

Flexible/Casual booking

Flagstaff Hill OSHC - Enrolment Form 2023 and Complying Written Arrangement

Section 1 of 4

Flagstaff Hill Primary 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 Primary School OSHC

Enrolling Parent 1 (eg Birth, adoptive parent or guardian) (claiming the childcare subsidy)

Full Name:

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

Centrelink CRN: Primary Language:

Home Address:

Place of Work:

Phone: (h) (w) (m)

Email Address for accounts:

Parent 2 (eg Birth, Adoptive Parent or Guardian)

Full Name:

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

Home Address:

Place of Work:

Phone: (h) (w) (m)

Email Address:

Other Person 1 - Providing Care to the Child/ren (other person providing some level of care for the child) (if applicable)

Full Name:

Relationship to child: Phone: (w) (m)

Home Address:

Email Address:

Court Orders (including parenting or intervention orders) YES / NO
IF YES, A COPY MUST BE PROVIDED FOR OSHC'S RECORDS.

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

Priority Person 1

Name:
Relationship to child:
Home Address:
Phone: (h) (w) (m)

Priority 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

Priority Person 3

Name: Relationship to child:
Phone: (h) (w) (m)

Priority Person 4

Name: Relationship to child:
Phone: (h) (w) (m)

Usual Medical Attendant

Doctor'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:

[Blank lines for food and medication details]

Other: Reaction/Medication:

[Blank lines for other medical information]

Is there any other medical information we need to know?

[Blank lines for other medical information]

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?

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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.

PLEASE READ, ACCEPT and SIGN
Complying Written Arrangement (Section 4)

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 give permission for my child's health plan to be displayed in the OSHC room for Educator's referral.

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 allergy 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: _____

Complying Written Arrangement for Child Care Subsidy

Please read and TICK EACH BOX as confirmation of acceptance of the conditions of enrolment.

	I understand that the Flagstaff Hill Primary 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.
	If any of the following changes are made, the service must be notified immediately: <ul style="list-style-type: none"> Address, telephone numbers and emergency contacts Person/s authorised to collect your child Changes in access authorisation Your child contracts an infectious disease or illness When your child is absent
	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. Children each receive 42 allowable absence days per financial year whilst still being able to claim Childcare Subsidy.
	Cancellation Policy: No fees will be charged if a booked session is cancelled before the following cancellation notification times: - Before School Care – 6:15pm on the business day prior After School Care – 9:00am on the morning of booked session You will be charged an allowable absence under the Aust. Government's Child Care Subsidy ruling for non-attendance or late cancellation notice. All Holiday Care and Student Free Day bookings are final – non-cancellable. You will be charged an allowable absence (as above).
	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 OSHC 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 Classroom Cash Box.

	Families will be deemed as having outstanding fees when they are 2 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.
	Inappropriate behaviour by children may result in them being excluded from the service for short or long term periods.

I have read and agree to the listed conditions of enrolment and understand that I am responsible for payment of fees weekly.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Office use only

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

Date \$15.00 Family Registration Fee debited to account: -/...../.....

Email address on record/...../.....

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

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

CHILD INFORMATION 2023 (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)?

Write a special celebration that your family celebrates together? _____

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

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

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?

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

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

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)

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

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

ABOUT ME - 2023 (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 2023): _____

3 things you like doing

Healthy food you would like to eat at OSHC

Tell us what activities you do on the weekend

What would you like to do at OSHC?

What sports groups and clubs would you like to belong to?

When you are relaxing quietly, what do you do?

What is your

- ◆ favourite game?
- ◆ favourite toy or gadget?
- ◆ favourite book?

About me and OSHC

Current OSHC Children to complete

Name: _____

Year Level in 2023: _____

Tick the answer that is right for you in the boxes! You can tick more than one.
For the rest of the questions, try and include as much information as you can!

Where do you like to play?

- Inside _____
- Home Area _____
- J.P Cola _____
- OSHC Cola _____
- Courts _____
- NPA (Nature Play Area) _____
- Oval _____
- Gym _____
- The Gully _____

At OSHC I like:

What board/card games do you like?

Board/Card Games

Construction Toys

- Hot Wheels LEGO K'Nex Blocks
- Other Any other ideas? _____

Crafts and Making

- Sewing Glue Guns Painting Planned Craft
- Other ideas _____

What is the best thing you have done at OSHC?

What do you like to play in the Home/Role Play Area?

- Café Pizza Shop Library
- Other ideas _____

Most of the time, I...

- Decide what to do myself _____
- Do the same as my friends _____

Something I would like to do or try at OSHC:

STEM/Science any ideas? _____

Quiet Area Homework

Electronics Laptops Movies

OSHC Cola Dancing Music Beyblades

Oval Sports/Games Your own thing

Gym

Gully Playgrounds Forts

Courts Wheels Sports/Games

J.P Cola Sand Pit Organised games

Nature Play Area Mud Kitchen Boat

Other Is there anything else that we missed that you like doing?

Any comments or suggestions:
