

Flexible/Casual booking

# Flagstaff Hill OSHC - Enrolment Form 2020

Flagstaff Hill R-7 School – 145 Black Road, Flagstaff Hill SA 5159 ABN 61 979 119 599

### Child 1

Family Name: ..... Gender: F / M

First Name: ..... Known as: .....

Date of Birth: ...../...../..... Centrelink CRN: .....

Primary Language: ..... Indigenous status: Aboriginal: YES/NO TS Islander: YES/NO

Diagnosed Allergies / Medical Condition(s): .....

See **MEDICAL AND HEALTH INFORMATION** (Section 2) for mandatory medical and medication records needed **BEFORE YOUR CHILD CAN ATTEND OSHC** (Reg. 90)

### Child 2

Family Name: ..... Gender: F / M

First Name: ..... Known as: .....

Date of Birth: ...../...../..... Centrelink CRN: .....

Primary Language: ..... Indigenous status: Aboriginal: YES/NO TS Islander: YES/NO

Diagnosed Allergies / Medical Condition(s): .....

See **MEDICAL AND HEALTH INFORMATION** (Section 2) for mandatory medical and medication records needed **BEFORE YOUR CHILD CAN ATTEND OSHC** (Reg. 90)

### Child 3

Family Name: ..... Gender: F / M

First Name: ..... Known as: .....

Date of Birth: ...../...../..... Centrelink CRN: .....

Primary Language: ..... Indigenous status: Aboriginal: YES/NO TS Islander: YES/NO

Diagnosed Allergies / Medical Condition(s): .....

See **MEDICAL AND HEALTH INFORMATION** (Section 2) for mandatory medical and medication records needed **BEFORE YOUR CHILD CAN ATTEND OSHC** (Reg. 90)

### Parties to Agreement with Flagstaff Hill R-7 School OSHC

#### Enrolling Parent/Guardian

Full Name: .....

Date of Birth: ...../...../..... Relationship to child: .....

Centrelink CRN: ..... Primary Language: .....

Home Address: .....

Place of Work: .....

Work Address: .....

Phone: (h) ..... (w) ..... (m) .....

Email Address for accounts: .....

#### Other Parent/Guardian (if applicable)

Full Name: .....

Date of Birth: ...../...../..... Relationship to child: .....

Primary Language: .....

Home Address: .....

Place of Work: .....

Work Address: .....

Phone: (h) ..... (w) ..... (m) .....

Email Address: .....

#### Parenting Plans/Orders relating to children – please attach copy

.....  
.....

**EMERGENCY CONTACTS & COLLECTION AUTHORITIES (in addition to parents/guardians)**

In nominating these people you give them authority to act on the child/ren's behalf if neither parent/guardian can be located, to pick up child in an emergency, or authorise medical care.

**Person 1**

Name: .....

Relationship to child: .....

Home Address: .....

Phone: (h) ..... (w)..... (m).....

**Person 2**

Name: .....

Relationship to child: .....

Home Address: .....

Phone: (h) ..... (w)..... (m).....

**Collection Authorities ONLY**

Approval only to collect the child and should NOT be contacted in case of an emergency

**Person 1**

Name: ..... Relationship to child: .....

Phone: (h) ..... (w)..... (m).....

**Person 2**

Name: ..... Relationship to child: .....

Phone: (h) ..... (w)..... (m).....

**Usual Medical Attendants**

Doctor's name: ..... Phone: .....

Clinic name: .....

**Usual Dentist**

Dentist's name: ..... Phone: .....

Clinic name: .....

Medical Benefits cover with: ..... Ambulance Cover with: .....

Medicare number: ..... Health Card Card Number: .....

**MEDICAL AND HEALTH INFORMATION**

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/are not immunised:

Parent/Guardian signature .....

Has your child/ren any disabilities? YES / NO

If yes, please give specifics.....

Has your child/ren any special needs? YES / NO

If yes, please give specifics.....

Has your child/ren any special dietary needs not related to allergies? YES / NO

If yes, please give specifics.....

**DIAGNOSED HEALTH CARE NEEDS**

**National Regulation (90) – CHILDREN CANNOT ATTEND OUR SERVICE until we have received:-**

1. **Up-to-date Medical Management Plan (eg Asthma, Anaphylaxis, Allergic Reactions)**
2. **Medical Conditions Risk Minimisation Plan and Communication Plan**
3. **Prescribed medication**  
(forms available from OSHC or school website)

**Has your child/ren had any kind of allergic reactions or food intolerances? YES / NO**

Foods: ..... Reaction/Medication: .....

.....  
 .....  
 .....

Other: ..... Reaction/Medication: .....

.....  
 .....

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

.....  
 .....

**Childcare Subsidy**

Total number of children that I am claiming Childcare Subsidy for  
(who attend this OSHC, other OSHC's, Long Day Care, Family Day Care etc) .....

**Is there any other information we need to know?**

Eg:- any personal, religious or cultural practices/prohibitions. Comments on homework or behaviour management. Additional information about your child/family which would be helpful for us to know?

.....  
.....  
.....  
.....  
.....  
.....

Please complete the appropriate 'Child Information' and 'About Me' Form. There are two formats – one for children returning to OSHC and one for children new to our OSHC.

The information you provide us will help our educators gain an understanding of your child, what is important to them and assist in our programming.

**Consents:**

I consent for the OSHC 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 service's program.

I consent for my child/ren to be photographed and for their image, work and first name to be published in circumstances 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 labelled and kept in OSHC room).

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

**Written Agreement: Please confirm acceptance of the following so that our Service can receive Childcare Subsidy funding on your behalf and reduce your fees.**

I confirm that the details I have provided on this form are true and correct.

I agree to flexible booked sessions and the start and end times of these sessions.

I agree that I am liable to pay fees for my child's care and in line with other information the Service makes available to me (such as Fee Schedule) which are subject to change over time based on advice from the Approved Provider.

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.

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

**PLEASE READ AND SIGN  
WRITTEN ARRANGEMENT ON NEXT PAGE**

## Complying Written Arrangement for Child Care Subsidy

**Please confirm acceptance of the following items – please read and initial each box in the table below.**

	I understand that the Flagstaff Hill R-7 School OSHC service is a user pays service wholly funded through childcare fees.
	Bookings and cancellations must be made with OSHC directly. The school does not take 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 Subsidy.
	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 Holiday 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: BPoint (credit card secure online payment via school website), direct debit into OSHC bank account, School Front Office (EFTPOS, cash or over phone) or OSHC Room or Classroom Cash Box (no change available – surplus will put your account into credit).
	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: \_\_\_\_\_

Date entered on Child Care Management System:- ...../...../.....

Date \$15.00 Family Registration Fee Debited to Account:- ...../...../.....

Medical Management Plan/Medication Conditions Risk Minimisation and Communication Plan/Prescribed Medication received (if applicable) ...../...../.....

Office Medical Records Updated (if applicable):- ...../...../.....

# CHILD INFORMATION 2020 (for children attending OSHC for first time)

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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What would you like to happen at OSHC for your child?

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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 - 2020 (for children attending OSHC for first time)**

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: \_\_\_\_\_ Age: \_\_\_\_\_ Year Level (in 2020): \_\_\_\_\_

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?

# About me and OSHC

Current OSHC children to complete

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

Year: \_\_\_\_\_

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

Tick the answer that is right for you. You can tick more than one!

## The best place to play is:

- 1. Inside \_\_\_\_\_
- 2. Home Area \_\_\_\_\_
- 3. J.P Cola \_\_\_\_\_
- 4. The Gully \_\_\_\_\_
- 5. Courts \_\_\_\_\_
- 6. NPA \_\_\_\_\_
- 7. Oval \_\_\_\_\_

## At OSHC I like:

- 1. Board/card games \_\_\_\_\_
- 2. Organised Games \_\_\_\_\_
- 3. Deciding what to do myself \_\_\_\_\_
- 4. Doing the same as my \_\_\_\_\_   
Friends.

## What's your favourite movie?

\_\_\_\_\_

## I like to make with:

- 1. Glue Guns \_\_\_\_\_
- 2. Sewing/ Wool \_\_\_\_\_
- 3. Lego \_\_\_\_\_
- 4. K-nex \_\_\_\_\_
- 5. Natural things \_\_\_\_\_

## Do you ever do the craft we put out on the tables?

- a) Yes \_\_\_\_\_
- b) No \_\_\_\_\_
- c) Sometimes \_\_\_\_\_

## Do you like:

- 1. Board/card games (inside) \_\_\_\_\_
- 2. Physical games (outside) \_\_\_\_\_

## Something I would like to do or try at OSHC:

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

## The best game we play is:

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

## Any comments or suggestions:

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



Add up the numbers from your choices above! If your numbers

equal:

Less than 10

You are more of an  
inside player!

More than 10

You are more of an  
outside player!

