



CLARENDON PRIMARY SCHOOL OSHC

ENROLMENT FORM 2026



Ph. 0412 155 559 clarendonpsoshc@gmail.com

This information is confidential and will be stored securely.

Child's Surname:	FRN: Parent Centrelink Number	CRN: Child Centrelink Number
Child's First Name:	Middle Name:	
Address:		Post Code:
Date of Birth: (Compulsory)	Male / Female/ other:	School:
Cultural background & language spoken at home:	Cultural Considerations:	Total Number of children in childcare from family:

***Parent/ Guardian Information** (This will be used to contact you in an emergency)

Parent/Guardian Surname:		Parent/Guardian Surname:							
First Name:	Middle Name:	First Name:	Middle Name:						
Parent/Guardian: Date of Birth: (Compulsory)		Parent/Guardian: Date of Birth: (Compulsory)							
Address:	Post Code	Address:	Post Code						
Home Phone Number: Mobile Phone Number: E-mail:		Home Phone Number: Mobile Phone Number: E-mail:							
Cultural Background: Language other than English spoken:		Cultural Background: Language other than English spoken:							
Occupation: Work Place: Work Phone Number:		Occupation: Work Place: Work Phone Number:							
Which days do you require care? (please indicate ✓ or casual)									
Monday am		Tuesday am		Wednesday am		Thursday am		Friday am	
Monday pm		Tuesday pm		Wednesday pm		Thursday pm		Friday pm	

***Emergency Contacts**

1. Name:	2. Name:	3. Name:
Phone Number: Mobile Phone Number:	Phone Number: Mobile Phone Number:	Phone Number: Mobile Phone Number:
Relationship to the child:	Relationship to the child:	Relationship to the child:

As the Parent/Guardian/Approved Person, you have listed the above contacts for the purpose of Educators to contact if in the case of an emergency if the listed parent/guardians cannot be contacted. This includes collection of the child if required.

Signature: _____ Date: _____

***Custody/Access** - Are there any Family Court Orders / Restraining Orders in relation to the child/children?

No Yes (Please attach a copy of the order)

It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family.

CLARENDON PRIMARY SCHOOL OSHC

Medical and Health Information Confidential

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Family Name:	Child's Name:	DOB:
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Medic Alert Number (if relevant) _____ Review Date _____

* Is your child fully vaccinated? NO YES

A COPY OF CHILD'S IMMUNISATION RECORD MUST BE SUPPLIED YES

NO

Health Support

* Does your child have a health care / behaviour need that we need to be aware of?

YES NO

Please tick the boxes below that show your child's health care needs

Does your child take any medication?		Asthma	
ADD, ADHD. (+/- Medication)		Does your child have an Asthma health care plan?	
Allergies: Please state allergy (e.g. bees, peanuts, dairy)		Hearing / Vision Impairment	
Epilepsy / Seizures / Convulsions		Autism	
Diabetes		Other (please give details)	

Health Care Plan

* Out of School Hours Care staff need a **written health care plan** from your child's doctor/treating health professional to plan for any special health needs.

Have you attached the health care information from your child's doctor/treating health professional?

NO Staff will provide standard supervision for safety and first aid
 YES Write down what you have attached (e.g. asthma care plan; details about ear care)

Medication

* Does your child have any routine health care needs (e.g.: medication)?

NO
 YES Please attach a **medication plan** from your doctor or treating health care professional.

Doctors Name:	Phone Number:
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* Are there any special dietary requirements relating to your child?

NO
 YES Please attach a **modified food plan** from your doctor or treating health care professional.

* Does your child need special aids or equipment? (e.g. glasses, hearing aids, callipers)

NO
 YES Please give details.....

1. All medication must be supplied in the **original container** with the **pharmacy label** and the **child's name clearly marked on the container**.

2. A permission to administer medication form must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.

Parent/Guardian/Approved Person

Signature: _____ Date: _____

CLARENDON PRIMARY SCHOOL OSHC

IMPORTANT INFORMATION FOR PARENTS

Child participation

I give permission for my child/children to participate in the OSHC program. I understand it is my responsibility to advise educators if I do not wish my child/children to participate in an activity.

Child Information

I give permission for OSHC educators to exchange information relating to my child with school staff and to the appropriate person(s) (e.g. In an emergency / special needs of my child/children).

Written permission

I understand that OSHC educators require written permission for my child/children to travel alone to and from the OSHC service. I am aware that I will sign my child/children in and out of the service and the arrival and departure times will be noted.

Photo & Work consent

I consent to photographs (still or video) being taken of my child/children, as part of the OSHC program and to be displayed around the OSHC site on display boards and in content on Xplor. I consent to my child's work being displayed in the OSHC area.

I consent to the display of my child/ren's relevant medical/allergy/dietary information alongside a headshot to ensure that all educators in the service are aware of their needs/requirements.

Images and video captured of my child/ren as a part of the OSHC program are deleted from service registered devices at regular intervals after being stored securely. Images and videos relating to learning and development must be held for 3 years after the child/ren's last day of attendance.

XPLOR program

I consent to my child's images and interaction with the OSHC program to be documented on the XPLOR program for parent/guardian access via their login information.

TV, DVD & Movie consent

I consent to my child/children watching suitable age appropriate G and PG rated TV programs, DVDs & Movies during the OSHC program.

OSHC Behaviour Management

The OSHC Program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours.

I understand that it is my responsibility as the parent/guardian to inform the OSHC educators of my child's behaviour needs.

Permission to inspect for Head Lice

The South Australian Health Commission recommends that children's hair is checked every week for head lice.

Checking and treating hair is by law a parent's responsibility.

I give permission for OSHC educators to check my child's hair for head lice, if there is a possibility of head lice.

I understand any checks will be conducted sensitively.

I understand that I will **need to collect my child**, if OSHC educators believes that my child has head lice.

I understand it is my responsibility to arrange the collection of my child from OSHC, when notified.

Sun Protection

OSHC follows the guidelines of the Cancer-Council SA and Clarendon Primary School - our service is sun smart and children must wear hats while outside in terms 1, 3 and 4.

I understand I am providing permission for educators to apply SPF50+ sunscreen (either supplied by OSHC or myself) to my child before/during outdoor activities.

Bookings

Bookings can be made permanently (a recurring schedule) or casually (requested as required). If a booking is canceled, you will be charged full fee, unless a doctor certificate is provided to receive a reduced fee.

It is the parent/guardian's responsibility to ensure the service is notified of any absences for the safety of your child/ren.

Fees

I agree to pay the required fees for my child/children's booked care at this OSHC when they are due or in advance.

Cost Clause: Parents are advised that they will be liable for any additional costs incurred by OSHC in engaging a credit management company if necessary.

CCS Rebates

It is the responsibility of all enrolling families to sign the Complying Written Agreement (CWA) via their Xplor login and follow up on any necessary steps to ensure their CCS rebates are active and in place. Aberfoyle Campus Schools OSHC and Clarendon Primary School OSHC are not responsible for any unpaid CCS rebates.

If you are unsure if your CCS is in place, speak with an educator for assistance.

Medical Emergency

In the event of a medical emergency, OSHC educators will call an ambulance as required.

I understand that I am giving permission for my child to be treated by first aid trained educators and, if required, an ambulance called for which I am responsible for the cost associated with medical care, ambulance and hospital costs.

Privacy Act

I understand the information provided on this Enrolment/ Medical Form:

- Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation.
- May be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies.
- May otherwise be disclosed without consent where authorised or required by law.

Electronic Devices

I understand I am giving permission for my child to access electronic devices registered by the OSCHC service for use under the supervision of educators.

Inline with policy we do not allow any electronic devices to be bought into the service, devices found at the service will be powered down and stored in the office until parent/guardian collection. If there are reasonable grounds for an exemption, please speak with the Nominated Supervisor.

Withdrawal of Consent

To withdraw authorisation of any consents, parents/guardians need to supply a dated written request to the Nominated Supervisor to be added to the child/ren's enrolment details.

Information to Parents

I have read the CLARENDON PRIMARY SCHOOL OSHC "FAMILY HANDBOOK" and agree to comply with the OSHC service policies and procedures outlined.

Parent/Guardian Signature.....**Date** / /

Further information and Clarendon OSHC Program Policies and Guidelines are available upon request



WE KNOW THERE ARE LOTS OF
SPECIAL THINGS ABOUT YOU
THINGS YOU LIKE TO DO
THINGS YOU LIKE TO PLAY
TELL US ABOUT THEM

ABOUT YOU

DATE:

- ☺ What is your name? _____
- ☺ Do you have any brothers or sisters? _____
- ☺ What are their names? _____
- ☺ Were you born in a different country or state? _____
- ☺ Do you speak any languages other than English? _____
- ☺ Do you have any pets? _____
- ☺ Who is your best friend and what do you like doing with them?

- ☺ What do you like doing best with your family on the weekends? _____
- ☺ What things make you happy and want to smile? _____
- ☺ If you are sad, what things make you feel better? _____
- ☺ What do you like doing best for a quiet time? _____
- ☺ Do you enjoy doing craft activities? _____
- ☺ What new things would you like to try at OSHC? _____
- ☺ Sometimes it is loud at OSHC. Does this bother you? _____
- ☺ Any other things you would like us to know about you to make your time at OSHC more enjoyable? _____