



Out of School Hours Care (OSHC) ENROLMENT FORM

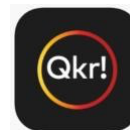
- I am making a regular/fixed booking with the service
- I wish to use the service casually, for student free days or for Vacation Care

CHECK LIST

Have you:

- Registered your child with the Family Assistance Office (FAO)?
- Checked your child's FAO details are correct?
- Included your child's full legal name on page 2? (This **MUST** match Centrelink records) Included your child's correct date of birth on page 2? (This **MUST** match Centrelink records) Included your child's correct Centrelink CRN on page 2?
- Included a current copies of your child's (as applicable):
 - Current Immunisation Register? **(this is mandatory)**
 - Current Healthcare Plan? (see page 3 for information)
 - Current Behaviour Management Plan? (see page 3 for information)
 - Family Court or custody/intervention orders? (see page 3 for information)
- Completed the Extra Information Page on page 8? (see page 3 for information)

Please download the QKR app for easy payment of OSHC fees.



Please contact OSHC if you need any assistance completing this form or if you have any questions:

OSHC Director- Isabella Washington

Mobile - 0429120445

Email - ascotoshc@gmail.com

Who's Attending?

Please read notes on next page for explanations for extra children, please request 'Extra Children Page'

Child A

Family Name			
Given Name(s)			
Preferred Name		Male/Female	
Date of Birth (dd/mm/yyyy)	/	/	Country of Birth
Centrelink CRN			

Cultural

Indigenous Australian	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Languages Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other: _____		

Detailed Information

Please mark the following items YES or NO. If YES is marked, complete details on back page

Family Matters: <input type="checkbox"/> YES <input type="checkbox"/> NO	Court orders: <input type="checkbox"/> YES <input type="checkbox"/> NO	Interests: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fears/phobias: <input type="checkbox"/> YES <input type="checkbox"/> NO
Dietary requirements: <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabilities: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sensory impairment: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical condition: <input type="checkbox"/> YES <input type="checkbox"/> NO
Behavioural conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunisation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medicare number/ reference number:	

Child B

Family Name			
Given Name(s)			
Preferred Name		Male/Female	
Date of Birth (dd/mm/yyyy)	/	/	Country of Birth
Centrelink CRN			

Cultural

Indigenous Australian	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither		
Languages Spoken at Home	<input type="checkbox"/> English <input type="checkbox"/> Other: _____		

Detailed Information

Please mark the following items YES or NO. If YES is marked, complete details on back page

Family Matters: <input type="checkbox"/> YES <input type="checkbox"/> NO	Court orders: <input type="checkbox"/> YES <input type="checkbox"/> NO	Interests: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fears/phobias: <input type="checkbox"/> YES <input type="checkbox"/> NO
Dietary requirements: <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabilities: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sensory impairment: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medical condition: <input type="checkbox"/> YES <input type="checkbox"/> NO
Behavioural conditions: <input type="checkbox"/> YES <input type="checkbox"/> NO	Immunisation: <input type="checkbox"/> YES <input type="checkbox"/> NO	Medicare number/ reference number:	

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

Explanatory Notes

It is critical that the Service receives as much information as possible to make your child's time with us enjoyable, and to meet our regulatory and financial (Centrelink) requirements. If any section requires more detailed explanation, please use the extra page at the end of the Enrolment Form.

Family Name and Given Name(s): These must match the names registered with the Family Assistance Office

Preferred Name: Name child prefers to known by, if different to first given name

Centrelink CRN: A CRN (Customer Reference Number) is required to access Child Care Subsidy. You must apply to Centrelink and the Family Assistance Office for this.

Interests/Hobbies/Sports: Letting us know what your child is interested in helps us to create a stimulating program

Fears/Phobias: Knowing how your child may react in certain situations helps to avoid them or react appropriately

Dietary Requirements: Knowing religious, cultural or health requirements helps us plan our menu

Family Matters/Court Order: If you have parenting plans or other family related requirements, please let us know. **You must include copies of any court orders/guardianship orders.**

Immunisation: Children attending the Service must have received the complete schedule of childhood vaccinations for their age. **You must supply a copy of a current immunisation register showing up-to-date immunisation**

Disabilities/Sensory Impairment/Medical Condition/Behavioural Conditions:

Knowing details of your child's health and behavioural conditions allows the service to better program activities and educators, or to obtain extra support, to meet your child's needs. This includes allergies to foods or medications, physical or intellectual disabilities, mental health issues, behavioural or sensory disorders or medical conditions. **Where you child has a medical condition, a current healthcare plan must be provided.**

Medicare Number: We require your child's Medicare number to speed up any medical treatment if necessary

General Consents and Authorisations

I consent to the following for my child (sign each relevant space)

	Child A name:	Child B name:
Watch PG rated videos at OSHC when part of the program		
Have photograph/video and name published internally (eg OSHC newsletter, OSHC service displays etc)		
Have educators apply sunblock as required		

I understand that consents for other specific activities will be sought on a case by case basis.

I accept that photos of my child/ren participating in activities will be taken as part of the education program and stored in their private file until they leave they service. These are available for me to access at any time, but will not be published without my consent (above).

I accept that at any time the Service considers that my child/ren requires medical assistance, the Service will seek reasonable medical/hospital/ambulance care in line with DECD guidelines. I understand I am liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Contact Details:

(Please ensure that names provided are consistent with those registered with the Family Assistance Office)

	Parent/Guardian 1	Parent/Guardian 2
	This person must be the Family Assistance Office Account Holder and accept the OSHC enrolment on MyGov before Child Care Subsidy can be paid.	
Given Name		
Family Name		
Home phone		
Work phone		
Mobile phone		
Date of Birth (dd/mm/yyyy)	/ /	/ /
Centrelink CRN		
Home Address		
E-mail		
First Language	<input type="checkbox"/> English <input type="checkbox"/> Other _____	<input type="checkbox"/> English <input type="checkbox"/> Other _____
Indigenous Australian	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither
Were you born in Australia?		
Employment status	<input type="checkbox"/> Employed – Fulltime <input type="checkbox"/> Employed – Parttime <input type="checkbox"/> Employed – Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed <input type="checkbox"/> Student	<input type="checkbox"/> Employed – Fulltime <input type="checkbox"/> Employed – Parttime <input type="checkbox"/> Employed – Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Not employed <input type="checkbox"/> Student

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____/_____/_____

Additional Contacts

There are times when it may not be possible to contact a parent/guardian. APPS OSHC requires a minimum of two (2) additional contacts in cases including injury, illness, site evacuation, where an unauthorised person is requesting to remove a child, or breach of behavioural standards. Additional contacts must be at least 18 years old and be able to attend the service within 30 minutes.

You may nominate one or more of your Contacts to be able to authorise medical treatment for your child/ren where the Service cannot contact you.

You may also nominate one or more of your Contacts to pick up your children or authorise a third party to take your child/ren from the APPS OSHC.

Contact Details Please indicate the specific authorities each additional contact has and to which children they apply	Emergency Contact	Authority to approve medical treatment	Authority to authorise a third party pick up	Authority to pick up children
<i>Contact 1</i> Full Name: _____ Home phone: _____ Work phone: _____ Mobile: _____	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D
<i>Contact 2</i> Full Name: _____ Home phone: _____ Work phone: _____ Mobile: _____	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D
<i>Contact 3</i> Full Name: _____ Home phone: _____ Work phone: _____ Mobile: _____	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D
<i>Contact 4</i> Full Name: _____ Home phone: _____ Work phone: _____ Mobile: _____	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D	Yes for: <input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C Child D

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

Regular Bookings Details

This section is for **permanent** bookings in the Before School and After School services. **Casual, Vacation, Pupil Free Day and emergency bookings** are made on a case by case basis with the OSHC and will be subject to availability and completion of the appropriate Booking Sheet.

Cancellation Policy reminder:

- Morning Sessions must be cancelled by 5.30pm of previous business day
- Afternoon Sessions must be cancelled by 8.30am of the same day
- Full Day Sessions (Vacation Care, Pupil Free Day) cannot be cancelled without medical certificate

In the tables below, enter tick (✓) to indicate days required, and write approximate arrival time. Mark days bookings not required with a large cross (X).

Child A Given Name: _____ Start Date: _____		Mon	Tue	Wed	Thu	Fri
	Before School Care					
	After School Care					

Child B Given Name: _____ Start Date: _____		Mon	Tue	Wed	Thu	Fri
	Before School Care					
	After School Care					

Child C Given Name: _____ Start Date: _____		Mon	Tue	Wed	Thu	Fri
	Before School Care					
	After School Care					

Child D Given Name: _____ Start Date: _____		Mon	Tue	Wed	Thu	Fri
	Before School Care					
	After School Care					

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

AGREEMENT AND ACKNOWLEDGEMENT

I acknowledge, understand and agree to the following conditions of enrolment:

- Information provided on this form by me is confidential and will be used by Ascot Park Primary School OSHC Service to provide childcare services for my child/ren, but may be released where legally required.
- At any time the Service considers that my child/ren requires emergency/medical/ hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child/ren . I am liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren .
- Full disclosure of any additional needs for my child/ren.
- Adherence to the information and policies contained in the Ascot Park Primary School OSHC Parent Handbook, and OSHC policies and procedures, including but not limited to:
 - opening hours
 - signing children in and out
 - absence due to sickness
 - payment of fees including late fee payment
 - suspension due to program disruptions/safety issues
 - loss or damage of children’s personal property
 - children’s code of behaviour
- Any monies paid in advance will be refunded in line with the OSHC Refund policy
- Absences are not eligible for the Child Care Benefit, therefore any absences during this time will attract the full fee.

I hereby state that all required information that may affect my child/ren’s care at Ascot Park Primary School OSHC has been included and is correct. I understand that enrolment in the Service is conditional on the accuracy of the information supplied by me and that my child/ren’s participation may be terminated with no refund costs incurred, if the information is found to be inaccurate or misleading.

I understand that my responses to the questions in this enrolment form will be acted upon as I have directed and any alterations must be made to the OSHC service in writing.

I give permission for the children listed in this form to attend Ascot Park Primary School OSHC.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____ Date: ____/____/____

Extra Information

	Child A name:	Child B name:	Child C name:
Interests/Hobbies/Sports			
Fears/Phobias			
Dietary Requirements			
Family Matters			
Disabilities			
Sensory Impairment			
Medical Condition			
Behavioural Conditions			