

OUTSIDE SCHOOL HOURS CARE

ENROLMENT FORM

3 Campbell Rd PARADISE SA 5075
 Ph: (08) 8165 4700 or 0434 016 573
 dl.1028.oshc@schools.sa.edu.au

OFFICE USE ONLY

Date Entered:

Entered By:

CONFIDENTIAL: RESTRICTED ACCESS

Full Enrolment
 Casual Enrolment

Medical Plan Supplied
 Medical Plan Required

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Name Usually Called:			

Date of Birth:		Gender (Please circle):	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address:	
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ATTENDANCE

BEFORE SCHOOL (Please circle):	Mon	Tues	Wed	Thurs	Fri
Approximate drop-off time:					

AFTER SCHOOL (Please circle):	Mon	Tues	Wed	Thurs	Fri
Approximate collection time:					

VACATION CARE (Please circle):	Mon	Tues	Wed	Thurs	Fri
Approximate drop-off time:					
Approximate collection time:					

Child's Start Date:	
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ACCOUNT HOLDER DETAILS

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	
Country of Birth:	
Parent Centrelink Reference Number (CRN):	

OTHER PARENT DETAILS

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Name:	
Parent Surname:	
Address:	
Phone Number/s:	(H) (M) (W)
Parent Date of Birth:	
Email address:	
Relationship to child:	

COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No	Attached
	If yes, please provide all relevant documentation and paperwork	

Please note that without this documentation we cannot legally enforce the Order/s.

EMERGENCY CONTACTS

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

CONTACT PRIORITY 1

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child. To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

CONTACT PRIORITY 2

Full Name:			
Relationship to child:			
Address:			
Phone Number:	(H) (M) (W)		
Email Address:			
Can this person be contacted to give consent for medical treatment? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person be contacted to give consent for educators to take the child outside the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature:	
Can this person give authorisation for the Service to take the child on regular outings?	Yes/No	Parent 1 Signature:	

COLLECTION AUTHORITIES ONLY

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, l, ii, 1b)

The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.	
Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)

Full Name:	
Relationship to child:	
Address:	
Phone Number:	(H) (M) (W)

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Language spoken at home:	
Ethnicity:	
Religion:	
Is the Child of Aboriginal or Torres Strait Islander Descent? (Please circle)	Yes / No
Please outline any cultural practices you would like followed:	
Please outline the Child's religious background and if relevant any religious practices you would like followed:	
Religious celebrations:	

MEDICAL AND HEALTH INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Medicare Number:			
Medicare Expiry Date:		Number of child on card:	

Child's Registered Medical Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Child's Registered Dental Practitioner or Service Details:

Service Name:	
Practitioner's Name:	
Contact Numbers:	
Address:	

Private Health Cover (Please Circle):	Yes / No
Private Health Fund Name:	
Private Health Care Membership Number:	
Ambulance Cover:	Yes / No

<p>Medication will only be administered if it is in the original container with the original label and instructions that can be clearly read and before the expiry or use by date. Additionally, if the medication has been prescribed by a medical practitioner:</p> <ul style="list-style-type: none"> The label must contain the child's name and Parents must provide any verbal or written instructions provided by the medical practitioner. <p><i>Education and Care Services National Regulations Regulation 95</i> Any medication, including non-prescription medication like nappy creams and paracetamol, must be authorised by parents <i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:		
	Parent 2 Signature:		
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Do you authorise the Nominated Supervisor or other educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Does the child have any specific health care needs or conditions, including allergies or anaphylaxis? <i>(Please Circle)</i>	Yes / No If yes, please provide a medical management plan, which the child's medical practitioner has prepared. The Plan should include: <input type="checkbox"/> A photo of the child <input type="checkbox"/> If relevant, state what triggers the medical condition, allergy or anaphylaxis <input type="checkbox"/> First aid needed <input type="checkbox"/> Contact details of the doctor who signed the plan <input type="checkbox"/> When the Plan should be reviewed.		
Does the child have any special dietary needs/restrictions? <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		
Does the child have any disabilities? <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		
Does the child have any special needs? <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		
Does the child require any special aids (e.g. glasses, hearing aid etc) <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		
Does the child have any conditions/medications that may be affected by OSHC activities? <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		
Has the child suffered any illness that may re-occur (e.g. chronic ear infection) <i>(Please Circle)</i>	Yes / No <i>If yes, please record specifics:</i>		

Does the child have any kind of allergic reactions? (Please Circle)	Yes / No <i>If yes, please record specifics:</i>
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IMMUNISATION DETAILS

Are your child's immunisations up to date?	Yes/No If no, please provide details:		
Do you authorise the Nominated Supervisor or other educator to transport the child in an ambulance in the event of an emergency? (Please Circle)	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please be advised that if the Child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

DEVELOPMENTAL INFORMATION

Please provide us with any other information we should know about your child <i>(For example, favourite activities, favourite subjects at school, etc.)</i>	
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ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please circle the following items to authorise:

I/We give permission for:		
Charles Campbell College Out of School Hours Care to administer basic first aid and seeking emergency medical or hospital or ambulance services for my child if they deem it necessary.	YES	NO
For my child to participate in on campus activities including watching PG rated videos and DVDS.	YES	NO
For the Director to obtain information from the school records regarding my child's medical or health issues.	YES	NO
For my child to take part in supervised activities within the school grounds as part of the OSHC program.	YES	NO
For my child to take part in supervised walking excursions within the local area as part of the OSHC program.	YES	NO
For my child to be photographed and for their image and name to be published in circumstance's the Director deems to be appropriate e.g. OSHC newsletters, room displays	YES	NO
For OSHC staff to apply SPF30+ sunscreen to my child prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO

I agree to pay the fees for my child's booked childcare hours and accept the policies of the service	YES	NO
I agree that the staff of the service may administer simple first aid to my child if the need arises. I understand that if at any time staff considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.	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	YES	NO
I/we have read and understood and agree with the information contained in the parent handbook found on the Charles Campbell College Website and available in the OSHC ROOM	YES	NO

Signed: _____ Name: _____ Date: ___ / ___ / _____

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation	Arrangement with an organisation is liable for the fees for the care of the child	

This Written Arrangement between [Insert Parent/Guardian Full Name] and [Insert ECEC Service Provider] is an ongoing agreement between the ECEC Service provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type:	CWA	RA	ACCS	Arrangement with an organisation	
Name of Service:	Charles Campbell College OSHC				
Service ID:					
Parent/Guardian Full Name:					
Parent/Guardian Contact Details:					
Parent CRN:					
Date the arrangement was entered:					
Full Name of Child attending care:					
Child's Date of Birth:					
Child CRN:					
Expected Session of Care:	Mon	Tues	Wed	Thurs	Fri
Start time for Session:					
End time for Sessions:					
Care Arrangement:	Routine Care		Casual Care		Flexible Care
Fees to be charged to the individual for the sessions of care provided					

Note: Proposed fees can be detailed by reference to other material (such as fee schedule or information on website maintained by the provider) Parties understand and are aware fees may vary from time to time.