

# OSHC

Hazel  
Glen  
College

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Monday 22<sup>nd</sup> January – Wednesday 31<sup>st</sup> January  
Enrolment Forms Returned By: Monday 27<sup>th</sup> November  
**Direct Debit: Thursday 14<sup>th</sup> December**

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Holiday Program Hours of Operation: 7:00am – 6:30pm

# HAZEL GLEN COLLEGE HOLIDAY PROGRAM

Monday 22<sup>nd</sup> January – Wednesday 31<sup>st</sup> January

**BLACK BOX =  
INITIALS REQUIRED**

CCB and Child Care Tax Rebate are available to meet out-of-pocket expenses to all students attending the program. Excursions and Incursions do not apply

- We ask that **no nuts and nut products** are included in the children’s lunch boxes during the program
- Children are asked to please bring their hats, gumboots and jackets to wear at the program
- At all times children are required for their safety to wear appropriate footwear (no thongs etc.)
- Hazel Glen College Holiday Program reserves the right to change the program due to unforeseen circumstances. The activities on the timetable are only some of the activities the children can participate in on a daily basis.

## OPERATION TIMES:

- 7:00am – 6:30pm

## HOLIDAY PROGRAM FEES:

- \$60 For the day before CCR & CCB
- The Direct Debit form needs to be filled in for each family, this is a requirement for the first program your child attends
- The Direct Debit payment will occur on: **THURSDAY 14<sup>th</sup> December**. The full amount for the holiday program fees will be Directly Debited from your account on this day, if payment fails a second date will be emailed to you to and tried again
- Bookings are final after closing date **Monday 27<sup>th</sup> November** there will be no refunds or change of dates.
- Excursion/Incursion days incur extra costs to cover fees for the activity and transportation. CCR and CCB are not available for these extra costs
- Late fee of \$1 a minute will apply for individual children if they have not been collected by closing time at 6:30 pm after 15 minutes this late fee doubles to \$2 a minute per child.

## CHILD CARE ASSISTANCE

Child care benefit is available to all eligible families. To register with the Family Assistance Office (Centrelink), please contact them on 13 61 50 to obtain your Family and Child CRN. Then notify the service of the CRN details along with your date of birth and immunisation record if not already supplied

## ENROLMENT/REGISTRATION PROCEDURES

An Enrolment and Registration form must be completed for the first program in attendance after the start of the New Year, and then only a Registration form, listing the days required, needs to be completed for each program.

Bookings will not be accepted without payment and a completed Booking form.  
Please hand this filled out form back into the OSHC Management team.

## EXCURSION

All families will have the option for your child not to attend the Incursion / Excursions and to stay at the College to be a part of a range of other activities planned for the day. Please note as stated in OSHC policies if there are less than 15 children we will contact you to make other arrangements. If your child is attending these Incursions / Excursions, your child must arrive at the program by 8:45 am in full school uniform with a small backpack containing a snack, lunch, afternoon tea and a water bottle. Parents will need to sign a permission form the morning of excursions. If your child/ren is not following the Hazel Glen OSHC code of conduct and is a risk to themselves or others a parent or guardian will need to come to the location of the excursion and pick them up. Cancellations are **NON-REFUNDABLE**.

## CLOTHES

Children are required to have a suitable sun hat from the beginning of September to the end of April for outdoor play. During the colder months, we advise children to bring a jacket. At all times children are required for their safety to wear appropriate closed toe footwear (no thongs etc.)

## FOOD

Breakfast and a late night snack will be provided for the children. Children are to bring their own snack, lunch, afternoon tea and drink bottle. We ask that **nuts and nut products are not** included in the children's lunch boxes during the program. Please advise staff of any dietary requirements.

## MEDICATION

A medication form must be completed for children who require medication throughout the Holiday Program. Medication must be clearly labelled with child's name and the dosage amount required. Under our duty of care a child who arrives without medication or with 'out of date' medication, will not be accepted into the program. If your child needs their own sunscreen, please supply this with their name clearly labelled on it.

## BEHAVIOUR

It is very helpful if you discuss appropriate behaviour with your child before they attend the program. Any behaviour that is seen as unacceptable will be recorded and parents will be informed at pick up time. We do reserve the right to remove a child from the program if the behaviour is deemed to be putting other children or staff at risk. In this case, parents would be contacted by phone to come and collect their child immediately.

## TOYS AND PERSONAL BELONGINGS

We prefer mobile phones, cameras, handheld games, handheld devices, toys and other games are not brought to the service unless stated otherwise in the schedule. The service takes no responsibility for damage or loss of these items.

# WEEK 1

<p><b>Monday 22<sup>nd</sup></b> <b>January</b></p>	<p><b>GYMNASTICS CAMP!</b> <b>GYMNASTICS</b> <b>EXCURSION!</b></p> <p>Get ready for an exciting day at PIT Gymnastics! Learning new skills while enjoying the heights and balancing techniques of this thrilling world of Gymnastics.</p> <p><b>The bus will be departing from Hazel Glen at 9:30 am. All children attending this excursion MUST be at school by 9am in full school sports uniform!</b></p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p><b>\$60</b></p> <p><b>An additional incursion cost will apply</b> <b>+</b> <b>\$30</b></p>
<p><b>Tuesday 23<sup>rd</sup></b> <b>January</b></p>	<p><b>ADVENTURE CAMP!</b></p> <p>Join us for a nature walk to the park followed by a delicious lunch of Fish N Chips! Throughout this walk, we will be collecting objects to bring back for some creative craft activities.</p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p><b>\$60</b></p> <p><b>+</b> <b>\$2 for Fish N Chips</b></p>
<p><b>Wednesday 24<sup>th</sup></b> <b>January</b></p>	<p><b>WET N WILD CAMP!</b></p> <p>Join us for a day of fun in the sun! The children will be part taking in a range of outdoor water play. Slip N Slide, Shell pools and super soaking water fights!</p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p><b>\$60</b></p>
<p><b>Thursday 25<sup>th</sup></b> <b>January</b></p>	<p><b>KARATE CAMP!</b> <b>GKR KARATE INCURSION!</b></p> <p>Come and enjoy the fun experiences of learning all about the importance of self-defence and stranger danger. Jason from GKR Karate will be teaching the children trained techniques in how to keep themselves safe. This is the perfect opportunity for the children to try a new and exciting sport!</p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p><b>\$60</b></p> <p><b>An additional incursion cost will apply</b> <b>+</b> <b>\$5</b></p>

# WEEK 2

<p><b>Monday 29<sup>th</sup></b> <b>January</b></p>	<p align="center"><b>COOKING CAMP!</b></p> <p>Join us for a fun filled day of cooking experiences! We will be learning a few delicious recipes while teaching your children techniques and independence in the kitchen to take home.</p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p align="center"><b>\$60</b></p>
<p><b>Tuesday 30<sup>th</sup></b> <b>January</b></p>	<p align="center"><b>AQUATIC CAMP! WATERMARC EXCURSION!</b></p> <p>Come and join us for a day at the pools! We will be participating in a range of activities at Watermarc aquatic centre such as, waterslide fun, inflatable play and free choice for the child to show off their swimming skills! For our not so confident swimmers we will have Teachers and lifeguards for support. This day will end back at school with a movie and craft activity.</p> <p><b>The bus will be departing from Hazel Glen at 9:00am. All children attending this excursion MUST be at school by 8:45am in full school sports uniform!</b></p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p align="center"><b>\$60</b> <b>An additional incursion cost will apply + \$23</b></p>
<p><b>Wednesday 31<sup>st</sup></b> <b>January</b></p>	<p align="center"><b>MAGIC CAMP! TIM CREDIBLE MAGIC SHOW INCURSION!</b></p> <p>DID SOMEONE SAY MAGIC!!??</p> <p>Join in on the excitement of all things Magic! Tim Credible will be paying us a visit with his very special fur friend for an up close and personal viewing of his unbelievable magic tricks!</p> <p>We will be testing out some of our own tricks and experiments with a few science experiences.</p>	<p>- A small backpack containing Snack, Brain food, Lunch, Afternoon tea, Hat and a water bottle.</p>	<p align="center"><b>\$60</b> <b>An additional incursion cost will apply + 15</b></p>

# HOLIDAY PROGRAM ENROLMENT FORM

**DUE BACK: 27<sup>TH</sup> NOVEMBER**

## CHILD

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_  Male  Female

Languages spoken at home: \_\_\_\_\_

Is this child of Aboriginal and/or Torres Strait Islander descent? \_\_\_\_\_

No, not Aboriginal or Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

Cultural background of the child and, if applicable, the child's parents: \_\_\_\_\_

Child's CRN: \_\_\_\_\_

## AUTHORISED PERSON

### Nominated Contact 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CRN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Authorised to collect (Authorised Nominee)                         | <input type="checkbox"/> Notification in the event of an emergency      |
| <input type="checkbox"/> Authorised to consent medical treatment                            | <input type="checkbox"/> Authorisation for administration of medication |
| <input type="checkbox"/> Authorised to allow an educator to take the child off the premises |   |

## NOMINATED CONTACT 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Authorised to collect (Authorised Nominee)                        | <input type="checkbox"/> Notification in the event of an emergency      |
| <input type="checkbox"/> Authorised to consent medical treatment                           | <input type="checkbox"/> Authorisation for administration of medication |
| <input type="checkbox"/> Authorised to allow an educator to take the child off the premise |   |

## NOMINATED CONTACT 2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)       Notification in the event of an emergency
- Authorised to consent medical treatment       Authorisation for administration of medication
- Authorised to allow an educator to take the child off the premises

## NOMINATED CONTACT 4

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

- Authorised to collect (Authorised Nominee)       Notification in the event of an emergency
- Authorised to consent medical treatment       Authorisation for administration of medication
- Authorised to allow an educator to take the child off the premises

## EMERGENCY CONTACTS (MAXIMUM 30 MINUTES FROM THE SERVICE)

In case of accident or injury, trauma or illness when parents/guardians are not available, please nominate above, two people, who could pick up the child and take care of them for the day. In the event that the child is not collected from the children's service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect child.

### COURT ORDERS IN RELATION TO THE CHILD:

Are there any:

- Court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?
- Other court orders relating to the child's residence or the child's contact with a parent or other person?

No (go to the next section)

Yes (please complete the following)

1. Bring the original order/s for educators to sight and attach a copy to this enrolment form
2. Please describe the orders and provide the contact details of any person given powers, duties, responsibilities or authorities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHILD HEALTH INFORMATION

Registered Medical Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Service Name: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Ambulance Subscription Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Pension Number: \_\_\_\_\_

Healthcare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

## ANAPHYLAXIS:

Has your child been diagnosed as at risk of anaphylaxis?  Yes  No

Does your child have an auto injection device (eg. EpiPen or Anapen)?  Yes  No

If your child has an auto injection device, have you supplied to the service a device with a valid expiry date?  Yes  No

Has the anaphylaxis medical management plan been provided to the service?  Yes  No

Has a risk management plan been completed by the service in consultation with you?  Yes  No

## SPECIFIC HEALTHCARE NEEDS:

Does your child have any specific healthcare needs or medical conditions that are relevant to the care and education of the child? (eg. Asthma, epilepsy, diabetes etc.)  Yes  No

If necessary, has medication been supplied to the service?  Yes  No

## ALLERGIES:

Does your child have any allergies?  Yes  No

If necessary, has medication been supplied to the service?  Yes  No

## DIETARY REQUIREMENTS:

Does your child have any dietary restrictions?  Yes  No

If the service is aware that the child has specific healthcare needs, allergy or other relevant medical condition as identified above, has a copy of the service's medical condition policy been provided to the parent or guardian of the child?

Yes  No  N/A

Has a communication plan been developed to ensure that:

(a) relevant staff members and volunteers are informed about the medical conditions policy, the medical management plan and risk minimisation plan for the child and

(b) the child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child



## CHILD'S IMMUNISATION STATUS

Has your child been immunised?      Yes      No

If yes, please provide a copy of your child's immunisation certificate/record if you have not done so with a previous OSHC enrolment.

Immunisation record sighted by:

## ADDITIONAL INFORMATION:

Please provide any other relevant information about your child e.g. Abilities, likes, dislikes, family traditions, religions etc.

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Do you give permission for your child to watch PG movies?       Yes       No

Are you willing to have the child photographed for service use only?       Yes       No

Are you willing to have the child photographed to appear in videos, newspapers and other publications?       Yes       No

Do you allow sunscreen to be applied to the child while in the care of the service?       Yes       No

Please indicate festivals/celebrations your family recognises and/or list below any cultural/religious beliefs you wish the educators to be aware of?

Australia Day  Birthdays  Christmas  Diwali  Eid Al-Adha  Mother's Day  Father's Day

New Year Hanukkah  Moon Festival  NAIDOC week  Ramadan

Other:

# AUTHORISATION AND DECLARATION

I, \_\_\_\_\_ a person with parental responsibility of the child referred to in this enrolment form:

- Authorise the Approved Provider, Nominated Supervisor, or an educator to seek
  - Medical treatment for child from a registered practitioner, hospital or ambulance service
  - Transportation of the child by an ambulance service
  - If relevant, an authorisation given for the service to take the child on regular outings
- Agree that I am responsible for any expenses incurred during any medical emergency in relation to the child
- Agree to collect or make arrangements for the collection of the child if he or she becomes unwell
- Understand that in an emergency situation or where an evacuation is necessary that the child may need to leave the service under the direction and supervision of the approved provider, nominated supervisor or educator
- Have read and understood the service policies including 'Payment of Fees'
- Declare that the information in this enrolment form is true and undertake to immediately inform the service in the event of any changes to this information.
- 

\_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_

Signature of person with parental responsibility of child

Date

## PRIVACY NOTIFICATION

The Hazel Glen College OSHC uses the enrolment form to collect personal information for the purposes of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. Then information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request, by contacting the service coordinator.

**If you have any questions when filling out this form, please contact the service on**

**9717 7588 or 0408 848 473**

## ABSENCES

- No refund will be issued after the closing date of enrolments for absences

## PAYMENT

- All payments of the full amount will be directly debited **IN FULL**

## MEDICAL AUTHORISATION FOR ALL CHILDREN:

In case of an emergency, I authorise the Holiday Program Coordinator and/or assistant to contact the family doctor, if available, or the nearest doctor, and to arrange for any hospital treatment. I accept responsibility for any cost involved.

Parent Signature:

Date:

**This form can be handed into an OSHC Leader, if you are not a pre-existing family within the OSHC Service please fill out a OSHC Enrolment form. A \$25 administration fee will be directly debited from your account with your first invoice.**