



HOLY SPIRIT CATHOLIC PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE – ENROLMENT FORM, 2020

Office use only
Medical documents attached: ☐

This information is confidential and will be available only to supervising staff

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
Child's Name:	Child's Name:	Child's Name:
<i>Preferred Name:</i>	<i>Preferred Name:</i>	<i>Preferred Name:</i>
Family Name:	Family Name:	Family Name:
Address:		
Date of Birth: M / F	Date of Birth: M / F	Date of Birth: M / F
Year / Room Number:	Year / Room Number:	Year / Room Number:
Child's CRN Number:	Child's CRN Number:	Child's CRN Number:
Child's Medicare Number: Ref:	Child's Medicare Number: Ref:	Child's Medicare Number: Ref:

<u>PARENT / GUARDIAN INFORMATION (This will be used to contact you in emergency)</u>	
Parent / Guardian Name:	Parent / Guardian Name:
Home Address:	Home Address:
Work Address:	Work Address:
Contact Numbers: (1) (2)	Contact Numbers: (1) (2)
Email:	Email:
Date of Birth:	Date of Birth:
Parent CRN Number:	Parent CRN Number:

EMERGENCY CONTACT (Contacts must be of at least 18 years of age)

I give the following emergency contacts authorisation to, one, any or all of the following, if I cannot be contacted:

1. Collect child.
2. Consent to medical treatment.
3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance.
4. Consent to seek transportation of the child by an ambulance service.
5. Authorise an educator to take the child out of the centre.

Emergency Contacts

Full Name	Address	Mobile	Consent Given to: (Please circle)
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5
			1 2 3 4 5

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)

CONFIDENTIAL MEDICAL & HEALTH INFORMATION

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

Family Name:	Child's Name:	Date of Birth:
--------------	---------------	----------------

Medic Alert Number (if relevant) _____ Review date _____

Does your child have a health care need that could affect their safety at Out of School Hours Care? If so please tick below
(Current medical management plans from a doctor must be provided if your child has any of the following)

- ☐ Asthma ☐ Incontinence ☐ Diabetes: Type 1 / Type 2 ☐ Hearing Impairment
☐ Epilepsy ☐ Vision Impairment ☐ Seizures / Convulsions ☐ Disabilities
☐ Skin Condition (e.g. dermatitis) ☐ Diagnosed as at risk of Anaphylaxis
☐ Allergies (e.g. bees, peanuts, dairy, and creams) - Please specify: _____

☐ Other -please specify: _____

Are there any special dietary, cultural, religious or special needs requirements relating to your child?

What languages are spoken at home: _____

Is your child taking any regular MEDICATIONS? ☐ Yes ☐ No

If YES to any of the above, Please give details and provide a written health care action plan or medication plan from your child's doctor / treating health professional to plan for any special health needs. If NO to the above, staff will provide standard supervision for safety and first aid.

- 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.

Doctors Name	Clinic Name
Address	Phone Number
Dentists Name	Clinic Name
Address	Phone Number

Is your child/children's IMMUNISATION RECORD up to date? ☐ Yes ☐ No

CHARGES**After School Care** (fees are subject to change)

One Child	\$135 per week	\$27 per day
Child Care Benefits (CCB) apply		

Casual Bookings - bookings made less than 24 hours in advance will be charged \$37.

A \$50 late fee (plus \$1 per minute) per child will apply if your child is collected after 5:30pm.

All bookings must be in writing. Email is accepted.

Before School Care (fees are subject to change)

One Child	\$12 per morning (includes breakfast)
Child Care Benefits (CCB) apply	

All bookings must be in writing. Email is accepted.



HOLY SPIRIT CATHOLIC PRIMARY SCHOOL

OUT OF SCHOOL HOURS CARE – **TERMS AND CONDITIONS**

Child Participation

I give permission for my child/children to participate in the OSHC program and understand that OSHC staff will notify parents/guardian of each individual excursion. I understand that it is my responsibility to advise staff if I do not wish my child/children to participate in a particular activity.

Child Information

I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (e.g. in an emergency / special needs of my child/children).

Written Permission

I understand that OSHC staff require written permission, for my child/children to travel alone, to and from the OSHC service. I am aware that the Co-coordinator/Qualified staff will sign my child/children in and out of the service and the arrival and departure times will be noted.

Signing In and Out

I understand that I must sign my child/children in and out of the program each morning and evening. I am aware that I must inform OSHC staff members when I am collecting my child/children from care. In the event that an approved contact collects my child, they must show identification and be of at least 18 years of age. School policy states that any child on school grounds prior to 7:45am and after 2:45pm will automatically be booked into the OSHC program. Fees will apply as per fee schedule.

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 newsletters.

OSHC Behaviour Management

The OSHC Program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours. I understand that it is the responsibility of the parent to inform the OSHC staff of the child's behaviour needs. I am aware that any child displaying disruptive behaviour or jeopardizing the welfare and safety of others will have their parents notified and/or their enrolment reconsidered by the Principal of the school.

Work Consent

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

First Aid

I consent for staff to apply sunscreen, insect repellent ,

sting/bite cream, ice packs and/or wound dressings to my child should they need First Aid treatment.

Medical Emergency

In the event of a medical emergency, I agree for my child to be transported by ambulance or private vehicle as deemed necessary to the closest emergency service. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

Head Lice

If your child has head lice a notification will be sent home at the end of the day. Your son/daughter cannot return to the program until a treatment has been applied to their hair. If you receive a form please apply treatment and return form to the program. Fact sheets about treatment for head lice are available at the service for you information and update.

Sun Protection

OSHC follow the "Sun Smart" guidelines. Children must wear hats while outside. I understand that if my child does not have a hat he/she will spend playtime in the shaded area. Sun block will be used in accordance with the OSHC Policies and procedures.

Fees

I agree to pay the required fees for my child/children booked care at this OSHC. I understand that fees are charged for each program and are strictly payable within 14 days of account being issued. I am aware that accounts must be brought to a nil balance at the end of each term. I am aware that I will be charged for public holidays if I have not cancelled the booking of my child/children for that date. A late collection fee will apply if my child is picked up after 5:30pm. I understand that all costs associated with the collection of overdue accounts but not limited to professional collection costs, legal fees and disbursements will be recoverable by the school in addition to the overdue amount and any interest charged.

Cancellation

Booking cancellation must be in **writing**. If you wish to cancel your child's booking, please sign and return the cancellation form at least 24 hrs before the day you wish to cancel (Before 2:30pm for After School Care and before 7am for Before School Care). Cancellations received with less than 24 hours' notice will be charged as normal fee.

Transport

I consent for my child to travel on private charter bus and/or walk supervised to and from excursions as outlined in the OSHC Program. A Risk Assessment and consent forms for individual excursions will be supplied.

I/We have read the OSHC 'Terms and Conditions' and also agree to abide by the policies and procedures, regulations and guidelines established within the manual handbook, National Standards for Outside School Hours Care, and comply with all government requirements in relation to the centre and it's service.

I/We Give consent to commence First Aid or medical treatment to my child if needed ☐ Yes ☐ No

Parent/Guardian _____ **Signed** _____ **Date** _____

Parent/Guardian _____ **Signed** _____ **Date** _____

Full information on the Out of School Hours Care Program is available in the OSHC Policies and Guidelines, which are located in the OSHC office area



HOLY SPIRIT CATHOLIC PRIMARY SCHOOL

OUT OF SCHOOL HOURS CARE – **BOOKING FORM**

BOOKINGS (please complete if you require care)

OSHC – CONTINUOUS BOOKING (PLEASE TICK)

FAMILY NAME: _____ WEEK COMMENCING: _____

FIRST CHILD	SECOND CHILD	THIRD CHILD
Child's Name:	Child's Name:	Child's Name:
Preferred Name:	Preferred Name:	Preferred Name:

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSHC – SPECIFIC DATE BOOKING (PLEASE FILL IN DATES REQUIRED)

FAMILY NAME: _____

FIRST CHILD	SECOND CHILD	THIRD CHILD
Child's Name:	Child's Name:	Child's Name:
Preferred Name:	Preferred Name:	Preferred Name:

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC	/ /	/ /	/ /	/ /	/ /
ASC	/ /	/ /	/ /	/ /	/ /

Please indicate if you child has any co-curricular activities on after school where they will join OSHC as soon as these activities have finished.

All bookings must be in writing and made through the front office.
'Change of Bookings' forms can be obtained from the front office. Email accepted,
please email to: admin.holyspirit@nt.catholic.edu.au