

**Virginia OSHC
Enrolment Form: Part 1**Virginia Primary School OSHC, Park Road,
Virginia SA 5120, AU
Ph: 08 83809292Fax: 08 83809576
Nisha.Tsorvas442@schools.sa.edu.au**CHILD**

Family Name: Gender:

First Name(s): Known as:

Date of birth: / / CRN:

Address No. / Street: Town/ Suburb:

Postcode: Primary Language:

Indigenous status: Aboriginal: Yes / No TS Islander: Yes / No

ELIGIBLE PARENT/GUARDIAN & BILLING DETAILS

Name:

Date of birth: / / CRN:

Relationship to child: Contact Priority: Primary Language:

Address: (h)
(w)

Phone: (h) (w) (m)

Email:

OTHER PARENT/GUARDIAN (if applicable)

Name:

Relationship to child: Contact Priority: Primary Language:

Address: (h)
(w)

Phone: (h) (w) (m)

Email:

PARENTING PLANS / ORDERS relating to this child

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

Name: Contact Priority:

Address: Relationship to child:

Phone: (h) (w) (m)

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

COLLECTION AUTHORITIES ONLY

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

Name: Relationship to child:

Address:

Phone: (h) (w) (m)

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATIONHas the child received all immunisations appropriate for their age? Yes / No

If no, please give details:

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child received the following immunisations? (please tick):

12 - 13
years

Diphtheria

☐

Tetanus

☐

Pertussis (Whooping Cough)

☐

Human Papillomavirus (HPV)

☐

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities?

 Yes / No

Effective date:

 __/__/____

If yes, please record specifics:

Has the child any special needs?

 Yes / No

Effective date:

 __/__/____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods:

Reaction / Medication:

Penicillin:

Reaction / Medication:

Others:

Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the 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.

Usual Medical attendant

Doctor's name:

Phone No.:

Clinic name:

Address:

Usual Dental attendant

Dentist's name:

Phone No.:

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number:

Health Care Card number:

Child's Name:

BSC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							
From: <input type="text"/> / <input type="text"/> / <input type="text"/> for: <input type="text"/> weeks / or until: <input type="text"/> / <input type="text"/> / <input type="text"/> or Ongoing (tick) <input type="checkbox"/>							

ASC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							
From: <input type="text"/> / <input type="text"/> / <input type="text"/> for: <input type="text"/> weeks / or until: <input type="text"/> / <input type="text"/> / <input type="text"/> or Ongoing (tick) <input type="checkbox"/>							

VAC	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Arrive:							
Depart:							
From: <input type="text"/> / <input type="text"/> / <input type="text"/> for: <input type="text"/> weeks / or until: <input type="text"/> / <input type="text"/> / <input type="text"/> or Ongoing (tick) <input type="checkbox"/>							

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard writing template.

Please initial next to each item to which you consent.

I give permission for my child to engage in adventure play (eg. At the forest, building forts, climbing trees and outdoor education) ☐

I give permission for my child to bring their bike, scooter, or skates to VPS OSHC during Vacation Care and Pupil Free Days only.

I understand that VPS OSHC accepts no responsibility for the loss, theft, or damage of any bikes, scooters, skates, or related equipment brought from home

Families acknowledge that these items are brought to the service at their own risk.

Mobile phones, iPads, smart watches and other personal digital Devices are not permitted at the service. This policy is in place to ensure the safety, privacy, and wellbeing of all children attending OSHC.

By signing this form, you agree to support this policy and ensure that your child does not bring personal digital devices to OSHC. If a device is brought in error, it must be handed to staff upon arrival.

By signing this enrolment form, you acknowledge that you have nominated authorised family members and/or friends who may collect your child from OSHC. These authorised nominees may be contacted and may collect your child in the event of an emergency, or if you require someone else to pick up your child.

You understand that OSHC educators will only release your child to the individuals listed as authorised nominees on this enrolment form, and that it is your responsibility to update these details if circumstances change

I give permission for my child/ren to be on the Virginia Primary School OSHC services facebook page ☐

I give permission for child to be in the Newsletter for Virginia primary school OSHC ☐

As our OSHC service is located on the school grounds, children have access to the school's playground equipment. Please note that this equipment is higher and larger than the equipment typically used in a preschool setting.

I give permission for my child/ren to use and play on the school playground equipment while attending OSHC

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program eg community centre, community playground located across from the school at virginia.

CONSENTS

Please initial next to each item to which you consent.

I consent for my child to be photographed for inside centre purposes only with no Identification of name, on poster inside ☐

I consent for a staff member to apply sunblock to my child if required. If your child requires their own sunscreen, you must provide this to the OSHC service, labeled ☐

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

I give permission for my child to watch PG rated material ☐

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service. I will be responsible for any additional costs associated with overdue fees including debt collection fees.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

If any of my children have a medical condition I agree to provide the service with the child's healthcare management plan.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: Date:

sighted a child health record (tick) ☐

Interviewed / Accepted by: Date: