



Office use only
Date entered: / /
Staff initials:

**East Adelaide Primary School
Out of School Hours Care**

ENROLMENT FORM

59 Third Ave, Saint Peters SA 5069 PHONE: (08) 8362 6585

This Form is used by the Management of East Adelaide OSHC, for the purpose of ensuring the ongoing health, safety and welfare of the children attending the service.

Unless otherwise advised by the Director of the Centre, no access will be provided to the centre's services until an enrolment form has been fully completed and lodged with the centre.

All information contained in this document is to remain confidential and will be only used for OSHC and School's purposes.

Childs Details

	Child's full name	Preferred Name	DOB	CRN Number
Child no. 1				
Child no. 2				
Child no. 3				
Child no. 4				

Family Details

Home Address:		Post Code:	
Postal Address:			
Email Address:			
Nationality:		Main Language spoken at home:	

Contact Details

Contact	Name	Phone	Relationship to child	Extra information
Priority 1		Mob: Home: Work: Other:		CRN: DOB: Address: Employment/Study information:
Priority 2		Mob: Home: Work: Other:		Address: Employment/Study information:
Priority 3		Mob: Home: Work: Other:		Address:
Priority 4		Mob: Home: Work: Other:		Address:

Other Persons Authorized to collect children: _____

Please tick preferred PERMANENT days

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Before School Care					
After School Care					

**Please see Educators to book casual days*

Medical and Health Information

If you have more than one child with a health consideration please request a second form from the Director

Child's name: _____ Date of Birth: _____

Doctor's name: _____ Phone number: _____

Does your child have any physical limitations? YES/NO If yes, please provide details:

Does your child have any medical conditions? YES/NO If yes, please provide details:

Please detail treatments, eg. If your child has asthma does he/she have a puffer, does he/she self-administer?

- *All Medications and action plans need to be clearly labelled and given to the Director (Note: If your child's conditions includes asthma, please completed an Asthma Management Form)*

Is your child/ren immunized according to their age?

Birth	YES	12 Months	YES/NO
2 Months	YES/NO	18 Months	YES/NO
4 Months	YES/NO	4 Years	YES/NO
6 Months	YES/NO	10-13 Years	YES/NO

(Please note – if your child has not been immunised the Child Care Rebate and Child Care Benefit will not be applied to the regular fees and full amount will be due. For more information please contact Centrelink on 136 150)

Consents

- I authorise OSHC staff to administer simple first aid required: **YES/NO**
- I authorise OSHC staff to access medical, hospital and ambulance services to attend to my child as deemed necessary by staff at the service and accept liability for any costs incurred in the treatment of my child: **YES/NO**
- If I am unable to be contacted I authorise OSHC staff to administer medication to my child and understand that this will only be done on the permission/advice of a Medical Practitioner: **YES/NO**
- I give permission for my child to participate in supervised short walks to a local park/playground as part of the OSHC program and understand it is my responsibility to advise if I do not wish my child to participate in a particular activity: **YES/NO**
- I give permission for my child to be transported in a private vehicle if deemed necessary by the Director and in accordance with the OSHC standards: **YES/NO**
- I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) and understand that this information will be handled confidentially: **YES/NO**
- I give permission for my child to be photographed and/or videotaped at the service in connection with OSHC activities: **YES/NO**
- I give permission for my child to watch PG rated movies: **YES/NO**
- I give permission to OSHC staff to apply sunblock to my child if necessary: **YES/NO**

Arrival and Collection Procedures

- I am aware of the OSHC policy regarding my child's arrival and departure from the centre: **YES/NO**
- I agree to sign the arrival/departure register on arrival and on departure of our child from the centre: **YES/NO**

Payment of Fees

- I understand that the centre closes at 6.00pm and am aware a late fee applies if I collect my children after this time: **YES/NO**
- I acknowledge it is our responsibility to ensure we check emails regularly in order to receive our invoice from this service: **YES/NO**
- I understand we are required to pay full fees by the due date on the invoice issued to us: **YES/NO**
- I understand that an overdue fee of \$10.00 will apply if fees are not paid in full by the due date: **YES/NO**
- I understand that fees outstanding by 28 days will be regarded as a debt to the centre and that the OSHC debt policy will take effect, including:
Child care for my child may be suspended until the debt is paid
Recovery action may be taken to recover the debt and the family is responsible for paying any fee's associated with the recovery process. **YES/NO**

Other Matters

Are there any other matters which could impact on the health, safety or welfare of your child while he or she is at the centre, or any other matters concerning your child which you wish to make known to the centre?

Signature of Parent/Guardian

By signing this form I acknowledge that I have read, understood and truthfully answered all of the questions in this enrolment form and understand the implications of giving my consent in each case.

Parent/Guardian signature: _____

Date: _____

Privacy and Confidentiality

East Adelaide Out of School Hours Care protects the privacy and confidentiality of individuals by ensuring that all records and information about individual children, families, staff and management are kept in a secure place and are accessed by or disclosed only to those people who need the information to fulfill their responsibilities at East Adelaide Out of School Hours Care or have a legal right to know.

For further information or a copy of the East Adelaide out of School Hours Care Policy please speak with a member of staff.