

HENLEY BEACH PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE



Henley Beach Primary School

Scuola Elementare di Henley Beach

OSHC ENROLMENT FORM

Please note that prior to commencement of care at Henley Beach Primary School Out of School Hours Care it is essential that the following information is complete and kept up to date. This information must be completed by each known parent or guardian who has lawful authority in relation to your child. Please notify the service of any changes to details on this form as soon as possible

Child's Detail

Surname:

Given Names(s):

Name usually called:

CRN for CCB

Home Address/Addresses

Date of Birth:

Sex (Please circle):

Male / Female

Language(s) spoken at home:

Is your child of Aboriginal or Torres Strait Islander decent?

Yes / No

Please provide a certified photocopy of your child's birth certificate or equivalent. Yes / No

CONSIDERATIONS FOR YOUR CHILD

Cultural Considerations

Please list your child's cultural background and if relevant any cultural practices you would like followed:

Religious Considerations

Please list your child's religious background and if relevant any religious practices you would like followed:

Dietary Considerations

Please list any dietary restrictions or considerations your child may have (e.g. details of allergies will be expanded on in the medical section of the form):

Special / Additional needs

Please list any special / additional needs your child may have:

CHILD'S MEDICAL REQUIREMENTS

Registered Medical Practitioner or Service Details

Service Name:

Practitioner's Name Contact Numbers:

Address:

Registered Dental Practitioner or Service Details

Service Name:

Practitioner's Name Contact Numbers:

Address:

Medicare Number (if available)

Private Health Cover (Please Circle): Yes / No

Private Health Fund / Private Health Number :

Ambulance Cover (Please Circle): Yes / No

Does your Child have any specific health care needs or conditions? Yes / No
If yes, please attach relevant details. This includes a health care plan, anaphylaxis medical management plan or risk minimisation plan

Does your Child have any allergies? (Please Circle) Yes / No
If yes, please attach relevant details. This includes a health care plan, anaphylaxis medical management plan or risk minimisation plan

Has your child been diagnosed as someone who is at risk of anaphylaxis? (Please Circle) Yes / No
If yes, please attach relevant details. This includes a health care plan, anaphylaxis medical management plan or risk minimisation plan

Does your child have any dietary restrictions? (Please Circle) Yes/ No
If yes, please attach relevant details

Please provide the immunisation status of your child.

<input type="text"/>
<input type="text"/>

All medication administered at OSHC will only be given if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of your child to whom the medication is to be administered and before the expiry or use by date; and it must be administered in accordance with any instruction attached to the medication, or any written or verbal instructions provided by a registered medical practitioner.

Parent signature1/Caregiver <input type="text"/>	Parent signature 2/Caregiver <input type="text"/>
--	---

PARENT 1

Relationship to Child:

Full Name:

Other Names known by

Parents 1's CRN for CCB

Parent's 1 date of birth

Country of Birth

Home Address (please attach proof of address e.g. bank statement or Utility Bill)

Telephone (H)

(W)

(M)

Email address

Does your child live with you? (Please Circle)

Yes /No

Occupation

Place of Employment

PARENT 2

Relationship to Child:

Full Name:

Other Names known by

Parents 2's CRN for CCB

Parent's 2 date of birth

Country of Birth

Home Address (please attach proof of address e.g. bank statement or Utility Bill)

Telephone (H)

(W)

(M)

Email address

Does your child live with you? (Please Circle)

Yes /No

Occupation

Place of Employment

EMERGENCY CONTACT PERSON 1

Authorised Nominee means a person who has been given permission by a parent or family member to collect your child from Henley Beach Primary School OSHC.

There may be times or situations where your child has had an incident or illness and parent/s cannot be reached. To deal with these situations Henley Beach Primary School OSHC will notify the following person to collect and care for your child. This person should live close to Henley Beach Primary School and must provide identification when collecting your child.

Name of Individual

Relationship to Child:

Address:

Telephone (H) (W) (M)

EMERGENCY CONTACT PERSON 2

Name of Individual

Relationship to Child:

Address:

Telephone (H) (W) (M)

DETAILS OF OTHER PEOPLE WHO CAN COLLECT THE CHILD

This list may be added to throughout the year. Please list people in preferential order. Individuals must be able to produce identification when collecting your child.

Person 1

Name of Individual

Relationship to Child:

Address:

Telephone (H) (W) (M)

Person 2

Name of Individual

Relationship to Child:

Address:

Telephone (H) (W) (M)

COURT ORDERS RELATING TO THE CHILD

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to your child or access to your child?

(Please Circle)

Yes

No

Are there any other court orders relating to your child's residence or your child's contact with a parent or other person?

(Please Circle)

Yes

No

If yes, please provide all relevant documentation and paperwork

PERMANENT BOOKING REQUEST FORM

Please mark the box for the days that your require care and time needed.

Please note these bookings will be made permanently as recurring weekly bookings should vacancies allow

To vary these bookings please resubmit the booking form.

Please note that full fees are payable for non-attendance on booked days. If your child is absent for long periods because of illness or for any other reason, special arrangements may be discussed with the director.

Child Name _____

Week beginning:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

CASUAL BOOKING REQUEST FORM

Please mark the box for the days that your require care and time needed.

To vary these bookings please resubmit the booking form.

Please note that full fees are payable for non-attendance on booked days. Cancellations must be received by 5:00pm the day before or you will be charged for the service.

Child Name _____

Week beginning:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

DECLARATION

I Printed full name

As a person who has lawful authority of my child referred to in this enrolment form for Henley Beach Primary School OSHC:

Declare the information in this enrolment form is true and correct and endeavour to immediately inform the service in the event of any change to this information.

Agree to collect or make arrangements for the collection of my child referred to in this enrolment form if he / she becomes unwell.

Consent to the director at the OSHC service seeking, or where appropriate, administering any medical treatment that is reasonably required and that I will reimburse any expense incurred by the service should this happen.

Declare that I have read and understood the policies of Henley Beach Primary School OSHC and will abide by those policies.

Consent to the Director/educator administering medication if so requested by me or those I have nominated to do so on my behalf.

Have read and agree with the fees, payment structure and policies of Henley Beach Primary School OSHC and agree to pay as per fortnightly invoice.

I agree to pay an account keeping fee and any other fee and associated debt recovery costs in the event that my account falls into arrears.

I understand that care for my child will be terminated at the discretion of Henley Beach Primary School if my account falls into arrears.

I agree to update any information relating to those individuals I have nominated to be an Authorised Nominee or person to collect my child and any contact details of any medical or dental professional nominated in the Enrolment Form.

I agree that my child's place at OSHC is subject to the Priority of Access Scheme as listed by the Management system.

I have viewed the OSHC facility and consent to the enrolment of the admitting child

I acknowledge having received and read the OSHC Parent Handbook and I understand any changes to such will be displayed on the notice board in the OSHC room.

I agree to comply with all Government requirements in relation to OSHC and its service.

I agree that in the case of accident or injury and in the event I cannot be contacted medical care may be sought and given to my child, and I agree to meet any expenses.

I am aware that 24 hours' notice of cancellation of care must be given in advance, otherwise fees will continue to be charged.

I understand that a system of payment for late departures operates at OSHC and I will be charged \$1, per child, for each minute late after the advertised closing time.

If my child has not been collected 30 minutes after the advertised closing time and in the event that I cannot be contacted, nor the Emergency contacts, I have supplied on this form, then the Department of Family and Children's Services or Crisis Care will be notified and advice sort as to the appropriate action.

I am aware that fees may be adjusted from time to time with due notice given to parents.

I agree to inform the Director of OSHC of any changes that may affect the priority for care or which may affect the amount of fees to be paid.

OSHC reserves the right to terminate this Agreement when, in its discretion, it considers that to do so would be in the interest of OSHC. It agrees to give the parents reasonable notice of its intention to exercise this right.

I understand that it is not a requirement for enrolment that my child is immunised however, I agree to abide by the Federal Government's requirements on immunisation (i.e. keeping up to date with immunisations or completing the necessary objection forms).

I have read and understood all the conditions in this enrolment form, and when asked, have had explained relevant information about the services offered by the OSHC for the care.

Parent
signature 1



Parent
signature 2



Date

