

Hahndorf Primary School OSHC

ENROLMENT FORM



This information is confidential and will be available to supervising Staff and emergency Personnel. This form will be sent home for you to update annually. On enrolling, the parent/caregiver is required to arrange a time for a brief, casual meeting with the Director to discuss their child/ren's placement and needs.

➤ CHILD INFORMATION (One child per form for this section)

Family Name	CRN # (Please write N/A if you do not plan to claim Child Care Benefits)	
Child's Name	School	
Birth Date	Current Year Level	Room No
Male <input type="checkbox"/> Female <input type="checkbox"/>	Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No	

➤ PARENT/GUARDIAN INFORMATION

Please tick one box:

We can duplicate information from this point forward, however, you must complete a separate Medical/Health form for each child.

The following information is **the same**, please duplicate it to the other siblings of this child

The following information is **different** for each of my children, please see their individual forms

IN CARE ELSEWHERE:

I am claiming Childcare Benefits at other Approved Childcare Service/s for _____ (no of children)

Enrolling Parent/Guardian *Collection Authority & Emergency Contact Presumed		Other Parent/Guardian *Collection Authority Granted? Yes <input type="checkbox"/> No <input type="checkbox"/> *Emergency Contact Granted? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name		Name	
Relationship to Child		Relationship to Child	
Birth Date		Birth Date	
CRN # (Please write N/A if you do not plan to claim Child Care Benefits)		CRN # NOT REQUIRED	
Home Address (You must include a home address)		Home Address	
Postal Address		Postal Address	
Home Phone	Mobile	Home Phone	Mobile
Work Phone		Work Phone	
E-mail Address		E-mail Address	
Would you like to be added to our OSHC e-mail database and receive invoices, newsletters and other information electronically? (Otherwise this information will be sent home with your child/ren from school, or will be posted if not attending Hahndorf School) (Please tick one) Yes <input type="checkbox"/> No <input type="checkbox"/> To whose address? _____			

➤ EMERGENCY CONTACTS ➤ COLLECTION AUTHORITIES (must be over 18 years of age)

Each family must nominate at least one emergency contact. Emergency Contacts must be different from parents/guardians above. Please list contacts in order of preference. We will contact each of them according to the order 1 – 3.

EMERGENCY CONTACT COLLECTION AUTHORITY 1. Name	EMERGENCY CONTACT COLLECTION AUTHORITY 2. Name	EMERGENCY CONTACT COLLECTION AUTHORITY 3. Name
Home Phone	Home Phone	Home Phone
Mobile	Mobile	Mobile
Relationship to child	Relationship to child	Relationship to child

***PLEASE NOTE:** It is *imperative* that you tell these people you have nominated them. We will contact an emergency contact if neither parent/guardian can be contacted, to pick up the child in an emergency and care for the child. We will also contact one of these people should you be late in collecting your child and all attempts to contact both parents/guardians are to no avail.

➤ **COLLECTION AUTHORITIES** *(must be over 18 years of age)*

Name	Name	Name
Home Phone	Home Phone	Home Phone
Mobile	Mobile	Mobile
Relationship to child	Relationship to child	Relationship to child

***PLEASE NOTE:** The people nominated here have been given your approval only to collect child and will NOT be contacted in case of emergency (unless they are one of your emergency contacts as well).

➤ **CUSTODY / ACCESS**

Are there any Family Court Orders in place? If yes, you need to attach a copy of the order.	(Please tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Restraining Orders in relation to the child/children? If yes, you need to attach a copy of the order.	(Please tick one) Yes <input type="checkbox"/> No <input type="checkbox"/>

Details/ Comments:

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➤ **ADDITIONAL INFORMATION**

Is there anything else we need to know?
(e.g. Any personal, religious or cultural practices/prohibitions that you would like the service to know or comments on homework, behaviour management etc).

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➤ **EXTREME BEHAVIOUR POLICY**

Please read the policy (included in your enrolment pack), then sign below. All parents are required to complete this section of the form in order for their child/ren to attend the Service.

I, _____ (parent/guardian name), have read and agree to the Hahndorf Primary School OSHC Extreme Behaviour Policy. I understand that I will be required to collect my child/ren immediately should they display any of the extreme behaviours listed as part of this policy, and that my child/ren may be excluded from the Service as a consequence of their behaviour.

I understand that ongoing consultation and behavioural contracts will be a required part of care, if my child/ren is/are to resume care.

I understand that the extreme behaviour policy is designed for my child/ren's safety and the safety of others attending OSHC during school Terms AND/OR Vacation care periods. I accept decisions made by the director relating to my child/ren's behaviour and attendance according to this policy.

Parent/Guardian Signature: _____ Date: _____

***PLEASE NOTE**

*It is the parent/guardian's responsibility to inform the OSHC staff of any relevant and useful information in relation to the child and/or the family. It is also the parent/ guardian's responsibility to provide current, correct details and information as above **and to inform of changes whenever they occur.***

This allows the OSHC staff to provide informed quality care for your child/ren.

Hahndorf Primary School OSHC

MEDICAL & HEALTH INFORMATION FORM

The information provided on this form is collected for the purpose of enrolment, program planning, reporting and evaluation. It may be disclosed to and used for the required purposes by Commonwealth and State Government departments and their agencies. It may be disclosed without consent where authorised or required by law.

A SEPARATE form is to be completed for each child

CHILD'S FULL NAME: _____

DATE OF BIRTH: _____

MEDICARE No: _____

MEDIC ALERT No (if relevant): _____ **Review Date:** _____

IS YOUR CHILD FULLY IMMUNISED? Please circle **Yes** **No**
If you are going to tick *anything* in the table below, you MUST provide us with a Health Care, Medication Management or Action Plan before your child's booking can be accepted.

➤ HEALTH SUPPORT

Health Condition	Tick ✓	Health Condition	Tick ✓
Aspergers Syndrome OR Autism (specify)		Swallowing/choking difficulties	
ADD or ADHD (please specify)		Epilepsy	
Asthma		Joint Disorder	
Is your child under a health care plan for asthma?		Ear Disorder	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication Difficulties	
Seizures/convulsions		Skin Condition (e.g. dermatitis)	
Diabetes		Other (please give details below)	
Allergies (e.g. bees, nuts, dairy)		Does your child have any special dietary needs? (please give details)	
Incontinence <i>(If so please ensure your child always has a full set of spare clothes with him/her)</i>		Does your child need any special aids or equipment? (E.g. Glasses, hearing aids, callipers.) (Please give details)	

Please include any **notes, details and comments** if you ticked any of the above boxes:

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➤ HEALTH CARE PLAN

Out of School Hours Care staff need a written **health care plan** from your child's doctor/treating health professional to plan for any special health needs. If your child requires a health care plan at OSHC, it is likely that your child requires one for school also. Please attach a *copy* of the current health care plan obtained from the school that your child attends.

Please ask the OSHC director should you have any questions regarding this form.

Does your child have or require a Health Care plan? Yes No

Have you attached a copy of the plan? Yes No

(If you have not done so, and your child requires one, you will need to do so immediately)

If you have attached a current copy of your child's Health Care Plan, please write down what it is for:

➤ MEDICATION

Does your child have any routine health care needs (e.g. medication)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will your child need to take medication at any time whilst at OSHC including Vacation Care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please attach a medication plan from your doctor/treating health professional. Form attached?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please write the medication your child is currently taking (whether they take it at home or at OSHC it is important that we know):		
A ' Request to Administer Prescribed Medication ' form MUST be signed by the parent/guardian before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.		
All medication must be supplied in the original container with the pharmacy label and the child's name clearly marked on the container.		

➤ CHILD'S DOCTOR / HEALTH PRACTITIONER

Doctor's name:

Clinic name:

Clinic's phone number:

Clinic's address:

By signing this form you are confirming that all of this knowledge regarding the health of your child is true and correct and that there is not any vital information you are withholding.

PARENT/GUARDIAN SIGNATURE: **DATE:**/...../.....

➤ **CONSENTS FOR YOUR CHILD/REN WHIST AT OSHC/VACATION CARE**

	Tick one box	Initial
I consent for my child/ren to take part in supervised walking excursions within the <u>local</u> area as part of the Centre's program.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I consent for my child to be photographed and for their image and name to be displayed in our OSHC service or OSHC/School Newsletter and School Website.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I consent for a staff member to apply sun block/insect repellent to my child/ren if required.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give consent for my child/ren to occasionally email me at home/work at the following address:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give my consent for my child/ren to participate in programmed activities which allow them to have their face painted and have coloured hairspray in their hair.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I request for my child to join the OSHC Homework Club and to be encouraged to attempt their homework at this time.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for staff to sensitively check my child's hair for head lice.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

➤ **PARENT / CAREGIVER AGREEMENTS**

	I have read and agree	Initial
I agree to pay the required fees, including recovery costs of outstanding fees, from my child/ren's booked childcare hours and accept the policies and rules of the Service.	Yes <input type="checkbox"/>	
I understand that I must give OSHC five (5) business days notice for any cancellations of bookings or I will be required to pay the fees for my bookings.	Yes <input type="checkbox"/>	
I understand that my child must abide by the Service's sun protection policy to wear a broad brimmed hat in Terms 1 and 4 (including linked Vacation care periods), otherwise a new hat will be provided and billed to my account.	Yes <input type="checkbox"/>	
I understand that if required the staff will administer basic first aid to my child/ren if the need arises.	Yes <input type="checkbox"/>	
I understand that if at any time the staff of the Service consider that my child/ren require/s emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child/ren. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.	Yes <input type="checkbox"/>	

➤ **FINAL ENDORSEMENT OF ENROLMENT**

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

Signature of parent/guardian: Date: / /

Enrolment checked and accepted by: Date: / /

Office use only:

Items for follow up:

- | | Tick when complete |
|----------|--------------------------|
| 1) | <input type="checkbox"/> |
| 2) | <input type="checkbox"/> |
| 3) | <input type="checkbox"/> |
| 4) | <input type="checkbox"/> |