

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

| | | | |
|--|--|--|----------------------------------|
| Account Holder Given Name (s) <i>Must match Centrelink Records</i> | Account Holder Surname | Date of Birth | Relationship to child/ren |
| Your Main Phone Number 1 | Alternative Phone Number <i>(optional)</i> | Centrelink Customer Reference Number (CRN) <i>Must be different to child/ren CRN numbers</i> | |
| Home Address | | Suburb/Town | Postcode |
| Email address for invoicing & online booking purposes <i>(required)</i> | | Other Email address for general messaging only <i>(Optional)</i> | |

CHILDREN DETAILS *Please complete for ANY CHILD you are intending to enrol in OSHC for 2025*

| Child/ren Given Name (s) <i>Must match Centrelink records</i> | Children's Surnames <i>Must match Centrelink records</i> | Centrelink Reference (CRN Number) <i>Different for each child</i> | General Details | Aboriginal/TS Islander |
|---|--|---|------------------------|-------------------------------|
| 1. | | | Gender | Yes/No |
| <i>Preferred First Name (if applicable)</i> | | | <i>Date of Birth</i> | |
| 2. | | | Gender | Yes/No |
| <i>Preferred First Name (if applicable)</i> | | | <i>Date of Birth</i> | |
| 3. | | | Gender | Yes/No |
| <i>Preferred First Name (if applicable)</i> | | | <i>Date of Birth</i> | |

| Child/ren Main Home Address | Suburb/Town | Postcode | Does your child/ren speak another language at home? <i>If so, please indicate below.</i> |
|------------------------------------|--------------------|-----------------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |

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

| | | | |
|---------------------|----------------------------------|-------------------------------|--|
| Full Name | Relationship to child/ren | Contact Phone Number 1 | Other Phone Number <i>(If applicable)</i> |
| Home Address | Suburb/Town | Postcode | Email address <i>(Optional for general messaging)</i> |

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

| | | | | |
|--|---------------------------|--------------|----------|--|
| Name of Emergency Contact 1 <i>(Other than parents/guardians)</i> | Main Phone Number | Home Address | | Authority to collect child/ren <i>PLEASE INDICATE YES OR NO</i> |
| | Relationship to child/ren | Suburb/Town | Postcode | Priority of Access E.g., 1, 2 |
| Name of Emergency Contact 2 <i>(Other than parents/guardians)</i> | Main Phone Number | Home Address | | Authority to collect child/ren <i>PLEASE INDICATE YES OR NO</i> |
| | Relationship to child/ren | Suburb/Town | Postcode | Priority of Access E.g., 1, 2 |
| Name of Emergency Contact 3 <i>(If applicable)</i> | Main Phone Number | Home Address | | Authority to collect child/ren <i>PLEASE INDICATE YES OR NO</i> |
| | Relationship to child/ren | Suburb/Town | Postcode | Priority of Access E.g., 1, 2 |

PARENTAL PLANS/ORDERS IN PLACE

| | |
|---|--|
| Are any children under the order of care? <i>Please provide details if applicable.</i> | Are there any parental plans in place? <i>Please provide details if applicable and include relevant supporting documents via email.</i> |
|---|--|

MEDICAL/HEALTH CARE & DIETARY CONSIDERATIONS

| |
|---|
| <p>Additional Support/Complex Needs Do any children require any additional support or have any conditions that may affect OSHC participation? <i>Please provide details if applicable.</i></p> |
| <p>Allergies (food, bees, others) 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. Forms are periodically checked and may need to be updated from previous years.</p> |

GLEN OSMOND OSHC 2025 ENROLMENT FORMS (CWA)

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/lactose free alternatives are available in our menu.

Special Aids

Do any children require special aids (e.g., hearing aids, glasses)? **Please provide details if applicable.**

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 _____

MEDICAL AND DENTAL INFORMATION

| Child 1 Clinic Name | Child 2 Clinic Name <i>(if applicable)</i> | Child 3 Clinic Name <i>(if applicable)</i> |
|--------------------------------|--|--|
| | | |
| Address | Address | Address |
| | | |
| Phone Number | Phone Number | Phone Number |
| | | |
| Medical Benefits Number | Medical Benefits Number | Medical Benefits Number |
| | | |
| Medicare Number | Medicare Number | Medicare Number |
| | | |
| Dental Clinic Details | Dental Clinic Details | Dental Clinic Details |
| | | |

Is there any other information we might need to know?

BOOKING AND FEE INFORMATION

Please indicate which days you are requesting **PERMANENT CARE** for each child by writing their names in the “Children’s Names” box for the applicable morning and/or afternoon sessions.

If you **ONLY** wish to use care casually, please write the word “casual” in the box below and **DO NOT** complete the table.

| Before School Care 7:00AM – 8:30AM | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---|--------|---------|---|----------|--------|
| Children’s Names | | | | | |
| WEEKLY OR FORTNIGHTLY Please indicate with a “W” or “F/N” on the requested days. | | | | | |
| Starting date for morning bookings: | | | End date for morning bookings (if known): | | |
| After School Care 3:10PM – 6:00PM | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
| Children’s Names | | | | | |
| WEEKLY OR FORTNIGHTLY Please indicate with a “W” or “F/N” on the requested days. | | | | | |
| Starting date for afternoon bookings: | | | End date for afternoon bookings (if known): | | |

SPIKE WEB PORTAL & CASUAL BOOKING INFORMATION

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 can be made up until 3 hours prior to each session. If the date is shaded in grey and you are unable to book, please contact the service to see if space is available**.**

FEES & CANCELLATION POLICIES (Current as of November 2024)

Permanent mornings = **\$16.50 per child**. Permanent afternoons = **\$25.00 per child**.

Casual mornings = **\$20.00 per child**. Casual afternoons = **\$30.00 per child**.

Permanent bookings require full 7 days’ written notice (no phone calls) 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

Please read each consent carefully prior to signing. A signature for the mandatory agreements must be obtained as part of the enrolment process.

1. I consent for my child/ren to participate in the OSHC program and understand educators will notify me of each individual excursion.
2. 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.
3. I understand in the event my child/ren become ill, I will be called to collect my child/ren.
4. 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.
5. I understand that all medical forms and required medication will be provided to the service prior to my child/ren attending the service if applicable.
6. 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.
7. 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.
8. 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.
9. I consent to the Educators sharing information regarding my child with the appropriate school staff for wellbeing and safety purposes.
10. I understand that it is a legal requirement to sign my child/ren in/out of OSHC every session they are booked for and will ensure other collection authorities are aware of this requirement.

I agree and accept the policies and procedures of the service. I certify that the information entered upon this form is true to the best of my knowledge and I will inform the service if any of these details change. A signature is required below to confirm all the above has been read and understood.

Parent/Guardian Full Name: _____

Date: _____

Parent/Guardian Signature: _____

OTHER CONSENTS (PLEASE ONLY INITIAL IF YOU CONSENT TO THE BELOW LISTED)

I consent for my child's photograph to be displayed in the school/OSHC 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 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** _____

OFFICE USE ONLY

Date Received:

Date Processed: