



Government of South Australia

Department for Education and Child Development

The Heights School

OUT OF SCHOOL HOURS CARE

The HEIGHTS OSHC
Brunel Dr,
Modbury Heights SA 5092
Telephone: 8242 8900

Email:
TheHeights.OSHC167@schools.sa.edu.au

CHILD ENROLMENT FORM

This information is CONFIDENTIAL and will be available only to supervising staff.

Family Name:	Family Name:	Family Name:
Child's Name:	Child's Name:	Child's Name:
DOB: M / F	Birth Date: M / F	Birth Date: M / F
CRN:	CRN:	CRN:

**ENROLLING PARENT/GUARDIAN - must be the registered CCS claimant*

OTHER PARENT/GUARDIAN (if applicable)

*Family Name:	Family Name:
*First Name:	First Name:
Family Address:	
*DOB: / /	*Parent Claiming CCS CRN:
Relationship to child:	Relationship to child:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Email Address:	

EMERGENCY CONTACTS & COLLECTION AUTHORITIES *(If parent/guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child/ren) N.B. It is very important that you tell the Authorised Contacts that you have nominated them. In nominating them, you give them authority to act on the child's behalf if neither parent can be located, to pick up the child until they can be returned home.*

1. Name & Family Name:	2. Name & Family Name:	3. Name & Family Name:
Phone:	Phone:	Phone:
Mobile:	Mobile:	Mobile:
Relationship to child:	Relationship to child:	Relationship to child:

ENROLMENT TYPE (please tick)

Permanent / Fixed Enrolment

Casual/Flexible Enrolment

A permanent enrolment is one that doesn't change e.g. the same days every week. A casual/flexible enrolment is when the days vary each week e.g. working rosters change.

BOOKINGS REQUIRED – permanent/fixed enrolment only (please tick)

Week 1:

DAYS	MON	TUES	WED	THURS	FRI
BSC					
ASC					

Week 2:

DAYS	MON	TUES	WED	THURS	FRI
BSC					
ASC					

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 staff to provide informed quality care for your child/ren.

OFFICE USE ONLY		
Date Received:	Time Received:	Received By:
Date Entered:	Entered By:	

OTHER INFORMATION

PARENTING PLANS / ACCESS DETAILS

Are there any Family Court Orders/Restraining Orders?

- Yes (please attach a copy of this order) No

Comments: _____

Please note we cannot physically enforce these orders but will endeavour to keep your child safe and will contact law enforcement and yourself as a matter of urgency should these orders be breached

LANGUAGE/CULTURAL BELIEFS

Do you or your child/ren speak a language other than English at home?

- Yes No, English only

If yes, what is the main language the parent speaks at home?

Cultural beliefs: _____

Indigenous status:

Aboriginal:

TS Islander:

PRIORITY OF ACCESS

Which of the following affects you or your child?

- Child at risk
 Child of parents who are working, training or studying
 Any other

IMMUNISATION DETAILS

Has your child/ren received all immunisations appropriate for her/his age?

YES / NO (please circle)

If no, please give details

IS THERE ANYTHING ELSE WE NEED TO KNOW OR YOU WOULD LIKE TO ADD?

MEDICAL AND HEALTH INFORMATION

Medicare Number: _____

Ambulance Cover: Y / N (please circle)

Doctors Name: _____

Address: _____

Clinic Name: _____

Phone Number: _____

Does the child/children have any conditions / medications that may be affected by OSHC activities? Y / N (please circle)

If yes, please give specifics and any related medication:

MEDICATION

Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and/or emergency services as soon as possible

Medication will only be administered if:

- It is prescribed by a medical practitioner
- It is in the original container with the original label
- The label contains the child's name
- Instructions and dosage can be clearly read
- Expiry date or use by date is valid
- A written health care plan from your child's doctor is provided
- A risk minimisation and communication plan has been signed and returned

Health Care Plan Provided:

(Please attach health care plan)

SPECIAL DIETARY NEEDS

Does your child/children have any special dietary needs not related to allergies?

If yes, please give specifics:

Does your child/children have any kind of allergic reactions or food intolerances? YES / NO

If yes, please give specifics:

Does your child/children have any disabilities / special needs?
YES / NO

CHILD'S NAME: _____

If yes, please record specifics _____

PARENT AGREEMENT

(please tick each box to confirm you have read each point)

- I agree to inform The Heights OSHC in writing immediately of any changes to the above information.
- I agree to keep my fees paid up to date.
- I understand that all booked days are paid for even when my child is absent due to sickness or on holidays, unless cancelled with enough notice.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as emergency contacts to collect my child prior to closing time.
- I agree to pay a late fee of \$20 per child between 6:00pm and 6:15pm, or \$20 plus \$5 per minute per child after 6:15pm
- I understand that in the event that a child is left at The Heights OSHC for over an hour after closing and staff have been unable to contact anyone to collect the child, educators or the nominated supervisor may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, The Heights OSHC is also obligated to notify The Education Standards Board.
- I give permission for prescribed medication to be administered by The Heights OSHC staff upon authorisation by providing the service with all relevant medical documentation and medication. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of the Service's policy, the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details.
- I give permission for my child to be observed by educators of The Heights OSHC for the purposes of documenting their learning story.
- I give permission for my child to be involved with leisure activities offered at The Heights OSHC and participate in the OSHC program. I understand that staff will notify parents/caregivers when written permission is required. I understand that it is my responsibility to advise staff if I do not wish my child to participate in a particular activity.
- I have read the Family Handbook and am familiar with the Service's policies and will seek a copy when unclear. I agree to follow, support and abide by these policies. I am aware that staff members are available to discuss any policies that I do not fully understand.
- I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate persons (e.g. in an emergency).
- I understand that OSHC staff require an **extra-curricular permission form** for my child to travel alone to and from the OSHC service for extra-curricular activities (e.g. early departure school excursions, swimming, football). I am aware that the Director/Qualified staff will sign my child in and out of the service and the arrival and departure times will be noted.
- I give permission for my child to be transported in a private vehicle if deemed necessary by the Director and in accordance with OSHC standards.
- I understand that The Heights OSHC has a Behaviour Guidance Policy in place where the main feature is to recognise and support positive behaviours. I understand that it is my responsibility to inform the OSHC staff of my child's behavioural needs and agree to abide by this policy.
- I give permission for OSHC staff to check my child's hair for head lice if deemed necessary. Any checks will be conducted sensitively. I understand that I will need to collect my child from OSHC if the staff believe they have headlice. I understand it is my responsibility to arrange collection of my child from OSHC when notified.
- I understand that OSHC follows the guidelines of Cancer-Council SA, who recommend that children be sun smart and wear hats and sunscreen while outside when the UV is 3 or above. I understand that if my child does not have a hat, he/she will be required to play in a shaded area.
- I understand that while my child is at OSHC, they may watch or be in an area in which other children are watching "G" and "PG" rated movies, games and DVD's at the discretion of the OSHC Director.
- I understand that if the need arises, OSHC staff will administer simple first aid to my child. In the event of a medical emergency, OSHC staff will call an ambulance, in line with standard first aid training. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

PHOTOGRAPHY AND VIDEO PERMISSIONS

Photos and video footage to be taken of my child for Educational Program and Practice purposes in Learning Stories – these will only be visible to you unless other permissions are granted.	YES	NO
Photos and video footage of my child to be used on The Heights OSHC website, within our programs, on display in the OSHC room and in newsletters and yearbooks.	YES	NO
Photos and video footages of my child for The Heights OSHC use and staff training purposes – may be taken to other OSHC trainings.	YES	NO

I have read and understood the information in this enrolment. Information provided about my child/ren or other people, has been given with their authorisation.

PRINT NAME	SIGNATURE	DATE	
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PRIVACY ACT

We acknowledge and respect the privacy of our families. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child as required.