

Family Name:

OSHC Enrolment Form 2018



175 Cookes Road, Doreen
OSHC office: 9717 7588
OSHC mobile: 0408 848 473
Email: oshc@hazelglencollege.com

Out of School Hours:
7:00am - 6:30pm

Dear Parents,

Enrolment Information for Out of School Hours Care in 2018

PLEASE READ THIS INFORMATION CAREFULLY

Enrolments for permanent bookings for Before or After School Care in 2018 will open at 7am on Friday, 9 October, 2017. Families who currently have a permanent place must re book for a place in 2018. 2017 PLACES WILL NOT BE CARRIED OVER TO 2018. Demand for care is high so it is recommended that enrolments be submitted as early as possible.

Note: 2018 applications will only be accepted where accounts are up to date. For information about your account please contact the OSHC service.

This enrolment process is undertaken in line with OSHC Policy and the Australian Government Priority of Access Guidelines. OSHC policies can be viewed at the Scout Hall on the Parent Information Table.

You can submit a 2018 Enrolment Form to a staff member of the Hazel Glen OSHC Team. An electronic version of the application form is available on the OSHC website at www.hazelglencollege.com.au

The form may be submitted on or after 9 October in one of the following ways

- Deliver to the OSHC office
- Due to the high number of forms being submitted please note that there will be no confirmation email sent out. Application forms will be placed in order of receipt by the service.
- If a space is unavailable to your child we will contact you and inform you of this. Once a place is confirmed, new families will be required to pay fee of \$25 per family in the first Direct Debit. For assistance with this process or further information please contact OSHC on 9717-7588.

Sarah Mastwyk

OSHC Manager

CHILDS INFORMATION

Name: **Please note: Children have their own CRN**

Preferred Name:

Date of Birth:

CRN:

Gender: Male Female

Home Address:

Postcode:

Country of Birth:

Languages Spoken at Home:

Is your child: Aboriginal Torres Strait Islander Neither

PARENT/GUARDIAN INFORMATION

Parent/Guardian One:

CRN:

Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN **Please note** Parent and child have their own individual CRN number

Title:

First Name(s):

Surname:

Relationship to Child/ren:

Date of Birth:

Country of Birth:

Does Your Child/ren live with you? YES NO Shared Care

Comments/Deetails:

Home Address:

Postcode:

Home Phone:

Mobile Phone:

Occupation:

Email:

Work Phone:

Parent/Guardian Two:

CRN:

Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN **Please note** Parent and child have their own individual CRN number

Title:

First Name(s):

Surname:

Relationship to Child/ren:

Date of Birth:

Country of Birth:

Does Your Child/ren live with you?

YES

NO

Shared Care

Comments/Deetails:

Home Address:

Postcode:

Home Phone:

Mobile Phone:

Occupation:

Email:

Work Phone:

Parent/Guardian Three:

CRN:

Parent 1 is claiming CCB from Centrelink & child will come under Parent 1 CRN **Please note** Parent and child have their own individual CRN number

Title:

First Name(s):

Surname:

Relationship to Child/ren:

Date of Birth:

Country of Birth:

Home Address:

Postcode:

Home Phone:

Mobile Phone:

Occupation:

Email:

EMERGENCY/AUTHORISED PERSON CONTACTS

In case of an emergency, Hazel Glen OSHC will contact the parents/guardian initially. If contact is unsuccessful, we will contact the following people, in the order that they are listed.

Please note all emergency/authorised *person* contacts are to show of legal photo ID on pick up for the first time.

Emergency/Authorised Person One:

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Circle boxes to authorise:	Pick-Up Drop-off Emergency

Emergency/Authorised Person Two:

Title:	First Name(s):
Surname:	
Relationship to Child:	
Home Address:	
Postcode:	
Home Phone:	Mobile Phone:
Work Phone:	Email:
Circle boxes to authorise:	Pick-Up Drop-off Emergency

COURT/CUSTODIAL ORDERS

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

YES NO

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

YES NO

Please attach a copy of all relevant documentation. Without copies of current court orders or documentation, staff and carers of Hazel Glen OSHC cannot enforce parents' requests.

MEDICAL INFORMATION

Family Doctor

First Name:

Surname:

Service Name:

Address:

Contact Number:

Medicare Number:

Ambulance Cover: YES NO

Health Insurance Fund:

Insurance Number:

YES NO

Health Insurance Name:

CHILD HEALTH INFORMATION

Immunisation Record

Please attach a copy of all relevant documentation in regards to the following.

Is your child fully immunised? YES NO

A copy of your child's immunisation record must be sighted by a member of the Hazel Glen OSHC team and a copy attached to this form.

Does your child suffer from any allergies? YES NO

If yes, please provide relevant details below including your child's allergy, side effects, treatment and action:

Does your child have a diagnosed disability or special needs? YES NO

If yes, please provide relevant details below:

Does your child take prescribed medication or treatment on a regular basis?

YES NO

If yes, please provide relevant details below:

DIETARY REQUIREMENTS

Does your child have any special dietary or cultural restrictions or particular food dislikes or likes?

If yes, please provide relevant details below:

Please list any other details that could help us in providing your child with the most suitable dietary options:

HAZEL GLEN OSHC ENROLMENT AGREEMENT

PLEASE READ THE FOLLOWING AGREEMENT CAREFULLY BEFORE SIGNING. PLEASE ASK IF THERE IS ANYTHING IN THIS DOCUMENT THAT YOU ARE UNSURE OF

Please tick the following clauses to authorise:

General:

I/We give permission for this child to:

Participate in outings to places of interest (permission slip will have to be signed before allowing your child to leave the centre)	YES	NO
Have SPF30+ sunscreen applied prior to sun exposure (<i>If not, please provide a letter releasing the centre of any Liability</i>)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (<i>supplied by parents</i>)	YES	NO

Photos and Video Footage:

I/We give permission:

For photos and video footage to be taken of my/our child for service use and staff training purposes (Footage will not leave centre)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the service	YES	NO
For photos and video footage of my/our child to be used on the Hazel Glen College website, or other internet purposes, such as advertisement.	YES	NO
Do you ONLY give permission for photos and video footage of your child to be taken for your own personal viewing and to receive copies?	Yes	NO

I/We:

1. Understand that the person/s nominated as parent/guardian are the authorised parties to enrol, cancel enrolment, release and authorise release of the child
2. Received and read the Centre's parent handbook and understand any changes to such will be displayed on the Centre's notice board in the entrance of the Centre
3. Agree to comply with all Government requirements in relation to the service and its service
4. Agree that in the case of accident or injury, the Service will attempt to contact me/us and where I/we cannot be contacted medical care and/or ambulance services may be sought and given to the child, and I/we agree to meet any cost incurred
5. Are aware that the child will be excluded from care at the Service if he/she has contracted a contagious disease or condition
6. Are aware that the Service may require presentation of a medical certificate in the event of the child developing a medical disability or abnormality
7. Agree to provide the Service with all information regarding the health of my/our child
8. Understand that the Service may be used as a training and observation centre by students aiming to/or already working with young children
9. Are aware that the Service may occasionally have visitors, or volunteers at the Centre, and consent to my/our child being in the presence of volunteers or visitors, with the Service appropriate supervision
10. Agree to pay the weekly fee on the due day by providing the Service or its appointed representative with permission to direct debit fees from my/our bank account
11. Are aware that to cancel childcare we are required to give notice 48hrs prior to the date of cancellation; otherwise fees will continue to be charged. During this period we are aware that if our child does not attend we are liable to pay full fees plus a \$8 fee as well
12. Are aware that fees for pupil free days are higher as classed as a full day service.
13. Are aware that it is our responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes
14. Are aware that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements
15. Understand that a system of payment for late collection operates at the Centre, to cover overtime payments to staff, and that I/we are obliged to drop off/pick up the child as negotiated with the Service. Any late collection will result in a fee being charged
16. Understand that should this account be referred to a Debt Collection Agency an additional fee of 15% of the outstanding amount will be incurred

I/We have read, understood and agree to abide by the conditions of this contract.

Primary Parent / Guardian

Print Name _____

Signature _____

Date _____

Hazel Glen OSHC Manager

Print Name _____

Signature _____

Date _____