



ASCOT PARK PRIMARY SCHOOL
R-7 SPECIALIST PHYSICAL EDUCATION & SPORT SCHOOL

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Out of School Hours Care (OSHC) ENROLMENT FORM

Forms that must be attached before an enrolment is accepted are:

- 1. Ezidebit direct debit form**
- 2. Health care plan (if needed)**
- 3. Family court orders or intervention orders (if needed)**

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

Mobile - 0413 917 590

Email - ascotoshc@gmail.com

Please fill in black or blue pen only

Who's Attending?

Family Name _____ Name of School _____
Child A _____ M/F Date of birth _____ Age _____
(English Name) _____ Child's CRN Number: _____ Country of Birth _____
Child B _____ M/F Date of birth _____ Age _____
(English Name) _____ Child's CRN Number: _____ Country of Birth _____
Child C _____ M/F Date of birth _____ Age _____
(English Name) _____ Child's CRN Number: _____ Country of Birth _____

Background Information

Are any of the children you are enrolling of Aboriginal or Torres Strait background? Y/N
_____ **Child A** _____ **Child B** _____ **Child C** _____
Languages spoken at home _____ Religion _____
Are there any religious/cultural observances we should be aware of?(eg food consumption) _____
Are there any family matters that may affect your child/ren's behaviour, which you would like to make us aware of?

Do any of the children you are enrolling have a physical or sensory impairment that staff need to be aware of? Y/N
If Yes, please supply details:
_____ **Child A** _____ **Child B** _____ **Child C** _____

Parent/Carer Contact Information

Your Contact Details: Please ensure that names provided are consistent with those registered with the Family Assistance Office.

(1) Parent/Guardian Name: _____ Ph:(hm) _____ (wk) _____ (mob) _____
First Name Family Name
Date of Birth: _____ Country of Birth _____ Centrelink CRN Number _____
Home Address: _____
E-mail address for correspondence: _____
Please list your cultural background: _____
Is English your first language? YES NO If no, language spoken at home: _____
Are you of Aboriginal or Torres Srait Island Background? YES NO
Do you work? YES NO Occupation: _____ Employer Name: _____
Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thurs Fri
(2) Parent/Guardian Name: _____ Ph:(hm) _____ (wk) _____ (mob) _____
First Name Family Name
Date of Birth: _____ Country of Birth _____ Centrelink CRN Number _____
Home Address: _____
E-mail address for correspondence: _____
Please list your cultural background: _____
Is English your first language? YES NO If no, language spoken at home: _____
Are you of Aboriginal or Torres Srait Island Background? YES NO
Do you work? YES NO Occupation: _____ Employer Name: _____
Employment Status: Full time Part time If part time/casual please indicate days of work Mon Tues Wed Thurs Fri

Authorisations

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and/or ambulance service.

1. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

2. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

Do you consent to the transportation of your child by an ambulance service in the event of an emergency?

YES / NO

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises.

1. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

2. Full Name:.....

Relationship to child:_____

Home Phone:_____ Work Phone:_____ Mobile:_____

Non Parent Emergency Contact Information

You MUST provide the names of TWO authorised person/s to pick up child/ren other than Parent/Guardian. (MUST BE 18 YEARS +). Contacts MUST be available to pick up your child during the hours of care and be within a reasonable distance from the Service.

1. Name:_____ Daytime Phone:_____ Mobile:_____

Relationship to Child:_____ Is this person authorised to sign in and/or out your children from

Ascot Park Primary School OSHC? YES / NO

2. Name:_____ Daytime Phone:_____ Mobile:_____

Relationship to Child:_____ Is this person authorised to sign in and/or out your children from

Ascot Park Primary School OSHC? YES / NO

Name:_____ Parent/Caregiver Signature:_____

Court Orders

Are any of the children you are enrolling involved in a court order? If so, please supply a copy of the court orders for our records. YES / NO

Is a copy of the Court Order attached YES / NO

Child A

Child B

Child C

Child Care Benefit

IT IS RECOMMENDED THAT FAMILIES CONTACT THE FAMILY ASSISTANCE OFFICE ON 13 61 50 EACH TIME A NEW ENROLMENT WITH A SERVICE IS CREATED TO ENSURE YOUR DETAILS RELATING TO YOUR CHILD CARE BENEFIT ARE CORRECT.

Have you registered your child's details with the FAO? **Child A:** Yes/No **Child B:** Yes/No **Child C:** Yes/No

Have you included the Date of Birth and CRN on this enrolment form to ensure your CCB can be processed upon enrolment? Yes/No

Please Note: Full fees will be charged to all accounts until all of these details are provided to the Service.

Medical Information

Are the children you are enrolling immunised?

Child A YES/NO **Child B** YES/NO **Child C** YES/NO

Have any of the children you are enrolling been diagnosed with disabilities or are they undergoing diagnosis/assessment?

Child A YES/NO **Child B** YES/NO **Child C** YES/NO

Please specify what kind of disability, how it affects your child and what management plans are in place including medication. Please note: If your child is medicated regularly you must provide a health care plan by your doctor.

Have any of the children you are enrolling been diagnosed with a medical condition?

Eg Asthma, fits/seizures, allergies, anaphylaxis, diabetes.

Child A YES/NO **Child B** YES/NO **Child C** YES/NO

Please specify what medical condition, how it affects your child and what management plans are in place including medication. Please note: If your child is medicated regularly there is a separate form that you must complete. Please ask staff.

Do any of the children you are enrolling have behavioural conditions? Eg ADHD, non-responsive, uncooperative.

Child A YES/NO **Child B** YES/NO **Child C** YES/NO

Please specify what behaviour condition, how it affects your child and what management plans are in place including medication. Please note: If your child is medicated regularly there is a separate form that you must complete.

PLEASE NOTE: To enable the commencement of your enrolment all supporting documentation such as behavioural management plans, medication and asthma plans and any other important documentation **MUST** be provided to the service. A meeting with parents/caregivers and other support agencies may be necessary .

Behavioural Management Support Plan, Health care plan (eg asthma, anaphylaxis, diabetes) attached?

Child A YES/NO **Child B** YES/NO **Child C** YES/NO

Medical Details

Doctor/Medical Centre Name	
Street Address	
Suburb	
Telephone Number	

Family Medicare Details

Medicare Number		Valid To Date	
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Reference Number on Medicare card: **Child A** **Child B** **Child C**

Dietary, Lifestyle and Religious Requirements

Is there anything that the children you are enrolling cannot eat or participate in due to lifestyle or religious choices? Please specify what foods or activities your child/ren cannot participate in.

Child A YES/NO _____

Child B YES/NO _____

Child C YES/NO _____

Child Interest/Hobbies

Child A - What are your child's interests and hobbies? Eg sports, art, cooking, games, books etc.

Child B - What are your child's interests and hobbies? Eg sports, art, cooking, games, books etc

Child C - What are your child's interests and hobbies? Eg sports, art, cooking, games, books etc

Fears and Phobias

Do any of the children you are enrolling suffer from any fears or phobias? YES/NO

Please specify what fear or phobias your child/ren suffer from and how to manage them appropriately.

Child A

Child B

Child C

Consent Form

I give the following consents for my children:

Child A Full Name: _____

Child B Full Name: _____

Child C Full Name: _____

Code of Behaviour

I have read the Code of Behaviour (see parent handbook) and agree to abide by the guidelines. I have informed my child/ren of the guidelines and take responsibility for them abiding by the guidelines. I understand that there are consequences for not following the Code of Behaviour and that the positive strategies that are outlined in the Code of Behaviour will be implemented if my child/ren is in breach of the guidelines. YES/NO

Parent Handbook

I have received and read the Ascot Park Primary School OSHC Parent Handbook and agree to be bound by the information and policies outlined therein. YES/NO

Privacy Acknowledgement

I acknowledge the information provided herein by me is to be used by Ascot Park Primary School OSHC Service of providing Childcare services for my child/ren and that the information will only be released when legally required to do so. I understand that full disclosure of any additional needs for my child/ren is mandatory. YES/NO

Medical Attention

I give permission for ambulance, medical, hospital or dental assistance in an emergency and agree to pay all incurred costs. YES/NO

Disclaimer

I hereby give permission for my child/ren to attend Ascot Park Primary School OSHC and agree to abide by the Service's policies relating to opening hours, signing in and out of children, sickness, payment of fees, including late fee payment and suspension due to program disruptions/safety issues.

I acknowledge that there will be no refunds or credit given if I cancel any of my child/ren's enrolments without providing the two weeks' prior written notice. Under the family assistance law it is not possible for absences to attract CCB in these circumstances, therefore any absences during this time will subtract full fee.

I hereby state that the above information supplied is correct and all information that may affect my child/ren's care at Ascot Park Primary School OSHC has been included. 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 above questions will be acted upon as I have directed and any alteration to this information by me will need to be made in writing.

Your Permission:

I _____ (the undersigned) have read all enrolment answers and conditions and agree to abide to them.

I give permission for **Child A** _____ **Child B** _____ **Child C** _____

to attend Ascot Park Primary School OSHC and will not hold the Service, it's staff or volunteers responsible for damages and/or loss of property and/or accident.

Signed: _____

Date: ___/___/___

DETAILS OF CARE 2017

This section is for Before School, After School and Pupil Free Day Care permanent and casual bookings. Permanent bookings are if you require the same days every week (whatever days you choose you will be invoiced for each week) and casual bookings are for one-off or emergency bookings.

- I require Permanent Care
- I require Casual Care (one-off or emergency bookings)
- I require Pupil Free Day Care (4 times per year, dates to be advised)

Using the table below please indicate your child/ren's permanent attendance across the week by placing an 'X' in the box corresponding to the days you require. Approximate times of arrival and pick up will assist staff in planning the program. If your child no longer requires permanent care, 2 weeks notice must be made in writing to the OSHC Director or you will continue to be invoiced.

Casual and emergency bookings can be discussed with the OSHC director and will be subject to availability.

Pupil Free Day Care will be available depending on numbers (minimum of 10 children booked in).

CHILD A: _____	Mon	Tue	Wed	Thu	Fri
Start Date:					
Before School Care days attending and <u>approximate</u> arrival time					
After School Care days attending and <u>approximate</u> pick up time					

CHILD B: _____	Mon	Tue	Wed	Thu	Fri
Start Date:					
Before School Care days attending and <u>approximate</u> arrival time					
After School Care days attending and <u>approximate</u> pick up time					

CHILD C: _____	Mon	Tue	Wed	Thu	Fri
Start Date:					
Before School Care days attending and <u>approximate</u> arrival time					
After School Care days attending and <u>approximate</u> pick up time					

CONSENTS AND AGREEMENTS 2017

Please tick each item to which you consent.

- I consent for my child/ren to take part in supervised walking excursions within the local area as part of the Ascot Park Primary School OSHC Program. I understand that risk assessments for these excursions are available at the service.
- I consent for my child/ren to be photographed and for their image and first name to be published in circumstances the Director deems to be appropriate eg school newsletter
- I consent for Ascot Park Primary School OSHC staff to apply sunblock to my child/ren as required.
- I agree to pay the required fees for my child/ren's booked childcare hours and accept the policies and rules of the service.
- I agree that the staff of the service may administer simple first aid to my child/ren if necessary.
- I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance they will have the appropriate service attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren.
- I have supplied the service with the most current health care plan for my child (if applicable)
- I have supplied the service with the most current family court order or custody/intervention order for my child (if applicable)

Child/ren name: _____ Parent/Caregiver name: _____

Parent/Caregiver signature: _____ Date: _____

Interviewed/ Accepted by: