St Joseph's School Hectorville

OSHC & Vacation Care

Enrolment Application

Application for Out of School Hours Care (OSHC) enrolment

Please note that this OSHC enrolment application is an application only and does not guarantee a place for your child.

OSHC enrolment type: ☐ Flexible/casual ☐ Fixed/routine

Beginning date / / Term Year Year level

CHILD DETAILS

Family name

Given name/s Preferred name

Date of birth / / Gender ☐ Male ☐ Female

Address

Post code CRN

Is your child of Aboriginal or Torres Strait Islander Origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both

Main language Main language spoken at home

Is your child in state care? ☐ No ☐ Yes

FAMILY DETAILS

	Parent 1/Guardian 1/Biller details	Parent 2/Guardian 2 (if applicable)
Family name		
Given name/s		
Relationship to child (Father/Mother/Foster/Step/ Guardian/Grandparent etc.)		
Contact Priority	☐ Yes ☐ No	☐ Yes ☐ No
Date of birth	/ /	/ /
CRN		
Main language spoken at home		

CONTACT DETAILS

Home phone number		
Mobile number		
Email address		

FAMILY DETAILS (CONTINUED)

	Parent 1/Guardian 1	Parent 2/Guardian 2
Residential address		
Postal address (if different)		
Workplace/Employer		
Work phone number		
Workplace address		

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

CONTACT PRIORITY #1

Family name | Given name/s

Relationship to child

Home phone | Work phone

Mobile phone

CONTACT PRIORITY #2

Family name | Given name/s

Relationship to child

Home phone | Work phone

Mobile phone

CONTACT PRIORITY #3

Family name | Given name/s

Relationship to child

Home phone | Work phone

Mobile phone

HEALTH INFORMATION

Has your child received all scheduled immunisations?
(Schedule as determined by the Childhood Immunisation Schedule available from www.sahealth.sa.gov.au) ☐ Yes ☐ No

I have attached a copy of immunisation ☐ Yes ☐ No

Has your child received the following immunisations (10-15 years)? ☐ Yes ☐ No

Hepatitus B ☐ Yes ☐ No

Diphtheria ☐ Yes ☐ No

Tetanus ☐ Yes ☐ No

Pertussis (Whooping Cough) ☐ Yes ☐ No

Varicella (Chickenpox) ☐ Yes ☐ No

Human Papillomavirus (HPV) ☐ Yes ☐ No

I/We accept full responsibility if my child is not immunised. Please sign:

Parent 1/Guardian 1
Signature: Date / /

Parent 2/Guardian 2
Signature: Date / /

Does your child have a diagnosed medical condition that may require support?

If yes, please specify (eg. Inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis): ☐ Yes ☐ No

Are there any health related dietary restrictions? (eg. food or penicillin). If yes, please provide details including reaction/medication. ☐ Yes ☐ No

If your child has any individual emergency or routine health care/medical management needs (eg. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the school will need a health care/medical management/medication plan from the treating doctor/health professional.

Please bring Health care/Medical management plan. This must be provided.

DETAILS OF CHILD'S DOCTOR/CLINIC

Doctor/Clinic

Address

HEALTH INFORMATION (CONTINUED)

Post code

Phone | Medicare No.

Health care card No.

DETAILS OF CHILD'S DENTIST/DENTAL CLINIC

Dentist/Dental Clinic | Dentist name

Address

Post code

Phone

ADDITIONAL NEEDS

Does your child have a diagnosed disability?

If yes, please provide details (eg. physical, hearing, vision impairment, autistic disorder, global development delay, speech and language impairment): ☐ Yes ☐ No

Agencies/support/ involved | Contact person

Phone | Email

Is there any other medical information we might need to know? (eg. personal religious and/or cultural practices/prohibitions. Comments on homework and/or behaviour management. Favourite food and/or intolerances). ☐ Yes ☐ No

Are there any parenting plans/ orders relating to your child? please specify ☐ Yes ☐ No

Please supply the OSHC service with required medications in original containers with the child's name clearly marked. Please complete a Permission to Administer Medication Form together with any medication records where necessary.

PARENT/GUARDIAN DECLARATION

I consent for my child to take part in supervised walking excursions within the local area as part of the OSHC Vacation Care program ☐

I consent for my child to be photographed and for their image and name to be published in circumstances the OSHC Director deems to be appropriate ☐

I consent for a staff member to apply sunblock to my child if required ☐

I consent for a staff member to apply insect repellent to my child if required ☐

I consent the OSHC Director to obtain information from the School regarding my child's medical or health issue/s ☐

I consent to me child participating in OSHC/Vacation Care based activities organised for the day/s my child will be attending including watching age appropriate PG rated videos/DVD's ☐

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the OSHC service. Please be aware that fees may change at any time (Refer to the OSHC Fees published on our School's website sjh.catholic.edu.au/fees-download/). ☐

I agree that the OSHC Staff may administer minor first aid to my child if the need arises ☐

I understand that if at any time the OSHC Staff consider that my child required emergency medical/hospital/ambulance assistance, that they will have a local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any expenses incurred. ☐

I certify that the information entered upon this form is true to the best of my knowledge and that I will inform OSHC if any of these details change ☐

I/We have read the Information Privacy Statement above. Please sign:

Parent 1/Guardian 1
Signature: Date / /

Parent 2/Guardian 2
Signature: Date / /

St Joseph's School Hectorville

OSHC & Vacation Care

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