

Littlehampton OSHC – Enrolment Form & Complying Written Arrangement (CWA)

Littlehampton Primary School OSHC 16-30 Baker Street Littlehampton SA 5250 Email: dl.0225.oshc@schools.sa.edu.au ABN: 96 116 764 634

This information is confidential and will be available to supervising staff and emergency personnel.

Family Name	Family Name	Family Name
Child's Preferred Name	Child's Preferred Name	Child's Preferred Name
Residential Address	Residential Address	Residential Address
Birth Date Sex M/F CRN number	Birth Date Sex M/F CRN number	Birth Date Sex M/F CRN number
School	School	School
Year Level/ Room Number/ Teacher	Year Level/ Room Number/ Teacher	Year Level/ Room Number/ Teacher
Is child of Australian Aboriginal or Torrens Strait Islander Origin? No <input type="checkbox"/> Yes Australian Aboriginal <input type="checkbox"/> Yes Torrens Strait Islander <input type="checkbox"/> Other –please specify <input style="width: 100px;" type="text"/>	Is child of Australian Aboriginal or Torrens Strait Islander Origin? No <input type="checkbox"/> Yes Australian Aboriginal <input type="checkbox"/> Yes Torrens Strait Islander <input type="checkbox"/> Other –please specify <input style="width: 100px;" type="text"/>	Is child of Australian Aboriginal or Torrens Strait Islander Origin? No <input type="checkbox"/> Yes Australian Aboriginal <input type="checkbox"/> Yes Torrens Strait Islander <input type="checkbox"/> Other –please specify <input style="width: 100px;" type="text"/>

*** Parent/Guardian Information**

Parent/Guardian Name Birth date (legally required) Parent CRN number	2 nd Parent/Guardian Name only required
Postal Address	Postal Address
Home Address	Home Address
Place of Work/Address	Place of Work/Address
Wk Phone Mobile Hm Phone	Wk Phone Mobile Hm Phone
Email contact I would like my accounts sent via email Yes/No	Email contact

*** Emergency Contacts (If parent/guardian can not be contacted, emergency contacts will be notified)**

1. Name	1. Name	1. Name
Address	Address	Address
Phone Mobile	Phone Mobile	Phone Mobile
Relationship to Family	Relationship to Family	Relationship to Family

*** Other people Authorised to collect child/children (Please advise staff if this information changes)**

1. Name	Address	Phone
2. Name	Address	Phone
3. Name	Address	Phone

*** Custody/Access**

Are there any **Family Court Orders**?

No

Yes (Please attach a copy of the order)

Are there any **Restraining Orders** in relation to the child/children?

No

Yes (please attach a copy of the order)

Comments.....

NB It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children.

Medical and Health Information (Confidential)

This information is confidential and will be available only to supervising staff and emergency medical personnel
One form per child

Family Name	Child's Name	Date of Birth
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Medic Alert Number (if relevant) _____ Review Date _____

Health Support

* Does your child have a health care need that could affect their safety at Out of school Hours Care?

No

Yes **If YES** please tick the boxes below that show your child's health care needs.

	✓		✓
Asthma		Incontinence	
Is your child under a health care plan for Asthma?		Joint Disorder (eg arthritis)	
Epilepsy		Ear Disorder (eg arthritis)	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication difficulties	
Seizures/convulsions		Skin condition (eg dermatitis)	
Allergies (eg bees, peanuts dairy)		Swallowing/choking difficulties	
Diabetes		Other (please give details)	

Health Care Plan

* Out of School Hours Care staff need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. **Have you attached the health care information from your child's doctor/treating health professional?**

If No, staff will provide standard supervision for safety & first aid

If YES write down what you have attached (eg asthma care plan; details about ear care)

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Medication

* Does your child have any routine health care needs (eg medication)

No

Yes please attach a medication plan from your doctor or treating health care professional.

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.....

Doctor's Name	Clinic Name
Address	Phone Number

* Are there any special dietary requirements in relation to your child?

No

Yes please give details

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* Does your child need special aids or equipment (eg. Glasses, hearing aids, callipers)

No

Yes please give details

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1. All medication must be supplied in the original container with the pharmacy label and the child's name clearly marked on the container.
2. A permission to administer medication form must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.

Parent/Guardian/Approved Person

Signature _____ **Date** _____

Information for Parents

Child Participation

I give permission for my child/children to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I understand it is my responsibility to advise staff if I do not wish my child/children to participate in a particular activity. Excursions are the exception, as that is the only planned activity programmed for that day.

Child Information

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (eg. In an emergency/ special needs of my child/children, and behaviour management plans).

Written permission

I understand that OSHC staff will require written permission for my child/children to travel alone to and from the OSHC service. I am aware that the Director or other qualified staff members will sign my child/children in and out of the service and the arrival and departure times will be noted.

Photo consent

I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site on display boards and in the Littlehampton school newsletter.

Work Consent

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area

OSHC Wellbeing Policy

The OSHC program has a Children's Wellbeing Policy in place where the main feature is to recognise and support positive behaviours. Children who are displaying violent or aggressive behaviour towards other children and staff will be excluded from the program, in line with the Schools Behaviour Management Policy.

I understand that it is the responsibility of the parent to inform the OSHC staff of the child's behaviour needs.

(A copy of the Wellbeing process is available in the OSHC Policy Folder.)

Permission to inspect for Head Lice

The South Australian health commission recommends that everyone check their hair every week for head lice.

Checking and treating hair is by law a parent's responsibility.

I understand that I will need to collect my child, if OSHC supervising staff members believe that my child has head lice.

I understand it is my responsibility to arrange collection of my child from OSHC when notified.

Sun Protection

OSHC follows the guidelines of the Cancer Council Sun Smart program that recommends children wear appropriate hats while outside. All children and staff must wear an appropriate hat. Information on appropriate hats is available from OSHC. We follow the No Hat/No Play policy.

Fees

In accordance with the service policies, I agree to pay the required fees for my child's/children's booked care for OSHC within 14 days of the date on the invoice. I agree to pay all extra costs relating to outstanding fees and late fees as well as excursion costs.

Medical Emergency

In the event of a medical emergency, OSHC staff will call an ambulance in line with standard first aid training. I

understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

OSHC Quality Assurance

I am aware that Littlehampton Primary School OSHC is registered and complies with the National Quality Standards.

Privacy Act

I understand the information provided on this Enrolment/Medical Form:

- Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation
- May be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies
- May otherwise be disclosed without consent where authorised or required by law.

Information to Parents

I have read the OSHC Family Information Package and agree to comply with the OSHC service policies and procedures outlined. Full information on OSHC policies, procedures and guidelines are available upon request.

Parent/Guardian Signature _____

Date _____

Bookings and Complying Written Arrangement (CWA)

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Before School Care Fees: \$17 per session less CCS

Regular Bookings

Please write in the names of your children on days you require regular bookings

MONDAY 6:30am-8:45am	TUESDAY 6:30am-8:45am	WEDNESDAY 6:30am-8:45am	THURSDAY 6:30am-8:45am	FRIDAY 6:30am-8:45am

Children will be attending Before School Care on a casual basis Yes/No

After School Care Fees: \$22 per session less CCS

Regular Bookings

Please write in the names of your children on days you require regular bookings

MONDAY 3:10pm-6:30pm	TUESDAY 3:10pm-6:30pm	WEDNESDAY 3:00pm-6:30pm	THURSDAY 3:10pm-6:30pm	FRIDAY 3:10pm-6:30pm

Children will be attending After School Care on a casual basis Yes/No

Vacation Care Fees: \$55 per session less CCS / Incursion \$70/ Excursion \$75 per session less CCS

PLEASE NOTE: VACATION CARE REQUIRES SEPARATE BOOKINGS. VACATION CARE PROGRAM AND BOOKING FORMS ARE SENT OUT EACH TERM IN WEEK 6 FOR REGULAR USERS OR CAN BE COLLECTED FROM FRONT OFFICE OR FROM OSHC ROOM.

Due to limited places for our program we are following the Priority of Access guidelines below.

Priority of Access

The Australian Government has determined Priority of Access Guidelines for allocating places in child care services. These guidelines set out the following three levels of priority:

Priority 1- a child at risk of serious abuse or neglect.

Priority 2- a child of a single parent who satisfies, or of parent who both satisfy, the work / training / study test under Section 14 of the Family Assistance Act.

Priority 3- any other child

Please indicate in box which priority you fall in:

Children in Priority 3 (non- working families) will only have a guaranteed place on days where there is no waiting list, spots will be given to Priority 1 and 2 before Priority 3.

Note: The above applies to children attending school

Priority 1	Priority 2	Priority 3

Preschool Children: Outside School Hours Care is primarily for school children. Where an Outside School Hours Care Service has no vacant places and is providing care for a child who has not yet started school, the service may require that child to leave the service in order to provide a place for a school child.

I Confirm:

- That my details and that of the child I am enrolling are correct in the enrolment form.
- I have agreed to days of care within the above service.
- I understand the start and end times of the session of care at the above service, however if my service offers flexible sessions of care I agree to being within the agreed total session hours
- That care may be provided on a casual basis where available at the above service at my request.
- I understand that I am liable to pay the fees for the care of the child
- I have enrolled as indicated above and if applicable in other information the above service has given me (eg: a fee schedule, parent handbook, website) which are subject to change over time based on advice from the service (provider) and acceptance by me.

Parent/Guardian Signature _____

Date _____