

# Craigburn OSHC Enrolment Form 2018

Section 1

## Child 1

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F / M

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergy/ Medical conditions: \_\_\_\_\_

## Child 2

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F / M

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergy/ Medical conditions: \_\_\_\_\_

## Child 3

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F / M

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergy/ Medical conditions: \_\_\_\_\_

## Child 4

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: F / M

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Allergy/ Medical conditions: \_\_\_\_\_

## In Care Elsewhere

Which includes LDC, OSHC, FDC, IHC, OCC

I am claiming Childcare Benefit at other Approved Childcare Service/s for this number of children: \_\_\_\_\_

## Enrolling Parent/Guardian & Billing details

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

Email: \_\_\_\_\_

## Other Parent/Guardian

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Contact Priority: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

## Billing Details- if requesting second account

Date of Birth: \_\_\_\_\_ CRN: \_\_\_\_\_

Email: \_\_\_\_\_

## Parenting Plans/Custody orders

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts & Collection Authorities- in addition to parents/guardians**

In nominating these people, you give them authority to act on the child/rens behalf if neither parent/guardian can be locate

**Person 1**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Person 2**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Person 3**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Person 4**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address (h): \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**Usual General practitioner**

Doctor's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Clinic name: \_\_\_\_\_

**Usual Dentist**

Doctor's name: \_\_\_\_\_ Phone no: \_\_\_\_\_

Clinic name: \_\_\_\_\_

Private Health Insurance: \_\_\_\_\_ Ambulance Cover with: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Health Care Card Number: \_\_\_\_\_

**Does your child/ren have any conditions/medications that may be affected by OSHC activities?** If yes, please give specifics and any related medication: \_\_\_\_\_

**Does the child/ren have any additional / special needs?**

If yes, please give specifics and any related medication: (eg:Asthma-ventolin)

**Does the child/ren have any special dietary requirements not related to allergies?**

If yes, please give specifics: \_\_\_\_\_

**Does the child/ren require special aids? (eg. Glasses, hearing aids)**

If yes, please give specifics: \_\_\_\_\_

**Is there any further medical information we may need to know?**

If yes, please give specifics: \_\_\_\_\_

Note: Medical plans and medication authority forms must be attached to this enrolment form. Please supply the service with required medications in original containers with pharmacy label containing child's name and dosage details.

**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 not immunised: Parent/Guardian signature: \_\_\_\_\_

<b>It is a requirement of the Craigburn OSHC &amp; Vacation Care Service that a parent/guardian initial each agreement box, sign and date to indicate acceptance.</b>	<b>Initial Below</b>
A Family Registration Fee of \$15 will applied to your account annually upon enrolment	
I understand that Craigburn PS OSHC & Vacation Care service is a user pays service and primarily funded through fees.	
OSHC fees are processed one week in arrears on a Tuesday. The invoices will be emailed to families with 14 days to pay. An email address has been supplied	
I agree to pay the required fees for my child/ren's booked childcare hours, including late and debt collection fees and accept the policies and rules of Craigburn OSHC.	
Payment methods: EFT- details on invoice (Surname as reference) Automatic credit card payments- processed weekly Eftpos at OSHC	
A family will be deemed to have outstanding fees if the invoiced amount is in arrears of 14 days or more. Families will receive a reminder notice in the mail outlining payment requirements, if this is not followed or no communication is received the families will be sent a second letter.	
If there is no correspondence or payment from the second letter, all OSHC & vacation care bookings will be cancelled and they will be issued with a third and final letter.	
If there is no correspondence from the third letter, the debt will be presented at the OSHC Committee meeting for formal debt collection approval. Once formal debt collection is approved, the debt will be sent to the agency for collection. All costs involved in formal debt collection through the agency will be covered by the family.	
Families that are regularly late on the payment of fees and receiving reminder letters, will be required to sign up to have their account paid automatically by Credit Card Auto Payments.	
Bookings & Cancellations are accepted at OSHC via email, text, call and in person.	
Cancellations with no charge need to be received by: BSC- 6:00pm the session prior. Any cancellations for Monday BSC need to be received by Friday 6pm ASC - 8:30am the session prior Pupil Free Days- 6pm the session prior Vacation Care – <u>Cancellations only excepted via email</u> , times stated below: April, July & October - no later than 6:00pm on Friday of week 8. December / January Vacation Care Cancellations: Week 1: (December) Vacation Care no later than 6:00pm on Friday of week 7. Weeks 2, 3 & 4: (January) Vacation Care no later than 6:00pm on Wednesday week 1 of vacation care (e.g. 20 <sup>th</sup> December 2017)	
If children are collected after the closing time of 6:15pm a late collection fee will apply. \$10 per child for the first 15 minutes and then a \$1 per minute per child after that.	
BSC-Children are to be accompanied into the service by a parent/guardian and signed in.	
If any of the following changes are made, the service must be notified immediately: <ul style="list-style-type: none"> <li>• Address, telephone numbers and emergency contacts</li> <li>• Person/s authorised to collect your child, including changes as the result of a custody arrangement or court order</li> <li>• Changes in access authorisation</li> <li>• Your child contracts an infectious disease or illness</li> <li>• When your child is absent (Please also notify school office)</li> </ul>	
I agree the OSHC staff may administer minor 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 assistance, they will have the local medical/hospital/ambulance attend my child/ren. I acknowledge that I will be liable for any expenses incurred in the treatment of my child.	
Inappropriate behaviour by children may result in them being excluded from the service for a period of time. Warnings are used wherever possible, as per the Behaviour Policy, but an immediate exclusion would be applied when the safety of other children or staff has been jeopardised. The OSHC Director may also involve family/caregivers in strategies to improve behaviour, when concerns arise, or as part of a re-entry after an exclusion. This process may include the use of support agencies when necessary.	
<b>Consents:</b>	
I consent for the Director to collect and share detailed health and wellbeing information with the school and to keep it on file as required.	
I consent for my child/ren to take part in supervised walking excursions within the local area as part of the services program.	
I consent for my child to be photographed and for their image, work and first name to be published in circumstance the Director deems appropriate.	
I consent for OSHC staff to apply SPF50+ sunscreen to my child/ren if required. If your child/ren has any skin or sunscreen allergies, please supply your own sunscreen (to be kept in child's bag)	
I consent for my child/ren watching 'G' and 'PG' rated movies	

**Bookings:**

Please tick your booking requirements

**Permanent:**

**Casual:**

If you require a permanent booking, please tick days and sessions required

From \_\_\_/\_\_\_/\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

**Is there anything more we need to know?**

Eg. Any personal, religious or cultural practices/prohibitions. Comments on homework or behaviour management.

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I \_\_\_\_\_ certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform OSHC if any of these details change

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OSHC Office Use only

Date entered: \_\_\_\_\_

Registration fee applied to account: \_\_\_\_\_

Medical plans received: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Signature: \_\_\_\_\_