

Glen Osmond OSHC

2023 Family Enrolment



Director

Paula Williams

Assistant Director

Jedd Litchfield

Contact Information

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Address: 5 Fisher Street

Myrtle Bank SA 5064

Opening Hours

Before School 7:00am – 8:30am

After School 3:10pm – 6:00pm

Pupil Free Day 7:00am – 6:00pm

Vacation Care 7:00am – 6:00pm

(Vacation Care program/bookings sent separately)

GLEN OSMOND OUT OF HOURS SCHOOL CARE ENROLMENT FORM (CWA) Please leave this ticked as this allows for bookings to be altered without a new enrolment being required.

CHILD DETAILS

Please print clearly in blue or black pen OR complete online [pages 2-7 plus the All About me \(pages 8 and 9\)](#) and return to the service via email or in person to **CONFIRM** OSHC enrolment for 2023. Extra all about me pages are available upon request.

Child 1 Surname	First & Middle Name (s) <i>Must match Centrelink records</i>	Child 2 Surname	First & Middle Name (s) <i>Must match Centrelink records</i>
Preferred First Name	Birth date ___/___/___	Preferred First Name	Birth date ___/___/___
Centrelink Customer Reference Number (CRN) <i>Must match Centrelink records and is different for each individual child</i>		Centrelink Customer Reference Number (CRN) <i>Must match Centrelink records and is different for each individual child</i>	
Gender	Aboriginal Yes/No TS Islander Yes/No	Gender	Aboriginal Yes/No TS Islander Yes/No
Does your child speak any language besides English at home?		Does your child speak any language besides English at home?	
Address		Address	
Suburb/Town	Postcode	Suburb/Town	Postcode

Child 3 Surname	First & Middle Name (s) <i>Must match Centrelink records</i>	Child 4 Surname	First & Middle Name (s) <i>Must match Centrelink records</i>
Preferred First Name	Birth date ___/___/___	Preferred First Name	Birth date ___/___/___
Centrelink Customer Reference Number (CRN) <i>Must match Centrelink records and is different for each individual child</i>		Centrelink Customer Reference Number (CRN) <i>Must match Centrelink records and is different for each individual child</i>	
Gender	Aboriginal Yes/No TS Islander Yes/No	Gender	Aboriginal Yes/No TS Islander Yes/No
Does your child speak any language besides English at home?		Does your child speak any language besides English at home?	
Address		Address	
Suburb/Town	Postcode	Suburb/Town	Postcode

ENROLLING PARENT/GUARDIAN ACCOUNT HOLDER DETAILS (for Billing and Centrelink purposes)

Account Holder Full Name (Must match Centrelink records)	Date of birth ____/____/____	Relationship to child/ren
Contact Phone Number 1	Home Address	
Contact Phone Number 2 (if applicable)	Suburb/Town	Postcode
Centrelink Customer Reference Number (CRN) <i>Must be different to child/ren CRN numbers</i> _____	Email Address <i>For invoicing & online casual booking purposes. Only the account holder can make a casual booking online with the Spike portal.</i>	

OTHER PARENT/GUARDIAN DETAILS (this parent/guardian does **NOT** have the CCS entitlements)

Surname	First Name (s)	Relationship to child/ren
Contact Phone Number 1	Home Address	
Contact Phone Number 2 (if applicable)	Suburb/Town	Postcode
Email Address		

COLLECTION AUTHORITIES & EMERGENCY CONTACTS (Each collection authority must be 18 or over)

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3 (Optional)
Contact Phone Number	Contact Phone Number	Contact Phone Number
Relationship to child/ren	Relationship to child/ren	Relationship to child/ren
Address	Address	Address
Collection authority Yes/No	Collection authority Yes/No	Collection authority Yes/No
Priority Order Number <input type="checkbox"/>	Priority Order Number <input type="checkbox"/>	Priority Order Number <input type="checkbox"/>

PARENTAL PLANS/ORDERS IN PLACE

Please provide any details if applicable (and provide attached documents)

Are any children under the order of care? Yes/No (Please provide details if applicable)

MEDICAL/HEALTH INFORMATION

Additional Support/complex needs (Extra support forms may be required prior to first attendance).

Do any children require any additional support or have any conditions that may affect OSHC participation?

Allergies (food, bees, other)

Do any children have any allergies or non-specific health conditions? If so, the service must be provided with a current asthma care plan/anaphylaxis action plan/non-specific health plan, medication authority agreement, risk minimisation plan and communication plan. All medications must be provided in the original pharmacy labelled container to be stored on site. **All of the above must be provided before bookings can be accepted. Forms will be provided if required to families via email or in person.**

Dietary Requirements e.g., vegetarian, lactose intolerant.

Do any children have special dietary needs not related to allergies? If so, please provide details. Please note we cannot guarantee the meat provided is Halal certified. Vegetarian alternatives will be provided each day.

Immunisations

Have the children received all immunisations as per the National Immunisation Program? Yes/No

(Exclusions may apply in special circumstances)

I accept full responsibility if my child is not immunised.

Parent/Guardian sign _____

GLEN OSMOND OUT OF HOURS SCHOOL CARE ENROLMENT FORM (CWA)

Special Aids

Do any children require special aids (e.g., hearing aids, glasses)?

Yes/No

Is there any other medical/other information we might need to know?

MEDICAL/DENTAL CONTACT INFORMATION

Child 1 Doctor's Name		Child 2 Doctor's Name	
Clinic Name		Clinic Name	
Address		Address	
Phone Number		Phone Number	
Medical Benefits Number	Medicare Number	Medical Benefits Number	Medicare Number
Dental Contact Details		Dental Contact Details	

Child 3 Doctor's Name		Child 4 Doctor's Name	
Clinic Name		Clinic Name	
Address		Address	
Phone Number		Phone Number	
Medical Benefits Number	Medicare Number	Medical Benefits Number	Medicare Number
Dental Contact Details		Dental Contact Details	

BOOKING AND FEE INFORMATION

Please indicate with an “X” in the “before school care” and/or “after school care” box for the days if you are requesting **PERMANENT** care and record the names of children for those applicable sessions.

SESSIONS	MON	TUES	WED	THUR	FRI
Before School Care 7:00AM -8:30AM					
Children’s Names					
After School Care 3:10PM – 6:00PM					
Children’s Names					

Starting Date: ___/___/_____

End date (if known) ___/___/_____

Please tick the relevant box below.

Weekly: Fortnightly:

Casual bookings ONLY: Yes/No

Please indicate and specify dates below **ONLY** if you are intending to book a mix of fortnightly **AND** weekly for bookings permanent care for certain sessions. E.g., Tuesday mornings fortnightly, Tuesday afternoons weekly.

As part of the enrolment process, the Spike web-based app **MUST** be downloaded to your device as this forms part of our communication process with families.

Casual bookings can be made online using the Spike web-based app. Only the account holder has the authority to make a casual booking or cancellation via the app. Future casual bookings will not be accepted through call/text/in person. Only permanent sessions can be altered via call/text/in person.

<https://glen.spike.economicoutlook.net/clients/>

Username is email address and password is 6-digit sign in code provided upon enrolment confirmation.

****Please note casual bookings cannot be made online within 10 hours beforehand**. If the date is shaded in grey and you are unable to book, please contact the service to see if space is available**.**

Fee Costs & Cancellation Policies

Permanent mornings = **\$14.00 per child**. Permanent afternoons = **\$22.00 per child**.

Casual mornings = **\$17.00 per child**. Casual afternoons = **\$27.00 per child**.

Permanent bookings require 7 days’ notice to cancel without charge. Casual bookings require 1 business day to cancel without charge. Subsidies may still be applied for allowable absences.

CONSENTS & AGREEMENTS

I consent for my child/ren to participate in the OSHC program and understand educators will notify me of each individual excursion. **Initial** _____

I understand that I will be given a minimum of 2 weeks' notice prior to any fee increase being introduced as per the fee policy. **Initial** _____

I understand in the event my child/ren become ill, I will be called to collect my child/ren. **Initial** _____

I agree to pay required fees for my child/ren booked into Glen Osmond OSHC within 14 days of the dated invoice unless otherwise organised with the Director. I also understand and agree that should my fees become overdue, all care may be cancelled. I will be responsible for any additional costs associated with overdue fees including debt collection fees. **Initial** _____

I understand that all medical forms and required medication will be provided to the service prior to my child/ren attending the service. **Initial** _____

In the event of a medical emergency, OSHC educators will call an ambulance in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs. **Initial** _____

I consent for my child's photograph to be displayed in the school newsletter. **Initial** _____

I consent for my child/ren to be photographed and for their image to be put on display in the OSHC service only and not publicly accessible. **Initial** _____

I consent for my child/ren using the service sunscreen on days where the UV levels are above 3. I will inform the service if my child is sensitive to sunscreen and provide them with their own. **Initial** _____

I understand that my child/ren will be required to wear their red OSHC hat provided on enrolment. In the event the hat needs replacing, I agree to pay \$8.00 for a replacement hat. This cost will be charged to the account. **Initial** _____

I give permission for my child/ren to watch appropriate movies with the classification PG. I understand that all PG movies are screened for suitability. **Initial** _____

I consent to my child/ren using rollerblades, skates, scooters or bikes when the activity is programmed and supervised. **Initial** _____

I consent to the Educators sharing information regarding my child with the appropriate school staff for wellbeing and safety purposes. **Initial** _____

I agree and accept the policies and procedures of the service. **Initial** _____

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change. **Initial** _____

Parent/Guardian Full Name

Parent/Guardian Signature

Date: ____/____/____

OFFICE USE ONLY

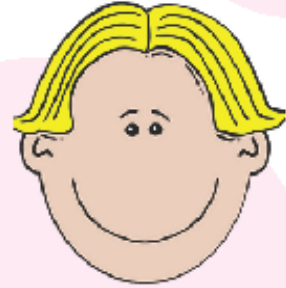
Date Received:

Date Processed:

All About Me

Full Name _____

What festival would you like OSHC to celebrate? _____



What is your family background?



Do you have a favourite food that we can make in OSHC?



What pets do you have or what pets would you like to have?



All About Me

Full Name _____

What festival would you like OSHC to celebrate? _____



What is your family background?



Do you have a favourite food that we can make in OSHC?



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