

# ST BERNARD'S OUT OF SCHOOL HOURS CARE INCORPORATED

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## OSHC ENROLMENT 2019

All information on this form remains confidential and will only be available to educators and emergency personnel. Information will only be released when legally required to do so, and only to those persons with authorised access under the Education and Care Services National Law.

PLEASE COMPLETE ALL SECTIONS CLEARLY IN BLOCK LETTERS

### SECTION ONE: KNOWN PARENT ONE / CAREGIVER ONE DETAILS\* PARENT REGISTERED FOR CCS

Mr. Mrs. Ms. (please circle)

First Name..... Surname.....

Relationship..... Date of Birth.....

CRN: .....Country of Birth.....

Address.....Suburb..... Postcode.....

Phone: (H)..... (W)..... (Mob).....

Occupation..... Email Address.....

I agree to pay my OSHC fees via the Debitsuccess Direct Debit System (signed authorisation required) Yes ☐ No ☒

I would like to receive my fortnightly account via: Email ☐ Paper ☐

### KNOWN PARENT TWO / CAREGIVER TWO DETAILS

Mr. Mrs. Ms. (please circle)

First Name..... Surname.....

Relationship..... Date of Birth.....

Country of Birth..... Occupation.....

Address: ..... Suburb..... Postcode.....

Phone:(H) .....(W)..... (Mob).....

Email Address.....

### SECTION TWO: EMERGENCY CONTACTS/AUTHORISED NOMINEES\*\*

OTHER THAN PARENTS IN SECTION ONE

#### EMERGENCY CONTACT 1 (different to section one)

Name:

Address:

Home phone.....  
Work.....  
Mobile.....

Relationship to Child

Is this person authorised to collect your child from care? Y ☐ N ☐

Parent Signature.....

Is this person authorised to consent to medical treatment /administration of medication to the child? Y ☐ N ☐

Parent Signature.....

#### EMERGENCY CONTACT 2(different to section one)

Name:

Address:

Home phone.....  
Work.....  
Mobile.....

Relationship to Child

Is this person authorised to collect your child from care? Y ☐ N ☐

Parent Signature.....

Is this person authorised to consent to medical treatment /administration of medication to the child? Y ☐ N ☐

Parent Signature.....

#### EMERGENCY CONTACT 3 (different to section one)

Name:

Address:

Home phone.....  
Work.....  
Mobile.....

Relationship to Child

Is this person authorised to collect your child from care? Y ☐ N ☐

Parent Signature.....

Is this person authorised to consent to medical treatment /administration of medication to the child? Y ☐ N ☐

Parent Signature.....

### SECTION THREE: CHILD ONE INFORMATION

First Name..... Surname.....  
Gender: Male / Female Date of Birth..... CRN: .....  
Child's country of Birth..... Grade .....School.....  
Child's residential address: .....  
Child resides with: Both parents ☐ Mother ☐ Father ☐ Guardian ☐  
Are the child's parent details the same as known parent/Care giver details in section one? YES ☐ NO ☐  
If no, please supply name, address and contact details of each parent  
Parent 1 ..... Contact details: .....  
Address: ..... Relationship to the child.....  
Parent 2 ..... Contact details: .....  
Address.....  
Does your child suffer from a diagnosed medical condition that our service staff needs to be aware of?  
E.g. Asthma, ASD, ADHD, Medical Allergies, Food Allergies, Diabetes, Epilepsy or other? YES ☐ NO ☐  
If yes, please give details: .....  
Has your child been immunised? YES ☐ NO ☐  
If NO, please give detail.....  
Is there any ongoing medication/treatment that is required? YES ☐ NO ☐  
If yes, please give details.....  
Anaphylaxis/Other Medical Management Plan provided YES / NO Asthma Action Plan provided YES /NO

### CHILD TWO INFORMATION

First Name..... Surname.....  
Gender: Male / Female Date of Birth..... CRN: .....  
Child's country of Birth..... Grade.....School.....  
Child's residential address: .....  
Child resides with: Both parents ☐ Mother ☐ Father ☐ Guardian ☐  
Are the child's parent details the same as known parent/Care giver details in section one? YES ☐ NO ☐  
If no, please supply name, address and contact details of parents  
Parent 1 ..... Contact details: .....  
Address: ..... Relationship to the child.....  
Parent 2 ..... Contact details.....  
Address.....  
Does your child suffer from a diagnosed medical condition that our service staff needs to be aware of?  
E.g. Asthma, ASD, ADHD, Medical Allergies, Food Allergies, Diabetes, Epilepsy or other? YES ☐ NO ☐  
If yes, please give details: .....  
Has your child been immunised? YES ☐ NO ☐  
If NO, please give detail.....  
Is there any ongoing medication/treatment that is required? YES ☐ NO ☐  
If yes, please give details.....  
Anaphylaxis/Other Medical Management Plan provided YES / NO Asthma Action provided YES /NO

### CHILD THREE INFORMATION

First Name..... Surname.....

Gender: Male / Female    Date of Birth..... CRN: .....

Child's country of Birth..... Grade ..... School.....

Child's residential address: .....

Child resides with: Both parents ☐    Mother ☐    Father ☐    Guardian ☐

Are the child's parent details the same as known parent/Care giver details in section one?      YES ☐ NO ☐

If no, please supply name, address and contact details of parents

Parent 1 ..... Contact details: .....

Address: ..... Relationship to the child.....

Parent 2 ..... Contact details: .....

Address: ..... Relationship to the child.....

Does your child suffer from a diagnosed medical condition that our service staff needs to be aware of?

E.g. Asthma, ASD, ADHD, Medical Allergies, Food Allergies, Diabetes, Epilepsy or other?      YES ☐ NO ☐

If yes, please give details: .....

Has your child been immunised?      YES ☐ NO ☐

If NO, please give detail.....

Is there any ongoing medication/treatment that is required?      YES ☐ NO ☐

If yes, please give details.....

Anaphylaxis/Other Medical Management Plan provided YES / NO    Asthma Action provided YES /NO

### SECTION FOUR: CHILD CARE SUBSIDY (CCS)

Have you registered for CCS eligibility with the Family Assistance Office?      YES ☐ NO ☐

If NO please give details, i.e. Opting out.....

For further information, please contact the Family Assistance Office on: 136 150 (8am-8pm) M-F

### SECTION FIVE: FAMILY DOCTOR'S INFORMATION

Doctor's Name.....

Address..... Phone.....

Medicare No.....

Do you subscribe to an Ambulance Service?      YES ☐ NO ☐

If yes, please state ambulance subscription number and category.....

### SECTION SIX: CUSTODY AND ACCESS DETAILS

Are there any restraining orders relating to any child enrolled?      YES ☐ NO ☐

If yes, please attach a copy of the order

Are there special access / custody arrangements?      YES ☐ NO ☐

If yes, please give details.....

If a court order, parenting order or parenting plan exists, please provide a copy with your child's enrolment. A copy of .....has been provided (staff initials) Date.....

SECTION SEVEN: BOOKINGS -PERMANENT/ CASUAL					
AFTER SCHOOL CARE				BEFORE SCHOOL CARE	
MONDAY				MONDAY	
TUESDAY				TUESDAY	
WEDNESDAY				WEDNESDAY	
THURSDAY				THURSDAY	
FRIDAY				FRIDAY	
CASUAL				CASUAL	

VACATION CARE	
CASUAL	

What date would you like your child's permanent booking arrangement to begin? (Not applicable if casual has been selected)

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

**IMPORTANT:** Absences from a PERMANENT OR CASUAL booking will incur the usual fee less CCS entitlement  
Temporary swapping of permanently booked days are not permitted. Changes or cancellations to permanent bookings requires a minimum of one week's notice.

SECTION EIGHT: PERMISSION FOR YOUR CHILDREN TO WATCH PG RATED MOVIES AND TV PROGRAMS	
<p>Integrated in our weekly planned activities is the opportunity for the children to enjoy movies and TV shows that generally carry a G classification. However, many of the current movies that are on offer for school age children occasionally carry a PG classification.</p> <p>With this in mind, educators take great care in selecting appropriate PG rated movies for the children's enjoyment; no movie or TV show is shown to the children unless a prior review has been made of its suitability.</p> <p>I give permission for my child/children to watch PG classified movies <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p> <p>Parent/Caregiver signature.....</p> <p>Comments.....</p>	

SECTION NINE: CHILDREN'S PHOTOGRAPHS/VIDEOS/IPAD/SCREEN TIME USAGE	
<p>Do you agree to have your child/ren to be included in photos/videos at our service during special events? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you agree to share your child/ren's image with other OSHC families in the case of group photos/videos? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you agree to have your child/ren's photo included in the school newsletter 'Bernardo'? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you agree to allow your child/ren iPad/screen time (10 min max)? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	

SECTION TEN: CULTURAL / RELIGIOUS INFORMATION	
<p>Family Country/ies of origin: .....</p> <p>Principal language spoken at home: .....</p> <p>Special food requirements .....</p>	

SECTION ELEVEN: SUNSCREEN/ BANDAIDS	
<p>I give permission for my child/ren to use the SPF 30/50+ sunscreen provided by OSHC on days when the UV index is 3 and above YES <input type="checkbox"/> NO <input type="checkbox"/> If NO please give reason.....</p> <p>I give permission to the OSHC service staff to apply a band Aid to my child when required <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p>	

SECTION TWELVE: SIBLINGS IN EXTERNAL CARE WHERE CCS IS CLAIMED		
Child's name:	date of Birth:	CRN:
Childcare Centre:		
Child's name:	date of Birth:	CRN:
Childcare Centre:		

**SECTION THIRTEEN PERMISSION FOR CHILDREN TO BE DISMISSED AT 8:30AM FROM BEFORE SCHOOL CARE**

In the aim to encourage social interaction with other children from the school community we have introduced an earlier dismissal from the Before School Care program with parent authorization. This was introduced and initiated by feedback received from the children in BSC who expressed a desire to socialize with their fellow school classmates before the 8:45am school bell. Children may choose on each attendance whether they wish to join early dismissal.

I give permission for my child/children to be escorted from the Before School Care Service if they so desire, to the school yard; I understand that my child/ren will then be supervised by a St. Bernard's Primary School staff member until entering classrooms at 8:45am.

YES, I give permission ☐

NO, I do not give permission ☐

Parent/Caregiver signature.....

Comments.....

**SECTION FOURTEEN: PRIORITY OF ACCESS (As per Commonwealth Government Guidelines)**

Please select which priority relates to your family

- ☐ First Priority: A child at risk of serious abuse or neglect.  
☐ Second priority: A child of a single parent, or of parents who are working, training or studying.  
☐ Third Priority: Any other child.

Priorities Within Each Category of Priority

Within each category mentioned above the following children are to be given priority:

- Children in Aboriginal and Torres Strait Islander families;
- Children in families that include a disabled person;
- Children in families that include an individual whose taxable income %, under clause 7 of schedule 2 to the Family Assistance Act is 100%;
- Children in families with a non-English speaking background;
- Children in socially isolated families;
- Children of single parents.

**SECTION FIFTEEN: MEDICAL/ GENERAL DECLARATION (PLEASE READ CAREFULLY AND SIGN BELOW)**

I the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Out of School Hours Care Incorporated and meet any costs incurred. I authorize the Director /Acting Director in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet the expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absences of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or I shall collect my child as soon as possible.

I also understand that as a registered user of the service I automatically become a member of the St. Bernard's OSHC association in accordance with the requirements laid out in the St. Bernard's OSHC Constitution 2013 and the Associations Incorporation Reform Act 2012.

I understand that all Enrolment details are strictly private and confidential.

Known parent/Caregiver signature.....Date.....

**Please refer to next page for Parent/Document check list**

## SECTION SIXTEEN: PARENT DOCUMENT /MEDICATION CHECKLIST

I have provided the following documents and medication with my child/ren's enrolment:

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Anaphylaxis Management Plan   | <input type="checkbox"/> EpiPen             |                                 |
| <input type="checkbox"/> Asthma Management Plan  | <input type="checkbox"/> Asthma medication  | <input type="checkbox"/> Spacer |
| <input type="checkbox"/> Allergy Plan/Information  | <input type="checkbox"/> Allergy medication |                                 |
| <input type="checkbox"/> Dietary Requirements  |   |                                 |
| <input type="checkbox"/> Court orders, including parenting order, parenting plan, special access, custody arrangements ...etc. |   |                                 |
| <input type="checkbox"/> Other.....  |   |                                 |

Comments: .....