



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..... Gender Male/ Female/ Non-Binary/ Others (Please circle one)
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)

CHILD DETAILS # 1

Name Preferred name D.O.B/...../.....
C.R.N
Gender Male/ Female/ Non-Binary/ Others (Please circle one)
Country of birth (if not Australia) Language spoken at home.....
Aboriginal Descent Torres Strait Islander Descent **CHILD/REN'S INTERESTS**
MEDICAL CONDITIONS (e.g. Anaphylaxis, Asthma, Allergies, Penicillin, Food, Other)

TREATMENT & MEDICATION: A CURRENT ACTION CARE PLAN & MEDICATION PLAN MUST BE PROVIDED TO THE SERVICE

Please note Regulation 90 requires that each child with a diagnosed health condition must have a medical management plan (also known as a health care plan). The plan must be completed by a medical practitioner and include a start and review date. It is vital that it's kept up to date, as health needs may change over time. Keep in mind that OSHC services have additional obligations in this area (Adopted from Education Standard Board of South Australia)

Name of Medication (S)
Dietary Requirements.....
Additional needs (e.g. autism, emotional)





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CHILD DETAILS # 2

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

C.R.N

Gender Male/ Female/ Non-Binary/ Others (Please circle one)

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

Aboriginal Descent Torres Strait Islander Descent **CHILD/REN'S INTERESTS**

MEDICAL CONDITIONS (e.g. Anaphylaxis, Asthma, Allergies, Penicillin, Food, Other)

TREATMENT & MEDICATION: A CURRENT ACTION CARE PLAN & MEDICATION PLAN MUST BE PROVIDED TO THE SERVICE

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Name of Medication (S)

Dietary Requirements.....

Additional needs (e.g. autism, emotional)

**Please see extra form for additional children*

ADDITIONAL INFORMATION

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

Is there any other information that may assist staff to care for your child/ren?

.....

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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MEDICAL AND HEALTH 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? (please tick):

- 12 - 13 years Diphtheria
- Tetanus
- Pertussis (Whooping Cough)
- Human Papillomavirus (HPV)

Has the child any conditions / medications that may be affected by OSHC activities? If yes, please give specifics and any related medication:

Has the child any disabilities? Yes / No Effective date: __/__/_____

If yes, please record specifics:

Has the child any special needs? Yes / No Effective date: __/__/_____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)? If yes, please give details:

Has the child any special dietary needs not related to allergies? If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)? If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods: Reaction / Medication:

Penicillin: Reaction / Medication:

Others: Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the 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:

Address



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BOOKING AGREEMENT

Bookings can be made with OSHC by phone, email, the Spike App. 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 (7.30am – 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.





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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 anaesthetic 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 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 understand my bookings may be cancelled if I default in paying my child/ren fees. 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*.

Full Name of Parent/Guardian

Signature

Date