* **Alberton OSHC – Enrolment Form 2018/19**

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

|  |  |  |
| --- | --- | --- |
| Family Name | Family Name | Family Name |
| Child’s Name F/M | Child’s Name F/M | Child’s Name F/M |
| Residential Address | Residential Address | Residential Address |
| Birth Date**CRN number** | Birth Date**CRN number** | Birth Date**CRN number** |
| School | School | School |
| First & second spoken language | First & second spoken language | First & second spoken language |
| Indigenous status and/or Ethnicity  | Indigenous status and/or Ethnicity | Indigenous status and/or Ethnicity |
| Year Level/ Room Number/ Teacher | Year Level/ Room Number/ Teacher | Year Level/ Room \/ Teacher |

* ***Parent/Guardian Information***

|  |  |
| --- | --- |
| Parent/Guardian Name (Surname/Given Names)Birth date (legally required) | Parent/Guardian Name(Surname/Given Names)Birth date (legally required) |
| **Parent CRN number** | **Parent CRN number** |
| Postal Address | Postal Address |
| Home Address | Home Address |
| Place of WorkAddress | Place of WorkAddress |
| Email | Email |
| Mobile | Mobile |
| Wk Phone Hm Phone  | Wk Phone  Hm Phone |

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

|  |  |  |
| --- | --- | --- |
| 1. Name | 2. Name | 3. Name |
| Address | Address | Address |
| PhoneMobile | PhoneMobile | PhoneMobile |
| 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 |
| 2. Name | Address | Phone |

**Alberton OSHC Enrolment Form**

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 |

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 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)

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***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.

………………………………………………………………………………………………………………………

|  |  |
| --- | --- |
| **Doctor’s Name** | **Clinic Name** |
| **Address** | **Phone Number** |

* Are there any special dietary requirements relation to your child?
* No
* Yes please give details

………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………

* Does your child need special aids or equipment (eg. Glasses, hearing aids, callipers
* No
* Yes please give details

………………………………………………………………………………………………………………………

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.

**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 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 appropriate person(s) (eg. In an emergency/ special needs of my child/children, and behaviour management plans).

**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 Director/Assistant 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 Alberton school newsletter.

**Work Consent**

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

**OSHC Relationships and Interactions with Children (Behaviour Management)**

The OSHC program has a Relations and Interactions with Children 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 this 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 behaviour management process is available in the OSHC Policy Folder.)

**Permission to inspect for Head Lice**

SA Health recommends everyone check their hair every week for head lice. Checking and treating hair is by law a parent’s responsibility. I understand I will need to collect my child, if OSHC supervising staff members believe 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 Cancer Council Sun Smart guidelines which recommend children wear appropriate hats while outside. All children and staff must wear an appropriate hat such as a wide brimmed bucket hat or legionnaire hat. Information on appropriate hats is available from OSHC We follow the No Hat/No Play policy in line with the OSHC Sun Safe policy. Hats must be worn between September 1 to end of Term 1 and when the UV index exceeds 3.

**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.

**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.

**Fees Policy**

I have read the OSHC Fees policy and understand the late fee charges and management of overdue accounts, which may include an exclusion from using the service if unpaid.

**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 is located in OSHC.

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

**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 *child/children.*
* 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*

**Bookings**

Please note that a permanent booking will be ongoing and any changes to this booking will need to be done in writing with a two working days prior notice given.

**Before School Care**

Regular Bookings

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY7.00-8.45AM | TUESDAY7.00-8.45AM | WEDNESDAY7.00-8.45AM | THURSDAY7.00-8.45AM | FRIDAY7.00-8.45AM |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Children will be attending Before School Care on a casual basis Y/N**

**After School Care**

Regular Bookings

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY2.50-6.00PM | TUESDAY2.50-6.00PM | WEDNESDAY2.50-6.00PM | THURSDAY2.50-6.00PM | FRIDAY2.50-6.00PM |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Children will be attending After School Care On a casual basis Y/N**

**Vacation Care, Child Free Day & Casual Bookings**

**PLEASE NOTE**: VACATION CARE & CHILD FREE DAYS 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. CASUAL BOOKINGS CAN BE WRITTEN BELOW.

Information/Comments:

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

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