

# Enrolment Form

<b>Please Indicate:</b>	<input type="checkbox"/>	<b>Flexible / Casual</b>	<input type="checkbox"/>	<b>Fixed / Routine</b>
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CHILD							
Family Name:				Gender:	F / M		
First Name(s):			Known as:				
Date of Birth:			CRN:				
Address:			Suburb:				
Postcode:			Primary Language:				
Indigenous State - Aboriginal:	Yes	No	Torres Strait Islander:	Yes	No		

ELIGIBLE PARENT/GUARDIAN & BILLING DETAILS								
Name:								
Date of Birth:			CRN:					
Address:			Suburb:					
Postcode:			Contact Priority:			Primary Language:		
Phone:	(h)			(w)			(m)	
Email:			Relationship to Child:					

OTHER PARENT/GUARDIAN (if applicable)								
Name:								
Address:			Suburb:					
Postcode:			Contact Priority:			Primary Language:		
Phone:	(h)			(w)			(m)	
Email:								

EMERGENCY CONTACTS & COLLECTION AUTHORITIES								
Name:						Contact Priority:		
Address:				Relationship to Child:				
Phone:	(h)			(w)			(m)	
Name:						Contact Priority:		
Address:				Relationship to Child:				
Phone:	(h)			(w)			(m)	
<p><i>N.B. It is very important that you tell these people 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 in an emergency and care for the child until s/he can be returned home.</i></p>								

COLLECTION AUTHORITIES ONLY								
Name:								
Address:				Relationship to Child:				
Phone:	(h)			(w)			(m)	
Name:								
Address:				Relationship to Child:				
Phone:	(h)			(w)			(m)	
<p><i>N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.</i></p>								

PARENTING PLANS/ORDERS relating to this child							



**ST JOSEPH'S HINDMARSH OSHC**  
 56 Albemarle Street  
 WEST HINDMARSH SA 5007

OSHC Telephone: (08) 8424 6445  
 OSHC Mobile: 0408 809 107  
 Email: [oshc@sjsh.catholic.edu.au](mailto:oshc@sjsh.catholic.edu.au)

IS THERE ANYTHING MORE WE NEED TO KNOW?
What is your cultural background?
What language do you speak at home?
What celebrations/festivals are important to your culture?
Any other information

CONSENTS	<input checked="" type="checkbox"/>
I give permission for OSHC staff to <b>exchange information</b> relating to my child/ren with school staff and to the appropriate person(s). (e.g. in an emergency/special needs of my child/ren)	
I consent for <b>photographs</b> (still or video) being taken of my child/ren, as part of the OSHC program and to being displayed around the OSHC site on display boards or in school/OSHC newsletters.	
The OSHC programme has a <b>Personal Responsibility Policy</b> in place where the main feature is to recognise and support positive behaviours. I understand that it is the responsibility of the parent/guardian to inform the OSHC staff of the child/ren's behavioural needs.	
OSHC follows the guidelines of the SA Cancer - Council that recommends that children be sun smart and wear hats while outside. I consent to my child/ren self-applying sunscreen that is supplied by the OSHC service. (If NO, please state reason)	
In the event of a <b>medical emergency</b> I give permission for OSHC staff to call an ambulance (ambulance cover is provided to all children attending St Joseph's), which is in line with standard first aid training.	

AGREEMENTS
<p>I understand the information provided on the Enrolment/Medical forms:</p> <ul style="list-style-type: none"> <li>• Is collected for the purpose of registration, programme planning, preparing statistics, reporting and evaluation</li> <li>• May be disclosed to and used by Commonwealth &amp; State government departments and their agencies</li> <li>• May otherwise be disclosed without consent where authorised or required by law</li> </ul> <p>I agree to pay the <b>required fees</b> for my child/ren. I understand the schedule and that fees are payable within 7 days of the account being issued.</p> <p>I am aware that accounts must be brought to a nil balance at the end of each term. Child Care Subsidy is available through Family Assistance Office to assist the cost of Child Care Fees.</p> <p>It is the parent/guardian's <b>responsibility to inform</b> the OSHC staff of any relevant and useful information that is in relation to the child/ren or the family. This allows the OSHC staff to provide <b>informed quality care</b> for your child/ren.</p> <p>It is important that the parent/guardian <b>sign in/out electronically on our iPad at time of arrival and departure</b>. This ensures your child/ren's safety and the legal requirements of OSHC.</p> <p><i>I certify that the information entered on this form is true to the best of my knowledge and I undertake to inform the OSHC service if any of these details change.</i></p>

PARENT/GUARDIAN SIGNATURE: ..... DATE: \_\_\_/\_\_\_/\_\_\_

# Medical and Health Information

<b>Child's Name:</b>	
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## HEALTH SUPPORT

Asthma		Diabetes	
Epilepsy		Hearing Impairment	
Heart Disorder		Communication Difficulties	
Vision Impairment		Allergies (e.g. bees, peanuts, diary)	
Seizures/Convulsions		Ear Disorder (e.g. drainage tubes)	
Incontinence		Skin Condition (e.g. dermatitis)	
Joint Disorder (e.g arthritis)		Anaphylaxis	

OTHER (e.g. sunscreen)

*If more space is needed for you child's health care needs, please attach a separate piece of paper listing these.*

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

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Has the child any special needs?    Yes    No    Effective Date: \_\_\_ / \_\_\_ / \_\_\_\_

If yes, please record specifics:

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Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give specifics:

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Has the child received all immunisations appropriate for her/his age?    Yes    No

If no, please give details:

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Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

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Has the child any special needs?    Yes    No    Effective Date: \_\_\_ / \_\_\_ / \_\_\_\_

If yes, please record specifics:

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Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give specifics:

## 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. If a Child has a specific Health Plan I give permission for OSHC staff to copy the original health care plan held in the office of the school. Any medication must be provided to OSHC by the parent.

Have you provided medication to OSHC (e.g. Ventolin, EpiPen)    Yes    No

Has the child had any kind of allergic reactions or food intolerances?

**Foods:** \_\_\_\_\_ **Reaction / Medication:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Penicillin:** \_\_\_\_\_ **Reaction / Medication:** \_\_\_\_\_

\_\_\_\_\_

**Others:** \_\_\_\_\_ **Reaction / Medication:** \_\_\_\_\_

\_\_\_\_\_

Is there any other medical information we might need to know?

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PARENT/GUARDIAN SIGNATURE: ..... DATE: \_\_\_/\_\_\_/\_\_\_