

# Glen Osmond OSHC

## 2024 Family Enrolment



### Director

Paula Williams

### Assistant Director

Jedd Litchfield

### Contact Information

**Phone:** 8338 4578

**Mobile:** 0411 138 748

**Email:** [oshc.gops154@schools.sa.edu.au](mailto:oshc.gops154@schools.sa.edu.au)

**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/REN DETAILS** Please complete for any child you are intending to enrol in OSHC for 2024

<b>Child 1 Full Name</b> (Include middle names if applicable) Must match Centrelink records for child care subsidy purposes	<b>Centrelink Customer Reference Number (CRN)</b> <i>CRN Numbers are different for each child</i>	<b>Date of Birth</b>	
<b>Preferred First Name</b>	<b>Main Home Address</b>		
<b>Gender</b>	<b>Suburb/Town</b>	<b>Postcode</b>	<b>Aboriginal</b> Yes/No
			<b>TS Islander</b> Yes/No
<b>Does your child speak any language other than English at home?</b>			

<b>Child 2 Full Name</b> (Include middle names if applicable) Must match Centrelink records for child care subsidy purposes	<b>Centrelink Customer Reference Number (CRN)</b> <i>CRN Numbers are different for each child</i>	<b>Date of Birth</b>	
<b>Preferred First Name</b>	<b>Main Home Address</b>		
<b>Gender</b>	<b>Suburb/Town</b>	<b>Postcode</b>	<b>Aboriginal</b> Yes/No
			<b>TS Islander</b> Yes/No
<b>Does your child speak any language other than English at home?</b>			

<b>Child 3 Full Name</b> (Include middle names if applicable) Must match Centrelink records for child care subsidy purposes	<b>Centrelink Customer Reference Number (CRN)</b> <i>CRN Numbers are different for each child</i>	<b>Date of Birth</b>	
<b>Preferred First Name</b>	<b>Main Home Address</b>		
<b>Gender</b>	<b>Suburb/Town</b>	<b>Postcode</b>	<b>Aboriginal</b> Yes/No
			<b>TS Islander</b> Yes/No
<b>Does your child speak any language other than English at home?</b>			

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

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

<b>Account Holder Full Name</b> <i>(Must match Centrelink records)</i>	<b>Date of birth</b>	<b>Relationship to child/ren</b>
<b>Your main contact number 1</b>	<b>Your other contact number</b> <i>(if applicable)</i>	
<b>Home Address</b>	<b>Suburb/Town</b>	<b>Postcode</b>
<b>Centrelink Customer Reference Number (CRN)</b> <i>Must be different to child/ren CRN numbers</i>	<b>Email address for invoicing &amp; online booking purposes</b> <i>(required)</i>	
	<b>Alternative email address for general messaging</b> <i>(optional)</i>	

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

<b>Full Name</b>	<b>Relationship to child/ren</b>	
<b>Contact Phone Number 1</b> <i>(Must be different to account holder)</i>	<b>Contact Phone Number 2</b> <i>(if applicable)</i>	
<b>Home Address</b>	<b>Suburb/Town</b>	<b>Postcode</b>
<b>Email Address</b>		

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

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

**PARENTAL PLANS/ORDERS IN PLACE**

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

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

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**MEDICAL/HEALTH CARE INFORMATION**

**Additional Support/complex needs**

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

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**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 emailed to the account holder email address if required. School health care plans are not applicable to OSHC.**

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**Dietary Requirements e.g., vegetarian, vegan, 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 are available in our menu.

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

**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** \_\_\_\_\_

**Special Aids**

Do any children require special aids (e.g., hearing aids, glasses)? Yes/No

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\_\_\_\_\_

Is there any other information we might need to know?

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**MEDICAL/DENTAL CONTACT INFORMATION**

<b>Child 1 Doctor's Name</b>	<b>Child 2 Doctor's Name</b>	<b>Child 3 Doctor's Name</b>
<b>Clinic Name</b>	<b>Clinic Name</b>	<b>Clinic Name</b>
<b>Address</b>	<b>Address</b>	<b>Address</b>
<b>Phone Number</b>	<b>Phone Number</b>	<b>Phone Number</b>
<b>Medical Benefits Number</b>	<b>Medical Benefits Number</b>	<b>Medical Benefits Number</b>
<b>Medicare Number</b>	<b>Medicare Number</b>	<b>Medicare Number</b>
<b>Dental Contact Details</b>	<b>Dental Contact Details</b>	<b>Dental Contact Details</b>

**BOOKING AND FEE INFORMATION**

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

**If you select “casual bookings only”, please DO NOT complete the table below.**

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

Starting Date: \_\_\_/\_\_\_/\_\_\_\_\_

End date (if known) \_\_\_/\_\_\_/\_\_\_\_\_

**Please select the relevant box below**

Weekly  Fortnightly  Casual bookings only

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

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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 only 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.**

<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 3 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 = **\$16.00 per child**. Permanent afternoons = **\$24.00 per child**.

Casual mornings = **\$19.00 per child**. Casual afternoons = **\$29.00 per child**.

Permanent bookings require 7 days’ notice to cancel without charge. Casual bookings require a full 24 hours to cancel without charge, excluding weekends and public holidays. 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:**