St Joseph's School Hectorville OSHC
Annual Registration 2022

Please fill out all of the information required on both sides and return to OSHC director for enrolment/registration & Permanent bookings into the OSHC program for 2021

Child Details (compulsory information)

Family Name: …… School: ……

First Name	Gender	Date of Birth	Child CRN	Year Level
1 ……	M/F	……...	……..……	……
2 ……	M/F	……...	……..……	……
3 ……	M/F	……...	……..……	……
4 ……	M/F	……...	……..……	……

Enrolling Parent/Guardian & Billing Details

(Enrolling Parent must be the parent registered with Centre Link for Child Care Subsidy)

Name :..……..……

Date of birth: ……../……/……. Customer Reference number:……..……

Relationship to child……..…… Contact Priority ……..

Home Address……..……..…… Post Code……...…….

Work address …… Post Code……

Home phone ……..……Mobile ……..…...Work Phone……..…….

Email Address …… Email Weekly bills home: yes ☐ no ☐

Child Care Subsidy

I am claiming Child Care Subsidy for …… child/ children including children that attend care at other approved services (Which includes LDC, OSHC, FDC, IHC, OCC) – please indicate the number of children you are currently claim CCS for.

Other Parent/Guardian (if applicable)

Name..……..……

Relationship to child……..…… Contact Priority ……..

Home Address……..……..…… Post Code……...……..

Work Address…… Post Code ……

Home phone ……..……Mobile ……..…...… Work Phone……...…

Payment of OSHC Fees

All OSHC fees due must be paid within 7 days of the account being issued unless otherwise negotiated in writing. Payments that are not paid made result in being sent to collection agencies & account holder being charged debt collection fees

Annual OSHC Registration Fee

All families that use the St Joseph' Hectorville OSHC program will be charged a **Registration Fee of $30.00**. This fee will be charged on an annual basis. The fee has been put in place to assist the administration of the service. This fee will be charged to your OSHC account and will appear on your bill upon receiving this registration form. It is compulsory that all families that use the service register, complete this registration form to ensure our records are up to date and that we are aware of which families are using or planning to use the service through the year. The registration for is also a used part of Child Care Subsidy as it is the COMPLYING WRITTEN AGREEMENT for your bookings into OSHC, A CWA is an agreement between the Childcare Centre service provider and a parent or guardian, to provide childcare in exchange for fees.

Food Allergies in OSHC

Please be aware that our OSHC kitchen uses products where the packaging or company has indicated that they may contain traces of peanuts, tree nuts, gluten, soy, eggs, sesame & shellfish.

If you have further questions regarding food in OSHC please see the OSHC Director.

I have read and understood the above information *(please sign)* ……. Date …….

CONSENTS

I give consent for my child/children to:(please tick)

- Be photographed and their image published in the centre & on seesaw Yes☐ No☐
- Photographs to be used on the schools social media i.e. Facebook & Instagram etc. Yes☐ No☐
- Have sunblock/ insect repellent applied by a staff member if required. Yes☐ No☐
- Be taken by a staff member to the local hospital or doctor's surgery in the event of an injury. Yes☐ No☐
- Go barefoot when the OSHC staff see this as reasonable. Yes☐ No☐
- To watch G and PG rated movies at the discretion of the OSHC Director Yes☐ No☐

I am aware of arrival and pick-up procedures for my child at this Service.
I am aware that I will incur a fee for non-cancellation of attendance and/or a fee for failure to collect my child/children by 6.00 pm.

I have read and understood the above information *(please sign)*:……. Date ……..

Parental Consent

I_____ consent to my child/children being registered into the St Joseph's Hectorville Out of School Hours Care Program for 2021. I consent for my child to take part in any activities where the director sees fit. I understand that a $ 30.00 registration fee will be charged to my account upon returning this registration form to the OSHC director. I also understand the fees/payment/ booking procedures/policy and understand it is my responsibility to notify of changes. I also understand that this is a compulsory registration form and all the information provided is true and correct as at the date returned.

Signed Parent 1:……. Date ……..

Signed Parent 2:. :…….. Date ……

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