

## St Finbarr's OSHC Enrolment Form

<b>Section 1 – CHILD Details</b>	
Surname	
Given names	
Sex	
Date of birth	
Residential Address	
	Postcode:
Centrelink CRN	
Date Starting	
Town & country of birth	
Aboriginal/ Torres Strait Islander?	
Other languages spoken at home	
<b>Section 2 – Parent/ Guardian 1 Details (person claiming CCB)</b>	
Surname	
Given names	
Residential Address	
Postal Address	
Home Phone Number	
Mobile Number	
Email Address	
Date of Birth	
Centrelink CRN	
Employment/ Study Status	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Cas <input type="checkbox"/> Home Duties <input type="checkbox"/> Looking for work <input type="checkbox"/>
Occupation:	
Work/ Study place & location	
Work Phone number	
Town & country of birth	
Aboriginal/ Torres Strait Islander?	
Other languages spoken at home	
<b>Section 3 – Parent/ Guardian 2 Details</b>	
Surname	
Given names	
Residential Address	
Home Phone Number	
Mobile Number	
Date of Birth	
Employment/ Study Status	F/T <input type="checkbox"/> P/T <input type="checkbox"/> Cas <input type="checkbox"/> Home Duties <input type="checkbox"/> Looking for work <input type="checkbox"/>
Occupation:	
Work/ Study place & location	
Work Phone number	
Town & country of birth	
Aboriginal/ Torres Strait Islander?	

### Section 4 – Emergency Contacts/ Authorised to Collect Child (other then parents)

Full Name	Relationship to Child	Address	Contact Numbers

### Section 5 – Family Doctor's Details

Dr	Address:	Phone Number:
Medicare Number:		Child's No on Card:
Health Fund:		

### Section 6 – Immunisation & Health

Is your child immunised? \*Yes \*No *Please provide a copy of an ACIR Immunisation History Statement*

Does your child have any special conditions or additional needs? Eg asthma, epilepsy, etc

Is your child receiving any specialist medical attention or counselling? Eg speech therapy.  
\*Yes \*No *If yes, Doctors/ Counsellor's Name:* *Phone:*

***Complex or serious medical needs will require a Health Management Plan to be completed by the Doctor and submitted to the Educator.***

Is your child on medication? \*Yes \*No  
If yes, please give details:

Does your child have any allergies or ever had an allergic reaction?

Does your child have any particular fears, anxieties, or conditions which we need to know about?

Any additional information?

### Section 7 – Care Required

What services are you wanting to enrol in?  
 Before School Care     After School Care     Vacation Care     All

*Fees are charged per session irrespective of hours used: Absences are also charged.*

		MON		TUE		WED		THU		FRI		Total Days
		start	finish	start	finish	start	finish	start	finish	start	finish	
Before School Care	AM											
After School Care	PM											
Vacation Care												

Who will usually be dropping the child off in Vac and Before School Care? Time?

Who will usually be collecting the child after school? Time?

Permission for photographs to be taken whilst in OSHC for the Service's use. YES/NO (circle one)  
 NOTE: Photographs used for promotional purposes will require specific permission. **Parent initials:**

Are there any contact or residency orders affecting the custody of these children: YES/NO (circle one)  
*If yes, copies must be supplied to the Coordinator before these will be enforced.*

**Procedures:**

In an effort to continue to providing an efficient service, which has the children’s safety as its first priority, the following procedures must be adhered to:

- Permanent bookings will need to be made the day before attendance, depending on work situations.
- Occasional/casual bookings will need to be made at least two hours before the start of session at After School Care or the day before if booking before school care (subject to availability)
- Once a permanent bookings is made, fees will be charged for those days unless notice is given by 10 am of non attendance
- The service must have current details at all times of your address and phone numbers, emergency contact etc. Should any of these details change, staff should be notified immediately
- Children must be signed out when picked up

**Daily Fees:**

- Before school care is \$15 per day, per child with Childcare Benefit available to eligible parents
- After school care is \$25 per day, per child with Childcare Benefit available to eligible parents
- Vacation care is \$50 (plus excursion fees if necessary) per day, per child with Childcare Benefit available to eligible parents
- There is a \$10 registration fee (per family) charged for new enrolments only
- Staff are employed until 6.00pm only, please we are here to help contact centre if running late.
- Fees must be paid on receipt or fortnightly statement and all fees must be paid in full by the end of each term

**PAYMENT OF FEES**

- The cost of care is the full session fee **less** each child’s Child Care Benefit entitlement.
- Families eligible for CCB should apply to Centrelink **prior to care commencing**.
- When contacting Centrelink please inform them that The Funhouse is part of the new CCMS System.
- Full fees will be charged until a Centrelink CRN is received for your child/ren and the one parent claiming the Child Care Benefit. Fees can be back-adjusted to the CCB assessment notice commencement date up to 28 days only from the commencement date.
- **A non-refundable enrolment fee of \$10 per family is payable in the first week of care.**

**Payment Options:**

**Payment Frequency** (please circle):      Weekly      Fortnightly  
**Payments made via** (please circle):      Cheque      Cash      EFTPOS      Direct Debit

Pay to ANZ    BSB; 012-742    Account: 4574-72155

PARENT CARE AGREEMENT

**The following Agreements refer to the child..... Born**  
.....

1. In the event that I cannot be contacted, I agree to allow the OSHC Coordinator to administer an appropriate dose of Paracetamol to my child should he or she be suffering from a fever.
2. I agree to give the OSHC service at least one hours notice if my child will be absent from care. I will inform the service of when my child will return to care after an absence period.
3. I agree to notify the OSHC Coordinator as soon as possible of any changes to the information contained in my child’s signed Enrolment Form.
4. I agree that should I wish to change the Care Contract (specifying days and times of care etc), I will provide one weeks notice to the OSHC Coordinator, or pay one week’s booked fees in lieu of notice.
5. I agree that (with the exception of the first week of care) I will give the OSHC Coordinator two weeks notice of termination of the Care Contract, or payment in lieu of notice (notice period absences do not receive CCB).
6. I agree to remove my child from care as soon as possible if it is determined by the Coordinator that he/she is too ill to be in care, or is suffering from a contagious disease, as per the NSW Department of Health guidelines.
7. In the event that Head Lice are found on my child, I agree to treat the infestation prior to resuming care.

8. I understand that in the event that my child is not picked up by an authorised person from OSHC within one hour of the closing time, and that no other approved person can be contacted to collect the child, he or she may be delivered to the nearest Police station or NSW Department of Community Services Officers.
9. I agree to pay all fees either weekly or fortnightly by the end of the period, & consent to have my CCB entitlements deducted on a fortnightly basis as a fee reduction. (parents may elect to receive CCB as a lump sum at the end of the financial year and pay full session fees; please advise the Coordinator accordingly)
10. I give permission for images taken of my child/ren at the centre to be used in promotional advertising (ie. Flyers, website, facebook etc).
- 11 In the event of a medical emergency where I, or persons listed as an emergency contacts, cannot be reached and it is dangerous to delay proceeding with surgery or other medical /dental treatment, I authorise the OSHC Coordinator: a) To obtain any medical or dental diagnosis and or treatment for my child/ren which is considered necessary in an emergency situation whilst the child/ren is in care (inclusive of transportation by ambulance).  
b) To provide written permission on my behalf to any qualified medical or dental practitioner authorising any emergency surgery or other treatment which such medical or dental practitioner considers essential.

Regulation 160(3)

12 I the parent /caregiver give permission for staff to take my child/children out of the centre on vacation program excursions. In the event that there are last minute changes to an excursion and you cannot be contacted please put authorized person to seek permission to allow child to go to event. Name and contact details:

13 Regulation 161(1)(ii)

Transportation of the child by an ambulance service. Parental Permission for an ambulance to be called in case of emergency at the centre: please sign:

14 Regulation 162(d)

Medical management plans and risk minimization plans.

All children with any medical condition i.e. anaphylaxis, asthma,diabetes,epilepsy,allergies etc. must have a medical management plan signed by the child's doctor. The child should also have a risk minimization plan with centre.

15 Regulation 162(f)

Immunisation Status

Are your immunisations up to date:

SUN SCREEN: YES  NO

INSECT REPELLENT: YES  | NO

Signed by (please print full name): \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Signature: \_\_\_\_\_

**Important Notes**

Parents will be contacted in the following circumstances:

- If a child has arrived who has not been booked in for that day
- If a child is booked in but has not attended
- If a new child arrives who has not previously contacted the service or filled in an enrolment form. The child will be asked for parents phone numbers at home and/or work

It is the parents responsibility to ensure that their child, and their child's school, is aware of their booked days at OSHC

For further information please contact Kim Hennessy - Email: stfinbarrsoshc@gmail.com  
0431788810

## OSHC EMERGENCY PROCEDURES

This service is approved for a maximum of 80 school aged children. Consequently, only one or two staff member may supervise the children on some occasions. This fact will impact on the range of possible responses in the event of an emergency. Other operational policies and procedures will also reflect this staffing limitation;

1. The OSHC Coordinator will at all time carry a mobile phone, and emergency phone numbers when not in the main activity room.
2. In the event of a child becoming seriously ill or injured, the Coordinator will contact the relevant emergency service after providing first aid, and then contact the child's parent(s).
3. In the event of a risk to children's safety due to an intruder, the Coordinator will take all possible steps to ensure the children's safety, including; calling the police or other staff for assistance, locking access to the main activity room, leaving the area with the children and proceeding to a pre-designated Safe House.
4. Whilst the Coordinator will take all reasonable steps to ensure children remain under direct supervision, it is acknowledged that there may be brief instances where this is not possible. These instances will be routinely reported to management for on-going assessment.
5. It is also acknowledged that the Coordinator will not be able to pursue a child who is determined to leave the School grounds. In this event, the Coordinator will immediately phone the child's parent or designated emergency contact person.
6. All children attending the service must be willing to follow the directions of the Coordinator, and understand that they must never leave the School grounds without permission. It is each parent's responsibility to ensure their child(ren) abides by these rules.
7. In the event of non-compliance with point 6, the child's enrolment will be terminated.

### Parent Declaration:

I (full name) \_\_\_\_\_ Being the parent/guardian of (child's name) \_\_\_\_\_ have read and understood all the above emergency procedures. By signing this declaration, I affirm acceptance of these emergency procedures as being conditions of enrolment in the service. Furthermore, I accept that there may only be one staff member present at any time, and that there may be practical limitations to the Extent of the supervision and assistance that staff member can provide to my child in care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This information will be provided to the OSHC Coordinator and treated as highly confidential. Information is only used for childcare purposes. The original of this form will be stored in a secure place and may be accessed on request. Forms are commercially destroyed three years after care has ceased.*

Email: stfinbarrsoshc@gmail.com Phone: 0431 788 810

## The Funhouse Vacation Care

The Funhouse operates during the school holidays to provide fun & care for primary aged children aged 5-12 years.

The vacation care services operate from Monday to Friday (excluding Public Holidays) from 8 am to 6 pm during school holidays. Bookings are limited and priority is given to working families as per government requirements.

Current daily fees are noted on vacation care enrolment forms and exclude excursion/centre costs. Childcare benefits and the child care cash rebate are available to eligible parents.

In order to claim the subsidized rate for care parents will need to be registered with Centrelink for Childcare Benefits and provide the vacation care service with customer reference numbers and dates of birth for both the registered parent and child.

### Enrolment Checklist

- € Full details of parents/carers have been provided (especially contact names)
- € Emergency contacts have been provided
- € Centrelink CRN has been provided for the child (different from parent)
- € If immunized, a copy of the immunisation record has been given or sighted by carer
- € For asthma, anaphylaxis or serious medical conditions, a health management plan has been provided and been completed by the doctor
- € Any allergies/fears/anxieties that your child may have has been discussed with the coordinator
- € Educator has explained that there is a \$10 enrolment fee due within the first week the child commences care
- € Parent/carer has been informed and understands the options for payment OSHC fees
- € Parent/care has been provided with the current copy of the fees
- € Parent/care has been provided with contact details of the service
- € Educator has informed parent/care of the after school care program, the daily evaluations made and observations that may be taken to inform the program so that the child gets the most out of the program
- € Parent/carer has been informed of the parent communication book

I have been informed, discussed and understand all of the above points

Child/ren's name/s: \_\_\_\_\_

Parent/Carer: (print name) \_\_\_\_\_

Sign: \_\_\_\_\_

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

Coordinator: (print name) \_\_\_\_\_

Sign: \_\_\_\_\_

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

Implemented October 2015