

# Seacliff Primary School OSHC- Enrolment Form 2025

Seacliff Primary School – Barwell Avenue, Seacliff 5049 – ABN 82 568 280 442

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**SEACLIFF**  
Primary School

## CHILD DETAILS

Family Name:.....First Name:.....

Known as:..... Gender: .....

Date of Birth:...../...../..... CRN:.....

Address:.....

Primary Language:.....

Indigenous Status: Indigenous:.....TS Islander: .....

## ELIGIBLE CCS PARENT/GUARDIAN & ACCOUNT HOLDER

Name:..... Contact Priority:.....

Relationship to child: .....

Date of Birth:...../...../..... CRN:.....

Home Address:.....

Work Address:.....

Phone: (h).....(w).....(m).....

Email address for Accounts:.....

## OTHER PARENT/GUARDIAN (if applicable)

Name:..... Contact Priority:.....

Relationship to child: .....

Home Address:.....

Work Address:.....

Phone: (h).....(w).....(m).....

Email:.....

## EMERGENCY CONTACTS & COLLECTION AUTHORITIES (in addition to parents/guardians)

In nominating these people, you give them authority to act on the child/ren's behalf if neither parent/guardian can be contacted or located, to pick up your child in an emergency, or authorise medical care in the event of an incident.

### Person 1

Name: .....Contact Priority: .....

Relationship to Child: .....

Home Address: .....

Phone: (h).....(w).....(m).....

### Person 2

Name: .....Contact Priority: .....

Relationship to Child: .....

Home Address: .....

Phone: (h).....(w).....(m).....

### Collection Authorities ONLY

Approval only to collect the child and should **NOT** be contacted in case of an emergency

### Person 1

Name: .....

Relationship to Child: .....

Phone: (h).....(w).....(m).....

### Person 2

Name: .....

Relationship to Child: .....

Phone: (h).....(w).....(m).....

## MEDICAL AND HEALTH INFORMATION

Has your child/ren received all immunisations appropriate for their age?

If no, please give details: .....

I accept full responsibility if my child is/is not immunised:

Parent/Guardian signature: .....

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

If yes, please give specifics and related medication:.....

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Has the child any disabilities?.....

If yes, please record specifics:.....

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Has the child any special needs?.....

If yes, please record specifics:.....

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

If yes, please record specifics:.....

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

If yes, please record specifics:.....

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Has the child had any allergic reactions or food intolerances? If you identify any allergies/intolerances additional forms are required before enrolment.

Foods:

Reaction / Medication:

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Penicillin:

Reaction / Medication:

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Others:

Reaction / Medication:

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

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### DIAGNOSED HEALTH CARE NEEDS

National Regulation (90) – CHILDREN CANNOT ATTEND OUR SERVICE until we have received the following:

1. Up-to-date Medical Management Plan (eg Asthma, Anaphylaxis, Allergic Reactions)
2. Medical Conditions Risk Minimisation Plan and Communication Plan
3. Prescribed medication and Medication Authority Form (forms available from OSHC or school website)

National Regulation (95) Note: All medication must be in their original containers bearing the original label with the name of the child to whom the medication is to be administered

### IS THERE ANYTHING MORE WE NEED TO KNOW?

Is there any other information we need to know? Eg:- any personal, religious or cultural practices/prohibitions. Comments on homework or behaviour guidance. Additional information about your child/family which would be helpful for us to know?

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### PARENTING PLANS / ORDERS relating to this child

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### BOOKINGS

#### BEFORE SCHOOL

Monday	Tuesday	Wednesday	Thursday	Friday

From: ...../...../..... Until:...../...../..... or Ongoing:.....

#### AFTER SCHOOL

Monday	Tuesday	Wednesday	Thursday	Friday

From: ...../...../..... Until:...../...../..... or Ongoing:.....

### CONSENTS

Please initial next to each item to which you consent

I give consent for my child to be transported by ambulance in the event of an emergency

☐

I give consent for a blood transfusion in the case of an emergency

☐

I give consent for my child to watch PG rated movies and play/watch PG rated games while at OSHC under the supervision of a staff member

☐

I give consent for my child to be photographed/video-taped and for their image to be displayed on Seaclyff Primary's website and newsletter that is made available to the school community

☐

I give consent for my child to be photographed/video-taped and for their image to be displayed within the OSHC room and used for documentation

☐

I give consent to OSHC to provide my child with sunscreen when the UV index is rated 3 or higher

☐

## AGREEMENTS

**I agree to pay the required fees for my child's booked hours and accept the policies and rules of Seacliff Primary School OSHC. Details of fees and policies relevant to families are found in our "Parents and Caregivers information Handbook" which is available on the School website or hardcopy at OSHC. Any policy change will be communicated to families two weeks before the change takes effect.**

**I understand that should my account fall in arrears, that care for my child will be ceased until such time as the account is paid up to date.**

**I agree to pay Seacliff Primary School OSHC for all costs incurred by Seacliff Primary School OSHC (including costs for which the Seacliff Primary School OSHC may be contingently liable) in any attempt to collect any monies owed by me to Seacliff Primary School OSHC under this agreement including debt collection agent costs on a solicitor/client basis.**

**I certify I have provided Seacliff Primary School OSHC with all relevant court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child.**

**I agree that the staff of Seacliff Primary School OSHC may administer first aid to my child if the need arises.**

**I understand that if at any time the staff of Seacliff Primary School OSHC 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.**

**I certify that the information entered upon this form is true and correct to the best of my knowledge and I undertake to inform Seacliff Primary School OSHC if any of these details change.**

**Parent / Guardian Signature:** .....

**Date:...../...../.....**

## OFFICE USE ONLY

**Interview/Accepted by:**.....

**Date:**...../...../.....

**Tell us a bit more about your child. What sports do they play? Favourite boardgame? Any special interests? Any information helps our educators to get to know your child and find ways of making our space welcoming to new children.**

[illegible]