



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

Staff signature: \_\_\_\_\_

## St Clare of Assisi Outside School Hours Care

In accordance with the Catholic Education Office Enrolment Policy and Regulations

# 2020 Enrolment Form

Family/Account Name	
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Child's full name	Gender (M/F)	DOB	Customer Reference Number (CRN)	Year in 2020
Child 1:				
Child 2:				
Child 3:				
Child 4:				

### Email Information

Email address for accounts <small>(No government email addresses)</small>	
Email address for OSHC Information, including story park <small>(if different from the above address)</small>	

OSHC often needs to give information and updates to families and ask for family feedback.  
What is the best way for OSHC to give your family information?

<input type="checkbox"/> Email	<input type="checkbox"/> Hand outs	<input type="checkbox"/> Informal conversations
<input type="checkbox"/> Signs/displays at the service	<input type="checkbox"/> Storypark community posts	<input type="checkbox"/> Other:

### Australian Government Priority of Access

Please tick if any of the following apply to your current situation:

<input type="checkbox"/> Single parent	<input type="checkbox"/> Aboriginal or Torres Strait Islander Family	<input type="checkbox"/> Income support family
<input type="checkbox"/> Child in a family which includes a disabled person	<input type="checkbox"/> Non English speaking background	<input type="checkbox"/> Socially isolated family

Please check that you have completed all the sections and questions you need to answer, have attached all additional information and have signed and dated where necessary.

If you have any questions about this form, please contact

**St Clare of Assisi Outside School Hours Care**

Heidelberg Street, CONDER ACT 2906

Ph: 6294 8004; Mobile: 0407 363 625

Email: [sca.oshc@cq.catholic.edu.au](mailto:sca.oshc@cq.catholic.edu.au)

*Staff use only:*

Booking form checked by educator	Signature:	Date:
Email supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorisations signed
Emergency contacts supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical action plan attached:
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

*Senior staff use:*

Booking form dated on receipt	Initial:	Date:	Email address added in Outlook	Initial:	Date:
Bookings on hard copy list or wait list	Initial:	Date:	Email address added to parent list	Initial:	Date:
Qikkids updated/created	Initial:	Date:	Child extra information added	Initial:	Date:
CCS Enrolled	Initial:	Date:	Child permissions added	Initial:	Date:
Child's class added to Qikkids	Initial:	Date:	Child folder created (computer)	Initial:	Date:
Storypark profile created	Initial:	Date:	Child folder created (manilla)	Initial:	Date:

## Authorisations and Conditions of Care

### **Medical Treatment Permission:**

I/We give permission for the staff to give first aid treatment in the event of minor injuries to my child.

In the event of an accident or serious illness regarding my child I/we give permission for staff to seek medical attention or arrange ambulance transport to the hospital if considered necessary for the welfare and safety of my child. I/we understand that I/we will be required to pay for any costs associated with transport and/or treatment of my child. I/We understand that the centre is unable to care for sick children or children with contagious illness. The centre reserves the right to exclude any child not well enough to cope with planned activities and will contact parents to arrange collection of their child.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Fees Consent:**

I/We agree to pay by the due date, all fees for which an account has been rendered, and care may be cancelled if accounts are overdue according to the Centre Policy. I/we understand that in the event of financial hardship, application may be made to the Centre Finance Officer for consideration of special arrangements. Otherwise, I/we understand that the centre is entitled to the recovery of outstanding fees. The closing time for OSHC is 6:00pm, parents, who sign their child/ren out after this time, will incur a late fee of \$4.00 for every minute they are late after 6:01pm. I understand that this fee is will be automatically charged to my account through QIKKIDS Kiosk.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Behaviour Guidelines:**

I/We have read the Behaviour Guidance policy/Code of Behaviour and agree to abide by the guidelines. I/We have informed the child/ren of the guidelines and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following these guidelines and that the strategies that are outlined in the Behaviour Management Policy will be implemented if the child/ren is in breach of the guidelines.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Parent Code of Conduct:**

I/We have read the Parent Code of Conduct and agree to abide by the guidelines. I/We have informed all of the people who are authorised to collect and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following these guidelines and that the strategies that are outlined in the Parent Code of Conduct will be implemented if any parent or visitor is in breach of the guidelines.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Privacy:**

I/We understand the service protects the confidentiality and privacy of individuals by ensuring records about individual children and families are kept in a secure place and only accessed by or disclosed to those people who need the information to fulfil their responsibilities at the service or have a legal right to know.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Cessation of Care:**

I/We understand the service is bound by government requirements for Cessation of Care. Under Cessation of Care CCS will not be paid for absences where fees are charged to reserve a place for a child who has not yet started care or who has finished care prior to the termination notice period.

This means that if your child does not start on the start date requested, you will be required to pay full fees for the days until your child attends the service, at which point CCS will be applied. CCS will not be paid for absences once a child has stopped attending care. If your child does not attend in the 2 weeks where notice is given to terminate care, you will be required to pay full fees from the last day in which the child attended the service until the end of the termination period.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **OSHC Play Spaces**

I/We understand that OSHC uses any of the following play spaces on a daily basis – OSHC room, hall, oval, courts, outside the fence and school classrooms. If I do not want my child to use any of those play spaces I need to have the conversation with my child and it is not the responsibility of the educators to stop the children playing in those areas.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Risk Aware Service**

I/We understand that OSHC is a risk aware service. They provide opportunities for children to engage in situations that may be considered 'risky' including but not limited to; using real tools, engaging with the elements (fire, water, wind, earth), climbing trees and heights, cooking and using proper cooking tools and equipment, providing opportunities for children to test their bodies capabilities, etc. Before engaging in these experiences OSHC conducts risk benefits (with and without the children) which look at the learning that children will gain from these experiences versus the risk of doing the experience or activity. If you do not wish for your child to be involved in any of the risky play experiences, it is the responsibility of the families to have the conversation with their child. OSHC educators will not stop the children from participating in these experiences.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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### **Storypark**

I am aware that the service uses the online documenting system called Storypark. I am aware that I am able to specify if I do not want my child's photos to be put on Storypark for individual or group observations. I am aware that my child may be mentioned in group observations and community posts. If I do not accept the services invitation to story park I will need to discuss with the service another way to see my child's progress in the service.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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**Parent Details****Parent A (this is the person registered for Childcare Subsidy)**

Name		Relationship to child	
Customer Reference Number (for CCS)		Date of Birth	Gender
Street Address		Suburb	Postcode
Home phone	Mobile phone	Work phone	
Work status <input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Studying full time <input type="checkbox"/> Other:			
Please tick your current family custody arrangements. <input type="checkbox"/> Both parents at home <input type="checkbox"/> Sole custody (please provide details) <input type="checkbox"/> Shared custody (please provide details)			
Details:			
Country of birth		Cultural background	
Religion		Languages spoken at home (other than English)	
Please tick which of these apply to Parent A: <input type="checkbox"/> Aboriginal background <input type="checkbox"/> Torres Strait Islander background <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander background			

**Parent B**

Name		Relationship to child	
Customer Reference Number (for CCS)		Date of Birth	Gender
Street Address		Suburb	Postcode
Home phone	Mobile phone	Work phone	
Work status <input type="checkbox"/> Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Studying full time <input type="checkbox"/> Other:			
Please tick your current family custody arrangements. <input type="checkbox"/> Both parents at home <input type="checkbox"/> Sole custody (please provide details) <input type="checkbox"/> Shared custody (please provide details)			
Details:			
Country of birth		Cultural background	
Religion		Languages spoken at home (other than English)	
Please tick which of these apply to Parent B: <input type="checkbox"/> Aboriginal background <input type="checkbox"/> Torres Strait Islander background <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander background			

**Doctor's Details**

Doctor's name		Surgery	
Street Address		Suburb	Postcode
Phone		Medicare Number	

**Parent Details**

<b>EMERGENCY CONTACT 1 (Other than parent previously listed, minimum of 2)</b>			
Name		Relationship to child	
Street Address		Suburb	Postcode
Home phone	Mobile phone		Work phone
Is this person:			
Authorised to collect the child/ren from care? (Please tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorised to consent to medical treatment? (Please tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>EMERGENCY CONTACT 2 (Other than parent previously listed)</b>			
Name		Relationship to child	
Street Address		Suburb	Postcode
Home phone	Mobile phone		Work phone
Is this person:			
Authorised to collect the child/ren from care? (Please tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorised to consent to medical treatment? (Please tick)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Other people authorised to collect the child**

<b>CONTACT 1</b>			
Name		Relationship to child	
Street Address		Suburb	Postcode
Home phone	Mobile phone		Work phone

<b>CONTACT 2</b>			
Name		Relationship to child	
Street Address		Suburb	Postcode
Home phone	Mobile phone		Work phone

<b>CONTACT 3</b>			
Name		Relationship to child	
Street Address		Suburb	Postcode
Home phone	Mobile phone		Work phone

<i>Staff use only:</i>	
<input type="checkbox"/>	Please tick if additional pages have been attached for authorisations

## Child Information

Child Name	Languages spoken at home (other than English)	
Country of birth	Cultural background	
Please tick which of the following apply to this child: <input type="checkbox"/> Aboriginal background <input type="checkbox"/> Torres Strait Islander background <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander background		
Is this child immunised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Court orders:</u> Is this child involved in a court order, residential order, parenting order or parenting plan? (Must provide a copy to the service)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Medical information:</u> Has this child been diagnosed with a medical condition? Eg. Asthma, seizures, allergies, anaphylaxis, etc (Must provide a medical action plan. Children will not be accepted into OSHC without a current medical action plan with a photo attached)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Dietary requirements:</u> Are there any specific dietary requirements for your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Additional needs:</u> Has this child been diagnosed with a disability or additional needs or is undergoing any diagnosis? (Please provide any relevant documentation to OSHC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Cultural or religious requirements</u> Are there any specific cultural or religious requirements for your child	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Family and cultural celebrations</u> Do you have any family or cultural celebrations that you would like OSHC to share/acknowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Events throughout the year</u> Do you have any events or special days throughout the year (eg. Red nose day, St Patrick's Day, etc) that you would like us to celebrate or acknowledge at OSHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Fears or Phobias</u> Does this child suffer from fears or phobias?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide details:
<u>Any other information about your child that may be useful for OSHC:</u>  		

## Bookings

Weekly (regular booking each week)   
  Fortnightly (regular bookings over a fortnight)   
  Casual   
  Vacation Care

Please tick the days/sessions you would like your child to attend OSHC – this is only required for a weekly or permanent booking

Week 1 (3/2/20-7/2/20)	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

Only fill out **Week 2** if you require a fortnightly booking.

Week 2 (10/2/20-14/2/20)	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

Date of commencement for care in 2020:

If your child does not start care on the date of commencement you will be charged full fees until they attend their first session as per Cessation of Care requirements.

**Consent & Permissions**

Do you give permission for this child to have their face painted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Do you give permission for this child to have their hair sprayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Do you give permission for this child to be photographed/videoed for documentation of your child and other children's learning?		
- Individual story park stories	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	Videos: <input type="checkbox"/> Yes <input type="checkbox"/> No
- Group story park stories and community posts	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	Videos: <input type="checkbox"/> Yes <input type="checkbox"/> No
- Photos to be displayed at the service	Photos: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for this child to watch and participate in PG technology?		
- TV shows	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Movies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Ipad applications	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for your child to participate in the fire pit experiences at OSHC? Eg. Cooking, ember bowls, charcoal experiences, etc <i>(more information can be found on the OSHC website)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
<b>Year 5/6 children only</b>		Time Limit:
Do you give permission for your Year 5/6 child to use their own iPad for homework whilst at OSHC. OSHC takes no responsibility for any lost or broken iPad. <i>(more information can be found on the OSHC website)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please sign below to acknowledge that you understand the consents you have ticked above

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

**Local Area Walk** (Please see the OSHC website for more information on Local Area Walks)

Local area walks are conducted in our local area. The local area is displayed on our parent notice board and can be accessed on the OSHC page of the SCA website.

Risk assessments are completed at the beginning of each year, specifying general risks that may be present in the local area and extra risk assessments are conducted each year for areas that we visit regularly. Risk assessments are conducted with the children if the group ventures into an area that has not had a specific risk assessment completed. We go on local walks to extend on the children's interests, to learn about our local area and to engage in the local community. During the walks the children often explore the natural environment and risk assessments have been completed for these experiences.

While on the local walks there are not usually any toilet facilities, so we encourage the children to go to the toilet before leaving. Where the destination of the local walk is pre-planned, a sign will be displayed at the service showing the proposed route and destination. Where the destination is not pre-planned, the children and educators will highlight the route and destination whilst on the walk or on their return and it will be displayed when they return to the service.

The duration of the excursion will be determined by the children's interest in the excursion and when/if children need to return to the service for school or by 4.30pm collection.

The children and educators will walk for the local walk excursions and there will be no alternate transport.

The number of children who would be able to participate on a local walk would be between 2 and 162. However, the actual number of children will be determined by children's interest in the experience and educators available. When going on local walks the ratio of educators to children will be 1:11. There will always be at least 2 educators, one of which will be first aid trained.

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Do you give permission for your child to attend local walks conducted by OSHC?  Yes  No

Please tick the days/sessions you give permission for this child to attend local walks:

|                                                   |        |         |           |          |        |
|---------------------------------------------------|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> Anytime they attend OSHC | Monday | Tuesday | Wednesday | Thursday | Friday |
|                                                   | BSC    |         |           |          |        |
|                                                   | ASC    |         |           |          |        |