

**Flagstaff Hill OSHC  
Enrolment Form 2017**

**Section 1**

**Child 1**

Family Name \_\_\_\_\_ Gender: F / M

First Name: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergies / Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

**Child 2**

Family Name \_\_\_\_\_ Gender: F / M

First Name: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergies / Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

**Child 3**

Family Name \_\_\_\_\_ Gender: F / M

First Name: \_\_\_\_\_ Known as: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergies / Medical Condition(s): \_\_\_\_\_  
\_\_\_\_\_

**Enrolling Parent/Guardian & Billing details**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Address (w): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

**Other Parent/Guardian**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Address (w): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Billing Details- if requesting second account**

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Email: \_\_\_\_\_

**Parenting Plans/Custody Orders**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Flagstaff Hill OSHC Enrolment Form 2017

Section 2

## Emergency Contacts & Collection Authorities- in addition to parents/guardians

In nominating these people you give them authority to act on the child/rens behalf if neither parent/guardian can be located.

### Person 1

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

### Person 2

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

## Collection Authorities only in addition to parents/guardians/emergency contacts

### Person 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

### Person 2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

### Usual General practitioner

Doctor's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Clinic name: \_\_\_\_\_

### Usual Dentist

Dentist's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Private Health Insurance: \_\_\_\_\_ Ambulance Cover with: \_\_\_\_\_

Medicare number: \_\_\_\_\_

Health Care Card Number: \_\_\_\_\_

## Has your child/ren received all immunisations appropriate for their age? Yes / No

If no please give details: \_\_\_\_\_

I accept full responsibility if my child/ren is not immunised:

Parent/Guardian signature:

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

\_\_\_\_\_  
\_\_\_\_\_

## Has the child/ren have any additional / special needs?

If yes, please give specifics and any related medication: (eg:Asthma-ventolin)

\_\_\_\_\_  
\_\_\_\_\_

## Has the child/ren have any special dietary requirements not related to allergies?

If yes, please give specifics: \_\_\_\_\_

\_\_\_\_\_

## Does the child/ren require special aids? (eg. Glasses, hearing aids)

If yes, please give specifics: \_\_\_\_\_

\_\_\_\_\_

## Is there any further medical information we may need to know?

If yes, please give specifics: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Please supply the service with required medications in original containers with child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

**In Care Elsewhere**

I am claiming Childcare Benefit at other Approved Childcare Service/s  
Which includes LDC, OSHC, FDC, IHC, OCC for this number of children: \_\_\_\_\_

**Is there anything more we need to know?**

Eg. Any personal, religious or cultural practices/prohibitions. Comments on homework or behaviour management.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the attached 'Child Information Form'. The information you provide us with will help our educators gain an understanding of your child and what is important to them.

**Consents:**

I consent for the Director to collect and share detailed health and wellbeing information with the school and to keep it on file as required.

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

I consent for my child to be photographed and for their image, work and first name to be published in circumstance the Director deems appropriate.

I consent for OSHC staff to apply SPF50+ broad spectrum sunscreen to my child/ren. If any health concerns, you agree to supply your own sunscreen (to be kept in child's bag).

I consent for my child/ren watching 'G' and 'PG' rated movies with supervision

**Agreement:**

I agree to pay the required fees for my child/ren's booked childcare hours and accept the policies and rules of Flagstaff Hill OSHC.

I agree the OSHC staff may administer simple first aid to my child/ren if the need arises.

I understand that if at any time the OSHC staff considers that my child/ren requires 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.

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

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE READ AND SIGN  
ENROLMENT COMMITMENT AGREEMENT ON NEXT PAGE**

# Enrolment Commitment Agreement

## Section 4

**It is a condition of enrolment to our service that a parent / caregiver initial each box in the table below to indicate acceptance of each of the commitments to the service.**

	I understand that the Flagstaff Hill R-7 School OSHC service is a user pays service, funded primarily through fees.
	Bookings and cancellations must be made with OSHC directly. The school does not make bookings.
	An annual Family Registration Fee of \$15 will be debited to your account upon enrolment.
	Children are not to arrive earlier than session commencement times.
	Children must be picked up by closing time. There is a late pick up fee of \$10 for every 5 minutes late or part thereof charged to families for collection of children after session closes.
	Fees are charged based on your child's booked sessions. Each financial year your child is entitled to 42 days of absence whilst still being able to claim childcare benefit and/or childcare rebate.
	No fees will be charged if a booked session is cancelled <b>before the following cancellation notification times:-</b> Before School Care – 6:15pm on the business day prior After School Care – 9:00am on the morning of booked session School Closure/Pupil Free Days – 6:15pm seven days prior to booked session Vacation Care – after bookings close (2 <sup>nd</sup> to last Friday of each school term)
	OSHC fees are processed one week in arrears and will be emailed to families. Fees must be paid on a weekly basis. Alternative payment arrangements must be negotiated with the Director.
	Payments can be made in the following ways: Cash at OSHC or the School's Front Office, EFTPOS at School's Front Office, BPOINT (online via school website) or direct deposit into the OSHC bank account.
	Families will be deemed as having outstanding fees when they are two weeks behind in payment.
	If an account is overdue by 3 weeks, an email will be sent to you advising of outstanding fees and requesting payment be made immediately.

	If an account remains overdue by 28+ days, the School Principal and debtor must negotiate and sign a formal instalment agreement.
	If negotiated payments are defaulted and the account holder fails to notify the Director, your child will not be able to access the service again under any circumstances until the account is back to only one week in arrears.
	Any accounts that are referred to Debt Collection Agency for recovery, the parent/caregiver responsible for the account will be responsible for the Debt Collector's charges which will be added to the total amount to be recovered.
	If any of the following changes are made, the service must be notified immediately: <ul style="list-style-type: none"> <li>• Address, telephone numbers and emergency contacts</li> <li>• Person/s authorised to collect your child</li> <li>• Changes in access authorisation</li> <li>• Your child contracts an infectious disease or illness</li> <li>• When your child is absent</li> </ul>
	Inappropriate behaviour by children may result in them being excluded from the service for short or long term periods.

**I agree to the listed conditions of enrolment and understand that I am responsible for payment of fees each week.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only

Date entered on CCMS: \_\_\_\_\_

Family Registration Fee Debited to Account \_\_\_\_\_

Health Care Plans Received/Updated (where required) \_\_\_\_\_

**CHILD INFORMATION - 2017**

To help us gain an understanding of your child, we ask that you could complete this sheet and return it to us with your OSHC enrolment form. Thank you.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who lives in your house(s)?

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Describe your child's favourite toys and play activities at home:

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What kind of activities do you do together as a family?

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What do you consider to be your child's:-

Strengths: \_\_\_\_\_

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

What does your child like doing best when they are with their friends?

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What activities does your child engage in when having 'quiet' time?

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Have you any specific concerns you would like our OSHC educators to be aware of? (eg behaviour management, fears, social interactions, cultural practices, personal etc)

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Please list any additional information about your child/family which would be helpful for us to know:

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**PLEASE SEE OTHER SIDE OF THIS PAGE FOR 'ABOUT ME' INFORMATION**

# ABOUT ME - 2017

To help us gain an understanding of you, please answer the questions below and return it to us with your OSHC enrolment form. You might have to ask an adult to help you. Thank you.

Child's Name: \_\_\_\_\_ Year Level: \_\_\_\_ Age: \_\_\_\_

If you had to say 3 things to describe yourself, what would you say?

Healthy food you would like to eat at OSHC

Tell us what activities you do on the weekend

What clubs or sporting groups do you belong to?

When you are relaxing quietly, what do you do?

What is your  
♦ favourite game?

♦ favourite toy or gadget?