give permission for images/photographs to be taken/used in school/OSHC newsletters and displays within the centre  
Yes  No

I have read and agree to the information in the OSHC Family Handbook Yes  No

I give permission for OSHC Educators to apply sunblock to my child if required Yes  No

I understand that all children and Educators at St Leonards OSHC have a right to feel safe at all times while at the service. If my child is not following instructions regularly and/or being unsafe, to either themselves or others, St Leonards OSHC has the right to refuse care in accordance with our *Interactions with Children and Behaviour Management Policy*  
Yes  No

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

Signature.....