

Flexible/Casual booking

Flagstaff Hill OSHC - Enrolment Form 2024

Section 1 of 4

Flagstaff Hill Primary School – 145 Black Road, Flagstaff Hill SA 5159 ABN 61 979 119 599

Please complete all 4 pages

Child 1

Family Name: _____ Gender: _____

First Name: _____ Known as: _____

Date of Birth: ____/____/____ Centrelink CRN: _____

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

Diagnosed Health Care need, Allergy or Medical Condition: - Asthma, Allergy, Anaphylaxis, Continenence, Diabetes, Seizures, Other (please state) _____

HEALTH SUPPORT PLANS are required for ALL DIAGNOSED CONDITIONS that REQUIRE MEDICATION AT OSHC BEFORE YOUR CHILD CAN ATTEND OSHC (Reg. 90). Refer to **HEALTH AND MEDICAL INFORMATION (Section 2).**

Child 2

Family Name: _____ Gender: _____

First Name: _____ Known as: _____

Date of Birth: ____/____/____ Centrelink CRN: _____

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

Diagnosed Health Care need, Allergy or Medical Condition: - Asthma, Allergy, Anaphylaxis, Continenence, Diabetes, Seizures, Other (please state) _____

HEALTH SUPPORT PLANS are required for ALL DIAGNOSED CONDITIONS that REQUIRE MEDICATION AT OSHC BEFORE YOUR CHILD CAN ATTEND OSHC (Reg. 90). Refer to **HEALTH AND MEDICAL INFORMATION (Section 2).**

Child 3

Family Name: _____ Gender: _____

First Name: _____ Known as: _____

Date of Birth: ____/____/____ Centrelink CRN: _____

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

Diagnosed Health Care need, Allergy or Medical Condition: - Asthma, Allergy, Anaphylaxis, Continenence, Diabetes, Seizures, Other (please state) _____

HEALTH SUPPORT PLANS are required for ALL DIAGNOSED CONDITIONS that REQUIRE MEDICATION AT OSHC BEFORE YOUR CHILD CAN ATTEND OSHC (Reg. 90). Refer to **HEALTH AND MEDICAL INFORMATION (Section 2).**

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: _____ Primary Language: _____

Centrelink CRN: _____

Home Address: _____

Name and Address of Workplace: _____

Phone: (h) _____ (w) _____ (m) _____

Email Address for accounts: _____

Parent 2 (eg Birth, Adoptive Parent or Guardian)

Full Name: _____ Date of Birth: ____/____/____

Relationship to child: _____ Primary Language: _____

Home Address: _____

Name and Address of Workplace: _____

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: (m) _____

Home 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 and to approve administration of medication.

Priority Person 1

Full Name: _____

Relationship to child: _____ Phone: (m) _____

Home Address: _____

Priority Person 2

Full Name: _____

Relationship to child: _____ Phone: (m) _____

Home Address: _____

Collection Authorities ONLY

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

Priority Person 3

Full Name: _____

Relationship to child: _____ Phone: (m) _____

Home Address: _____

Priority Person 4

Full Name: _____

Relationship to child: _____ Phone: (m) _____

Home Address: _____

Usual Medical Attendant

Doctor's name: _____ Phone: _____

Clinic name: _____

Medical Benefits cover with: _____ Ambulance Cover with: _____

Medicare number: _____ Health Care Card Number: _____

HEALTH AND MEDICAL INFORMATION

Does your child/ren have a diagnosed health condition that requires medication? YES / NO

If yes, please see below: -

Please circle: - Asthma, Allergy, Anaphylaxis, Continence, Diabetes, Seizure, other (please state) _____

PLEASE READ AND SIGN BELOW: -

I understand that my child CANNOT ATTEND OSHC (Reg 90) until I have submitted the following Health Plans for ALL DIAGNOSED HEALTH CONDITIONS that REQUIRE MEDICATION: -

- Up-to-date Medical Action Plan (with start and review date)
- Risk Minimisation and Communication Plan (to be completed with Nominated Supervisor (Director) or Responsible Person)
- Prescribed Medication (named, in original container)

Forms are available from OSHC or school website.

Parent/Guardian Signature _____

Has your child/ren any disabilities? YES / NO

If yes, please give specifics _____

Has your child/ren any specific care requirements? YES / NO

If yes, please give specifics _____

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

If yes, please give specifics _____

Is there any other health or medical information we need to know? YES / NO

Is there any other information you would like us to know? Have you any specific concerns you would like our OSHC educators to be aware of? (e.g., your child's strengths, likes and dislikes, fears, social interactions, behaviour, personal etc)

Please remember to complete the 'Our Family Culture' form attached to OSHC enrolment form.

Please check you have signed: -

- Health and Medication section (page 2) if your child has a diagnosed health condition that may require medication whilst at OSHC (you will also be required to meet with the Director or Responsible Person to complete Risk Minimisation and Communication Plan.

- Read and accept the listed conditions of enrolment and understand that I am responsible for payment of fees each week (page 3)

- Written Agreement (page 4)

Consents: Please INITIAL BOX as confirmation and acceptance

	I agree to email OSHC service as soon as possible to advise of any changes to attendance (bookings and cancellations).
	I understand the OSHC service will follow the Safe Arrival of Children Policy AND Delivery of Children to and Collection from Education and Care Service Premises Policy (OSHC to School/School to OSHC) in the event my child does not arrive at OSHC at the predetermined time, including contacting parents, emergency nominees or emergency services/police if the child's location is unknown.
	I understand OSHC requires an Extra Curricular Form (before the event takes place) for my child to be released from OSHC to attend extra-curricular activities during their booked OSHC session.
	I consent for the OSHC Director to collect and share detailed health and wellbeing information from 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 Educators 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 provide SPF50+ broad spectrum sunscreen to my child/ren. If sensitive skin, you are required to supply your own sunscreen (to be labelled and kept in OSHC room).
	I consent for my child/ren watching 'PG' rated movies with supervision.
	I consent that OSHC educators may administer emergency asthma, anaphylaxis or other emergency medication and first aid treatment if the need arises.
	I understand that if at any time the OSHC educators consider that my child/ren require emergency medical/ambulance assistance, they will have an ambulance attend my child/ren. I acknowledge that I will be liable for any medical/ambulance expenses incurred in the treatment of my child.

I certify that the information provided on this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

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

I accept the conditions of enrolment and policies and rules of the Service.

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.

Bookings are essential – children are not to attend any sessions until booking confirmation has been received. No unexpected arrivals permitted. All booking requests must be made by email to flagstaff.oshc49@schools.sa.edu.au and will be confirmed via return email.

An annual OSHC 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:

- Home address, place of work, telephone numbers and emergency contacts
- Changes in person/s authorised to collect your child
- 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. A late pick up fee of \$10 for every 5-minute block will be charged to families for collection of children after session closing time.

Inappropriate behaviour by children may result in them being excluded from the service for short or long-term periods.

Cancellation Policy:

Before School Care and **After School Care:** booking cancellations received by email to flagstaff.oshc49@schools.sa.edu.au within 7 days' notice will be charged full fee, minus your child care subsidy entitlement. Families must still pay the 'gap' fee to the Service if their child is unable to attend. Under the Child Care Subsidy families are allowed 42 absence days per child, per financial year. Allowable absences can be taken for any reason and families do not have to provide evidence.

Holiday Care and **Student Free Day** bookings are separate from term bookings, are final and non-cancellable. If absent, you will be charged an allowable absence (as above).

Not Notified Fee

An additional fee of \$5.00 will apply for instances when a child is booked into an After School Care session and fails to arrive without OSHC being notified by email of the absence. This fee is in addition to the session fee and is not subject to Child Care Subsidy.

Payment of Fees Policy:

OSHC fees are processed one week in arrears and tax invoices are emailed to families. **Fees must be paid on a WEEKLY basis.**

Fees can be paid by BPOINT (credit card secure online payment via school website), direct payment into OSHC bank account (details on tax invoice) or EFTPOS at the school front office (in person or telephone 8270 1744). Cash payments are not accepted.

If a family fails to pay the required fees on time, a reminder email will be issued after one week and then again after two weeks if the fees remain outstanding.

After three weeks outstanding, the Director will telephone the family to request payment be made immediately.

A child's position will be terminated if payment has not been received after four weeks, for which the family will receive a letter advising such action. At this time the OSHC Service will suspend future care and initiate its debt collection process.

Any accounts that are referred to Debt Collection Agency for recovery, the parent/guardian responsible for the account will be responsible for the Debt Collector's charges which will be added to the total amount to be recovered.

Written Agreement: - I confirm acceptance of the above to enable the Service to receive Child Care Subsidy funding on my behalf to reduce my fees. I agree that I am liable to pay fees for my child's care on a weekly basis.

Full 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 Action Plan, Risk Minimisation Plan, Communication Plan and Prescribed Medication received (if applicable) _____

Office Medical Records Updated (if applicable): - _____

OUR FAMILY

Name: _____

CULTURE!

At OSHC each family is considered unique. Even within the same culture, individuals and families vary in their beliefs and practices, and in their adherence to social conventions of their cultural group. Some families may also be influenced by multiple cultures, where parents are from different cultural backgrounds themselves. To understand how to be culturally responsive to each family that attends our OSHC, we would like to identify your cultural practices and values. The information and questions provided here are intended to increase our understanding of the range of beliefs, practices and values across families.

WHO LIVES IN YOUR HOUSE(S)?

WHAT LANGUAGE(S) DOES YOUR FAMILY SPEAK?

OUR FAMILY'S HERITAGE BACKGROUND(S) ARE?

WE CELEBRATE...

Please turn over to complete questions

OUR FAMILY

CULTURE!

OUR FAMILY VALUES ARE...



TOGETHER AS A FAMILY WE LIKE TO...



IS YOUR FAMILY INVOLVED IN ANY CLUBS/GROUPS OUTSIDE OF SCHOOL?



IS THERE ANYTHING ELSE YOU WOULD LIKE TO SHARE ABOUT YOUR FAMILY?



PLACE A PICTURE OF YOUR FAMILY HERE OR EMAIL ONE TO US

flagstaff.oshc49@schools.
sa.edu.au

Please turn over to complete questions