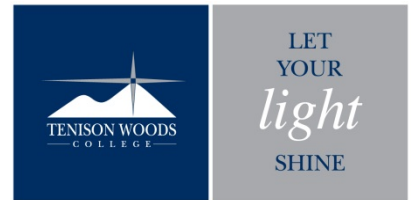


Tenison Woods College – OSHC Enrolment Form

Phone: 08 8724 4633

Email: oshc@tenison.catholic.edu.au



Child's Information	
Family Name:	First Name(s):
Date of Birth: Male / Female	Child's CRN:
Year Level:	Class:
Address Details:	

Enrolling Parent/Guardian Name:	Other Parent/Guardian Name:
Residential Address:	Residential Address:
Postal Address:	Postal Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Place of Work:	Place of Work:
Email Address:	Email Address:
Parent Enrolling Date of Birth:	
Parent Enrolling CRN number:	
Have you applied for Child Care Benefit (CCB) YES / NO	
Have you applied for Child Care Rebate (CCR) YES / NO	
Preferred invoicing method Email / Post	

PLEASE CIRCLE DAYS AND ENROLMENT REQUIRED					
Please Circle:	Casual Enrolment			Permanent Enrolment	
AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday
Expected time of arrival in the morning if using this service		6:45am	7:00am	7:30am	8:00am
Breakfast required in morning		Yes / No (breakfast will be served at 7:30am)			

Emergency Contacts <i>(Authorised person to collect children in the event that the parent/guardian cannot be contacted)</i>	
Name:	Name:
Residential Address:	Residential Address:
Home:	Home:
Mobile:	Mobile:
Work:	Work:
Relationship to child:	Relationship to child:

Custody/Access

<p style="text-align: center;">Custody/Access</p> <p>Are there any court orders?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p style="text-align: center;">Custody/Access</p> <p>Are there any parenting orders?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p style="text-align: center;">Custody/Access</p> <p>Are there any parenting plans?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>
<p>Are any of the children under the Guardian of the Minister?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Case Manager Families SA</p> <p>_____</p> <p>Contact Phone Number: _____</p>	<p>Are there any restraining orders in relation to the child/children?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>(please attach copy of order)</p> <p>OSHC Director Signature: _____</p>	<p>Is there any person who is NOT authorised to collect the child/children?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Person's Name: _____</p> <p>OSHC Director Signature: _____</p>

Medical Information

Ambulance Cover Yes / No	Medicare Number	Medic Alert Number (if relevant) Review Date:
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Medical Emergency Contact

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

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

These Conditions REQUIRE A Health Plan		These Conditions DO NOT Require A Health Care Plan	
Asthma	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Joint Disorder (eg Arthritis)	<input type="checkbox"/>
Heart Disorder	<input type="checkbox"/>	Ear Disorder	<input type="checkbox"/>
Seizures / Convulsions	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Allergies (eg Bees, Nuts, Dairy)	<input type="checkbox"/>	Communication Difficulties	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>
Skin Condition (eg Dermatitis)	<input type="checkbox"/>	Swallowing / Choking Difficulties	<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Does your child have any additional or special needs that educators need to be aware of?	Yes/No
Please provide details...	

Does your child have any aids to assist them? (glasses, hearing aids and equipment)	Yes/No
Please provide details...	

Does your child have any special dietary needs (not related to allergies) that educators need to be aware of?	Yes/No
If YES, a Modified Food Plan will need to be provided from a doctor or health care professional.	
Please provide details...	

Are there any special considerations such as cultural or religious requirements, behaviour management issues that educators need to be aware of?	Yes/No
Please provide details...	

Medication

Does your child require any ongoing medication to be taken at OSHC?	Yes/No
If Yes, please attach a completed Medication Plan from your doctor or treating health care professional.	
Please provide details...	

Administration of Medication

National Law: Section 167 (protection from harm and hazards) National Regulations: Regulations 93-96, 178, 181-184

- A Permission to Administer Medication form must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.
- The prescribed medication supplied must be in the original container bearing the original label and instructions and before the expiry date.
- A child may self-administer medication under the following circumstances:
Written authorisation is provided by a person with the authority to consent to the administration of medication. See medication policy for more information.

Medical Emergency

In the event of a medical emergency, OSHC educators 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.

Parent Initial: _____

INFORMATION FOR PARENTS

Child Participation

I understand it is my responsibility to advise educators if I do not wish my child/ren to participate in a particular activity.

Parent Initial _____

Child Information

I give permission for OSHC educators to exchange information and management plans relating to my child with school staff and the appropriate person(s) in an emergency.

Parent Initial _____

Written Permission

I understand that OSHC educators require written permission for my child/ren to travel alone, to and from the service for after school sports. I am aware that the Director or other qualified educators will sign my child/ren in and out of the service and the arrival and departure times will be noted.

Parent Initial _____

Photo Consent

I 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 and on the school/OSHC website

Parent Initial _____

Work Consent

I consent to my child's work (art/craft) being published in an OSHC newsletter and displayed in the OSHC area.

Parent Initial _____

OSHC Behaviour Management

The OSHC program has a Behaviour Guidance 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 educators will be excluded from the program until an appropriate management plan is written and agreed on. I understand that it is the responsibility of the parent to inform the OSHC educators of the child's behaviour needs.

Parent Initial _____

Prevention and Control of Notifiable and Infectious Diseases

I understand that I will need to collect my child if OSHC educators believe that my child shows evidence of a notifiable disease or is unwell. I understand it is my responsibility to arrange collection of my child from OSHC. I understand that in some circumstances children may be excluded until they have a clearance from their doctor to return.

Parent Initial _____

Permission to inspect for Headlice

The South Australian Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating hair is, by law, a parent's responsibility. I give permission for OSHC staff to check my child's hair for head lice, if there is a possibility of head lice.

I understand any checks will be conducted sensitively.

I understand that I will need to collect my child if OSHC supervising staff believe that my child has head lice.

I understand it is my responsibility to arrange collection of my child from OSHC, when notified.

I understand that I may have to provide a letter from a general practitioner to say my child is free of head lice.

Parent Initial _____

Ambulance

I agree to cover costs for an ambulance for my child/ren.

Parent Initial _____

Excursion

I consent for my child to take part in supervised walking excursions within the local area as part of the OSHC program.

Parent Initial _____

Movies and Electronic Games

I consent to my child/children watching G rated movies and playing G rated games (no adult themes or extreme violence will be shown)

Parent Initial _____

Sun Protection

OSHC follows the guidelines of the Cancer Council SA who recommend that children wear hats with an 8cm brim or legionnaires style while outside. At all times we follow the guidelines of the Cancer Council and will advise parents of the dates that hats will not need to be worn in line with their requirements. I understand that if my child does not have a suitable hat that he/she will spend playtime in a shaded area. I consent to my child having sun block applied as the need arises in accordance with the OSHC policies and procedures. I understand that the responsibility of supplying sunblock for my child/children is that of the parent/guardian, however the OSHC service will provide sunblock if a child does not have access to any. I understand that it is my responsibility to notify OSHC staff if my child/children are allergic to any sunblock and provide a suitable replacement. **Parent Initial**_____

Fees

I agree to pay the required fees for my child's/ren is booked care for OSHC. I agree to pay all extra costs relating to outstanding fees and late fees. I understand that Child Care Benefit and the Child Care Rebate is available through the Department of Human Resources (formerly Centrelink) to assist in the cost of my Child Care Fee. **Parent Initial**_____

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 and required by law.

Parent Initial_____

Information to Parents

I have read the OSHC Family Information Handbook and agree to comply with the OSHC service policies and procedures outlined.

Parent Initial_____

Parent/Guardian Name:_____ Signature:_____ Date_____

OPERATING TIMES

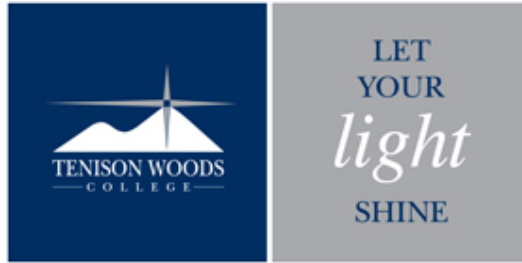
Monday to Friday (except public holidays & 2 weeks over Christmas)

Before School Care (BSC):	6:45am–8.30am
After School Care (ASC):	3:15pm–6:00pm
Vacation Care/Student Free Days:	6:45am–6:00pm
Early Dismissal Days:	2:15pm–6:00pm

OSHC FEES

Before School Care (BSC)	\$10
After School Care (ASC)	\$20
Vacation Care/Student Free Days	\$50
Early Dismissal Days	
2.15pm-3.15pm	\$10
2.15pm-6.00pm	\$25
Late pick up charge	\$5
(\$5 for every 15 minutes or part thereof)	

Please ask for an OSHC Handbook from the Tenison Woods College Front Office.



All About Me

This information will be used for OSHC programming purposes

My name is; _____

I like to be called; _____

My favourite food is; _____

My favourite colour is; _____

My favourite sport is; _____

My favourite game is; _____

My favourite book is; _____



My favourite movie is; _____

My favourite television show is; _____

My favourite musical instrument is; _____

My favourite music is; _____



My favourite animal is; _____

My favourite subject in school is; _____

What I do best; _____