



**St Patrick's
Outside School Hours Care**

32 Macksville Heights Drive, Macksville NSW 2447

Telephone: 0458505986 or 65681397 option 1

Email: macvp-oshc@lism.catholic.edu.au

Application for Enrolment for Outside School Hours Care

Family Details

You must provide your DOB if you want to claim CCS

Mother's Name: _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (H) _____ (M) _____

Email Address _____

Place of Employment: _____ PH: _____

Does the child live with the mother? Yes No

Health Care Card # _____

Father's Name: _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (H) _____ (M) _____

Email Address: _____

Place of Employment: _____ PH: _____

Does the child live with the father? Yes No

Health Care Card # _____

Guardian (if applicable)

Guardian's Name: _____ DOB: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: (H) _____ (M) _____

Email Address: _____

Place of Employment: _____ PH: _____

Does the child live with the Guardian? Yes No

Have you applied for or do you have Child Care Benefit? Please tick yes
 No **Family CRN****You must provide your CRN if you want to claim CCS, If yes, do you have other children in approved child care services? yes No ~ if so how many _____

Authorisations

There may be times that OSHC staff are not able to contact you. In the table below please nominate the people, other than the parents/guardians already listed, who you authorise to:

1. be contacted in an emergency;
2. collect the child/ren from the service;
3. give consent to medical treatment, or to authorise the administration of medication;
4. authorise an educator to take the child outside the service premises;

Name:	Name:
Address:	Address:
Phone numbers: H: M: W:	Phone numbers: H: M: W:
Relationship with child:	Relationship with child:
1. Contact in Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Authorise to collect: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Authorise medical treatment and medication: <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Authorise educator to take child off the service premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	1. Contact in Emergency: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Authorise to collect: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Authorise medical treatment and medication: <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Authorise educator to take child off the service premises: <input type="checkbox"/> Yes <input type="checkbox"/> No

Medicare Number: _____

Name of Health Fund: (if applicable) _____

Health Fund # _____

Name of Doctor: _____

Address: _____ Phone: _____

Suburb: _____ State: _____ Postcode: _____

Name of Dentist: _____

Address: _____ Phone: _____

Suburb: _____ State: _____ Postcode: _____

In the event of a serious accident / illness or injury occurring at St Patrick's Outside School Hours Care, St Patrick's OSHC **MUST** have permission from the parent / guardian in order to contact the appropriate registered medical practitioner, hospital, dental and/or the ambulance service and for the child to be treated or transported to hospital via ambulance if needed. Health and personal information may be used to enable appropriate medical care for the child or to report injury or illnesses as required by law.

Children **WILL NOT** be accepted into the service if permission is not granted.

Igive permission for St Patrick's Outside School Hours Care (Name of parent / guardian) to contact the appropriate medical, hospital, dental and/or the ambulance service in an event of a serious accident / illness and / or injury occurring to

.....

(Name of child or children)

I also consent to the carrying out of appropriate medical, dental or hospital treatment and to the transportation by ambulance if needed and the disclosure of personal information relevant to the injury or illness.

Signature: Date:

(Signature of parent / guardian)

Ambulance: Please be aware that St Patrick's OSHC does not take out Ambulance Cover for students.

Information About the Child/ren

Child #1

Family Name: _____ Given Names: _____

Usually Called: _____ Sex: Please tick Male Female

Date of Birth: _____ **Child's CRN** _____

Address: _____

Suburb: _____ Post Code: _____

Language spoken at home: _____ Religion: _____

Is the child of Aboriginal descent? Yes No

Torres Strait Islander? Yes No

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? (Please tick) Yes No

If yes, please provide details:

Is there anything else St Patrick's OSHC should know about your child?
(Eg: Excessive fears (thunderstorms etc), favourite activities or items)

Please give details:.....

.....

Child #2

Family Name: _____ Given Names: _____

Usually Called: _____ Sex: Please tick Male Female

Date of Birth: _____ **Child's CRN**: _____

Address: _____

Suburb: _____ Post Code: _____

Language spoken at home: _____ Religion: _____

Is the child of Aboriginal descent? Yes No

Torres Strait Islander? Yes No

Does the child have a developmental delay or disability including intellectual, sensory or physical impairment? (Please tick) Yes No

If yes, please provide details:

Is there anything else St Patrick's OSHC should know about your child?
(Eg: Excessive fears (thunderstorms etc), favourite activities or items)

Please give details below:

If you have more than 2 children please ask for another enrolment form

Court Orders

Are there any court orders, parenting orders or parenting plans in place relating to powers, duties, responsibilities or authorities of any person in relation to the child/ren or access to the child/ren?

Yes **No** If yes, please provide copies of court orders or plans.

Are there any other court orders relating to the child/ren's residence or the child/ren's contact with a parent or other person?

Yes **No** If yes, please provide copies of court orders.

Is there other information you wish OSHC to be aware of? _____


Confidential Medical Report

 Has the child/ren had a tetanus injection in the last ten years?

Yes No if No Who _____


 Are the children's immunisations up to date?

Yes No If no Who _____

 If yes please provide copy of immunisation forms

 Does the child/ren need to take any medication whilst at OSHC?

Yes No If Yes Who _____

 Do the child/ren need to wear glasses / contact lenses whilst at OSHC?

Yes No If Yes Who _____

 Are there any sports in which the child/ren should not compete?

Yes No If Yes explain _____

Please supply details in relation to all the above or any other medical information that the OSHC should be aware of:

 Does the child #1 have any allergy or sensitivity? Yes No

If yes, attach a written copy of the management procedures that are to be followed, or a copy of the management plan supplied by a doctor.

☺ Does the child have any medical conditions or special needs which are relevant to the children's service (eg. asthma, epilepsy, diabetes etc)?

Yes No

If yes, attach a written copy of the management procedures that are to be followed, or a copy of the management plan supplied by a doctor.

☺ Does the child have any dietary restrictions? (please tick) Yes No

If yes, please provide information regarding the restrictions in writing:

Does the child #2 have any allergy or sensitivity? Yes No

If yes, attach a written copy of the management procedures that are to be followed, or a copy of the management plan supplied by a doctor.

☺ Does the child have any medical conditions or special needs which are relevant to the children's service (eg. asthma, epilepsy, diabetes etc)?

Yes No

If yes, attach a written copy of the management procedures that are to be followed, or a copy of the management plan supplied by a doctor.

☺ Does the child have any dietary restrictions (please tick)? Yes No

If yes, please provide information regarding the restrictions in writing:

General Information

What do they enjoy doing?

.....

.....

.....

Is there anything you can think of that would make their time at OSHC more fun?

.....
.....

Do you have any special skills or interests that may assist us or be incorporated into the children's programs?.....

<p style="text-align: center;">Special Permission Notice for Publications, Media & Social Media</p>
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Use a photograph/filming of children in media, newspapers & publications or media outlet and the St Patrick's Outside School Hours Care Facebook page. I..... (Name of parent / guardian) give permission for (Name of child/ren)

to be photographed to appear in videos, newspaper articles, displays, newsletters, advertising, staff records, the OSHC Facebook page and other publications

Signed: Date:
(Signature of parent/guardian)

Authority for St Patrick's Outside School Hours Care Staff to apply sunscreen Supplied by St Patrick's Outside School Hours Care:

I.....(Name of parent / guardian) give permission for the St Patrick's OSHC staff to apply as appropriate (and in accordance with St Patrick's OSHC Sun Protection policy) SPF 30+ broad spectrum, water resistant sunscreen to all exposed body parts of.....(Name of child/ren)

Signed:(Signature of parent/guardian)
Date:

Authority for child/ren to watch suitable PG movies during Vacation Care and Pupil Free Days.

I.....give permission for my child/ren.....
..... to watch suitable PG movies during Vacation Care and Pupil Free Days. Signed:.....Date:.....

Method of Payment

There are several methods of payment, Cash, Chq, EFTPOS, and Direct Debit. The name of the person to whom the account will be invoiced _____

Please record all the children who will be billed on the invoice:

Surname	Given Names

Parental Authority and Consent

1. Parents/Guardians shall be bound to pay all fees and charges from time to time in force.
2. I/We agree that my child/ren will be bound by the directions of the OSHC Administration and the school rules whilst under what might reasonably be deemed to be the control of the OSHC.
3. I/We agree that while student's of the OSHC, my/our child/ren is expected to act at all times in accordance with the values of the OSHC. I/We understand that serious breaches in this regard could lead to cancellation of a place at the OSHC.
4. I certify that I understand that the OSHC will take all reasonable care in the event of my child/ren suffering an accident or illness, but that it will not be responsible for the costs of ambulance transport or any medical or dental attention or treatment administered to my child in such event, nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my child/ren.
5. I.....(Name of parent / guardian) a person with lawful authority of the child/ren referred to in this enrolment form, declare that the information in this enrolment form is true and correct and undertake to immediately inform St Patrick's Outside School Hours Care in the event of any change to this information.

Name of parent / guardian:

Signed: Date:

(Signature of parent/guardian)

Medication Administration Consent

I hereby give permission and authorize St Patrick's OSHC to administer Panadol in the dosage as stated on the instructions. This dosage is consistent with the recommendations of the Physician and/or drug manufacturer. I accept the responsibility of supplying the current correct medication in its original container, and I agree to submit a new consent form if there is any change in the medication to be administered.

Signature: _____

Date: _____

After School Care

When children attend St Patrick's Primary School and After School Care they are released from the school's care and into the care of St Patrick's OSHC at 32 Macksville Heights Drive Macksville. As parents are not in attendance to be able to sign their children into our service we require permission for your child to enter our care when school has finished and be signed in by our staff.

I _____ (Parent/Guardian) authorise the staff of St Patrick's OSHC to collect my child/children

_____ from St Patrick's school at 3.10 to attend After School Care.

Signed: _____ / /

For children who travel by bus from other local schools we require permission to allow us to collect your child from the bus and enter them into the care of St Patrick's OSHC at 32 Macksville Heights Drive Macksville. You authorise that your child can be signed in by our staff.

I _____ (Parent/Guardian) authorise the staff of St Patrick's OSHC to collect my child/children

_____ from Busways bus (number _____) at St Patrick's School to attend After School Care.

Signed: _____ / /

Privacy Information

Information we collect:

Our OSHC collects and records personal, sensitive and health information from students and parents/guardians before and during the course of a students enrolment at our OSHC.

Purpose of collection

The purpose of collecting and recording this information is to enable the provision of quality Catholic Outside School Hours Care. In addition, some of the information we collect and record is to satisfy the OSHC's legal obligations, particularly to enable the OSHC to discharge its duty of care to students and parents/guardians. This information may also be used for appropriate parish purposes.

Disclosure of information

This information may be disclosed by us for administrative and educational purposes to others including, but not limited to, personnel within St Patrick's Primary School, medical practitioners.

Information required

If we do not obtain the personal, sensitive or health information referred to above, we may not be able to enrol or continue to enrol your child/children.

By completing and submitting the OSHC enrolment form you have confirmed your understanding of and agreement with the above.

Written Arrangement Agreement

Arrangement Type: (please tick) Glossary on back	Complying Written Arrangement (CWA)	Relevant Arrangement (RA)	Additional Child Care Subsidy (ACCS)	Arrangement with an organisation
<u>Name of Service:</u> St Patrick's Outside School Hours Care <u>Service CCS ID:</u> 190010047H				
Parent/ Guardian Full Name				
Parent/ Guardian Contact details				
Parent CRN				
Full name of child attending care				
Child's date of Birth		Child CRN		
Date the Arrangement was entered				

Expected Session of Care -	Mon - Fri <b style="color: red;">After School Care	Mon - Fri <b style="color: red;">Vacation Care
Session Start time	3.10pm	8.00am
Sessions End time	5.40pm	5.30pm

Care Arrangement ⇨	Permanent Care	Casual Care	Flexible care N/A
Fees to be charged to the individual for the sessions of care provided	<b style="color: red;">After School Care: \$20 Permanent \$24 Casual <b style="color: red;">Vacation Care: \$48		

	Excursions/Workshops: Extra costs depending on activity.
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I confirm that my details and my child' details in the Written Arrangement Agreement are correct. I have agreed to the days of care within the service and I understand the start and end times of these sessions. I understand that I am liable to pay fees for the child care as indicated above and understand and am aware fees may vary from time to time. I have been provided with the service's fee schedule.

Signed: _____ Name: _____ Date: _____

Written Arrangement completed by		Date:	
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Glossary

The 4 types of Arrangements to comply with Child Care Subsidy:

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Additional Child Care Subsidy	ACCS	ACCS is used when a child care provider identifies that a child is at risk of serious abuse or neglect but there is no individual identifies to pay the child care fees
Arrangement with an organisation		Arrangement with an organisation is liable for the fees for the care of the child