

# Hendon OSHC – Enrolment Form 2024

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

<b>Child's Name</b>	
<b>Family Name</b>	
<b>Gender</b>	<b>Date of Birth</b>
<b>Residential Address</b>	
<b>CRN number</b>	<b>School</b>
<b>Languages Spoken at Home</b>	
1.	2.
<b>Indigenous status and/or Ethnicity</b>	
<b>Year Level/ Room Number/ Teacher</b>	

## Parent/Guardian Information

<b>Account Holder Information</b> Parent/Guardian Name (Given Names/Surname)		<b>Second Parent/Guardian Information</b> Parent/Guardian Name (Given Names/Surname)	
<b>Birth date (legally required)</b>	<b>Gender</b>	<b>Birth date (legally required)</b>	<b>Gender</b>
<b>Parent/Guardian CRN number</b>		<b>Parent/Guardian CRN number</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	
<b>Postal Address</b>		<b>Postal Address</b>	
<b>Home Address</b>		<b>Home Address</b>	
<b>Place of Work</b>		<b>Place of Work</b>	
<b>Email</b>		<b>Email</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Wk Phone</b>		<b>Wk Phone</b>	
<b>Hm Phone</b>		<b>Hm Phone</b>	

Please list primary contact email to be added to the OSHC group email list (details will be kept confidential and not shared with other families) \_\_\_\_\_

**Emergency Contacts** - (If parent/guardian cannot be contacted, emergency contacts will be notified)

Please list in order of preference

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

Name	Gender	DOB
Relationship to Child		
Mobile	Address	
Emergency Contact    Yes    No	Collection Authority    Yes    No	Access Restrictions    Yes    No If yes, please specify

**Other people Authorised to collect (Please advise staff if this information changes)**

Name	Contact Number	Relationship to Child
Gender		
Name	Contact Number	Relationship to Child
Gender		
Name	Contact Number	Relationship to Child
Gender		

**Medical and Health Information**

Is your child up-to-date with their immunisations?  
 If not, the Director may be in contact to discuss this further

Yes No

Medic Alert Number (if relevant) \_\_\_\_\_ Review Date \_\_\_\_\_

**Health Support**

Does your child have a health care need, disability or diagnosis that we need to be aware of at Out of School Hours Care? No Yes (If YES please tick the boxes below that show your child's health care) needs.

	✓		✓
Asthma		Incontinence	
Diabetes		Joint Disorder (e.g. arthritis)	
Epilepsy		Swallowing/choking difficulties	
Heart Disorder		Hearing Impairment	
Vision Impairment		Communication Difficulties	
Seizures/convulsions		Skin condition (e.g. dermatitis)	
Allergies (e.g. bees, peanuts, dairy)		Autism	
ADHD		Other (please give details)	

**Health Care Plan**

Before they start at Out of School Hours Care, staff need a 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?**

- If No, restrictions to enrolment may apply
- If YES write down what you have attached (eg asthma care plan; details about ear care)

.....

**Medication**

Does your child have any routine health care needs (eg: medication)

- No
- Yes please attach a medication plan from your doctor or treating health care professional.

<b>Doctor's Name</b>	<b>Clinic Name</b>
<b>Address</b>	<b>Phone Number</b>

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 before medication can be administered by OSHC staff.

Are there any special dietary requirements in relation to your child? If yes, please give details:

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Please provide information if your child needs aids, equipment or has accessibility requirements

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If you have indicated yes to any of the above, the Director may be in contact with you to set up a time to complete a Risk Minimisation Plan

**Custody/Access**

Are there any **Family Court Orders**?

- No
- Yes (Please attach a copy of the order)

Are there any **Restraining Orders** in relation to the enrolled child?

- No
- Yes (please attach a copy of the order)

**NB** 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. This allows the OSHC staff to provide informed quality care for your child/ren.

**Other Information:**

Are there any aspects of this child's cultural, ethnic and/or religious background that you would like us to be aware of?

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Is there any other information you would like to make us aware of regarding this child or your family?

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**Written permission**

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

Parent/Guardian/Approved Person

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Declaration and consent to Emergency medical treatment**

I \_\_\_\_\_ (print full name) with lawful authority of the child referred in this enrolment form,

- Declare that the information in this enrolment form is true and correct and will undertake immediate action to inform the OSHC service in the event of any changes to this information.
- Understand and accept that OSHC staff may administer simple First Aid to my child if the need arises.
- Agree to collect or make arrangements for the collection of my child referred to in this enrolment form if they become unwell at the service.
- Consent to the staff seeking medical treatment by a medical practitioner, hospital or ambulance service, or where appropriate, administer such emergency medical treatment as it reasonably necessary and agree to reimburse any necessary expenses incurred by the HC service.
- Undertake to inform the staff of any absence of my child from the service due to illness, especially infectious conditions.
- In the event of a medical emergency; OSHC staff will call an ambulance. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent for OSHC activities:**

I \_\_\_\_\_ (print full name) with lawful authority to the child referred in this enrolment form give consent to the following applicable areas.

**Photographic consent:** permission for my child to be photographed by staff members to be used in records and displayed in the centre only YES  NO

**Photographic consent:** permission for my child to be photographed and group photos of them be given to other children to take home as a memento YES  NO

**Photographic consent:** permission for my child to be photographed and photos of them to be shared using the SPIKE App YES  NO

**Photographic consent:** permission for my child to be photographed and photos of them to be displayed on the School Website, Seesaw and Spike YES  NO

**Children's work publications consent:** permission for my child's work (no photo of child) to be published in OSHC newsletters and publications displayed in OSHC and externally on the School Website, Seesaw and Spike YES  NO

**Sunscreen Consent:** permission for my child to have a 30+ sunscreen applied as per the services sun smart policy YES  NO  (if no, own sunscreen will need to be provided or discussed with the Director prior to starting)

**Permission to Apply Sunscreen:** permission for my child to receive help if needed to apply sunscreen YES  NO

**Walking Excursions:** permission for my child to be accompanied with staff members on walking excursions within the local area YES  NO

**Water Play Consent:** permission for my child to participate in water activities YES  NO

**Mud Play Consent:** permission for my child to participate in mud play activities YES  NO

**PG Movie Consent:** permission for my child to watch PG movies in OSHC during the term and vacation care YES  NO

**Head lice consent:** permission for the staff to check my child's hair if suspected head lice, I understand all checks will be conducted sensitively YES  NO

**Wet and Soiled Clothing:** to receive help by a staff member (if needed) to get changed out of wet or soiled clothes YES  NO

**Permission for my child to use** (as part of programmed activities): face paint zinc nail polish makeup (please circle yes to indicate permission for each activity)

**Excerpt from Behaviour Management Policy Statement (full statement available on request)**

Children have the right to be in an environment where bullying and harassment is not accepted. Inappropriate language and or unacceptable behaviour will not be tolerated. These guidelines are to ensure the safety, happiness and well-being of all children and staff at the service. At all times staff will endeavour to work one on one with the child/ren and families involved to try and resolve any issue that the child is facing. 'Parents' will be notified of regular inappropriate behaviour and care may be refused.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Excerpt from Sun protection Policy Statement (full statement available on request)**

Our OSHC will adhere to the guidelines from the cancer council and Sun Smart to monitor the appropriate actions regarding Sun Smart practises. Children and staff will be required to wear a broad brimmed hat which protects their face, neck and ears whenever they are outside. Baseball caps are not acceptable. Each child that attends OSHC will be supplied with a broad brimmed hat that remains at OSHC.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Excerpt from Confidentiality Policy Statement (full statement available on request)**

The Hendon Primary school OSHC Service protects the privacy and confidentiality of individuals by ensuring that all records and information about individual children, families, staff and management are kept in a secure place and are accessed by or disclosed only to those people who need the information to fulfil their responsibilities at the service or have a legal right to know.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agreements of Enrolment**

I \_\_\_\_\_ (print full name) with lawful authority of the child referred in this enrolment form agree,

- Before, After and Vacation Care fees are reviewed yearly, and families will be notified of any changes.
- OSHC fees are charged a week in arrears and payable every week via direct deposit, QKR or Eftpos to the OSHC
- Late collection fees past 6pm may apply and will be at the Directors discretion. Refer to the Fee Policy Statement for a breakdown of the charges.
- When a child is continually collected late, it is at the discretion of the Director that alternate care options may be discussed
- Families who cannot afford fees are encouraged to discuss this with the OSHC Director and will be assisted where possible and/or provided with information on other avenues of financial support, to continue to access the service. When fees are not paid;
- After 7 days-a polite reminder will be forwarded to the family.
- After 14 days – second reminder, advising that bookings may be cancelled if not paid within 7 days
- After 21 days-if no payment arrangements have been made, or arrangements not kept-bookings will be cancelled. If not further payments or plan are made the account will be forwarded to the collection agency.

Parent/Guardian/Approved Person

Signature \_\_\_\_\_ Date \_\_\_\_\_



Welcome to SPIKE,

Use this link <https://hendon.spike.economicoutlook.net/clients/> or you can use your phones camera app to scan the QR code below.



You will be directed to the log in screen.

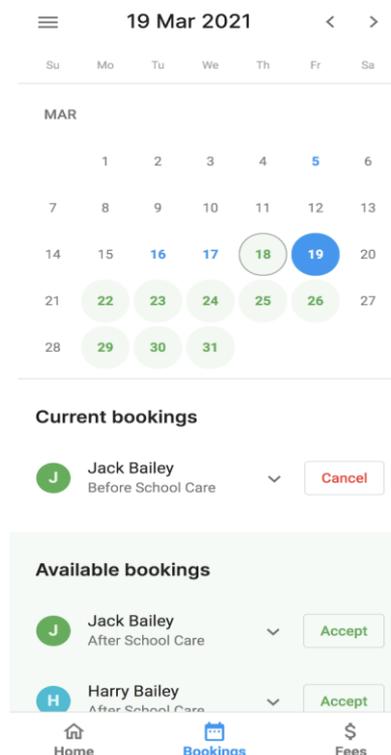
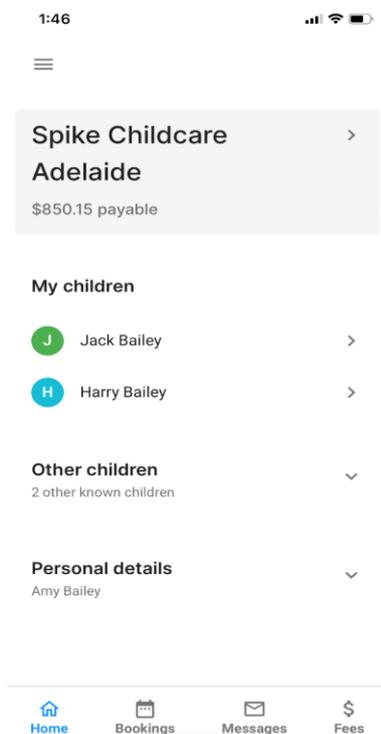
Your username is your email address, and your password is your PIN that you use to sign in and out of the service. If your pin does not work or if you have not been allocated a PIN click on 'reset your password'.

You will receive an email from Economic Outlook with the subject 'reset password'.

You can then log in using your email address and your new password.

You will then be guided to install the app.

Here's some of what you will see ....



The bookings screen above right displays your child's current bookings (in blue)

## Messages

**Harry BAILEY**  
Note a minute ago by Spike Help Desk

Harry had a great time playing in the sand pit today 😊

**19 Nov 2021**  
Activity 4 days ago by Spike Help Desk

**Friday in the Kindy room**  
Today in the Kindy room we were mini beast detectives.

Home Bookings **Messages** Fees

## Tax invoices

September 2021

19 SEP Spike Childcare Adelaide  
\$0.00 payable

March 2021

07 MAR Spike Childcare Adelaide  
\$50.00 payable

October 2020

18 OCT Spike Childcare Adelaide  
\$0.00 payable

September 2020

27 SEP Spike Childcare Adelaide  
\$0.00 payable

[Show more](#)

**Payments and fees**

05 Sep - 30 Aug 2021

Home Bookings Messages **Fees**

The messages screen above left displays all messages, activities and alerts sent from your child's service. By selecting the contact service button, you can send messages, photos and PDF's to your service.

The fees screen above right displays all your tax invoices, childcare fees, CCS payments and receipts.

**Please Note: Only the account holder can access the parent app 😊**

## Medical Communication Agreement

This plan has been developed between Ali Dick (Director) and \_\_\_\_\_ to outline the avenues of communication between families and the OSHC service and to ensure that all parties involved are aware of the **Medical Conditions Policy**.

Communication about the management of diagnosed medical conditions	Details	Timeframe	Person Responsible	Initial
Families	<ul style="list-style-type: none"> <li>Families are verbally informed about how the service manages the Medical Conditions Policy</li> </ul>	On enrolment	Director/Responsible Person	
Service Employees	<ul style="list-style-type: none"> <li>Educators are informed about the services procedures and policies in relation to managing children with diagnosed medical conditions</li> <li>Educators are aware of the children who are identified within the service</li> <li>Educators are familiar with the Health Action Plan and the Risk minimisation</li> </ul>	Orientation process  Ongoing	Director/Responsible Person  Director/Responsible Person/Educators/Families	
Families of children who have been diagnosed with a medical condition	<ul style="list-style-type: none"> <li>Implement all strategies identified in the Management of Medical Conditions Policy</li> <li>Families are encouraged to communicate with educators about their child's individual needs</li> </ul>	Upon learning of the condition and then annually or earlier if required	Director/Responsible Person/Educators/Families  Families	
Families of children who have been diagnosed with a medical condition and require medication at OSHC	<ul style="list-style-type: none"> <li>Families are aware that the child is unable to attend OSHC without their prescribed medication</li> <li>Medication must be in original packaging with correct dosage instructions</li> <li>Medication must be in date</li> </ul>	As required	Director/Responsible Person/Families	

Your child \_\_\_\_\_ will have their photo displayed and plan in an area accessible for all staff responsible for their education and care. I agree for an additional photo to be displayed in an area visible to educators and the OSHC community.

To comply with the Education and Care Services National Regulations your consent and agreement to the above communication plan is required.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



## **Individual Dietary Plan (non allergy)**

<b>Name of person completing the Individual Dietary Plan:</b>
Child's name:
Child's Date of birth:
<b>Does your child have any dietary needs? Please note if this is an allergy, ASCIA allergy forms need to be completed by your Dr.</b>
<b>Are there any particular foods that we need to be made aware of? Please list.</b>
<b>Are there any specific requirements regarding these foods E.g. no full cream milk, unless cooked</b>
<b>Any other relevant information?</b>

I agree for my child \_\_\_\_\_ photo and information to be displayed in an area visible to educators and the OSHC community

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Asthma Risk Minimisation Plan

<b>Child's Name</b>		<b>Date of Birth</b>	
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### Overview of Symptoms

<b>How often does your child experience asthma symptoms? Please tick all that apply</b>			
Infrequently (less than 5 times a year?)	<input type="checkbox"/>	Frequently (more than 5 times a year)	<input type="checkbox"/>
Weekly	<input type="checkbox"/>	Most days/daily	<input type="checkbox"/>
When exercising	<input type="checkbox"/>	When sick	<input type="checkbox"/>
Infrequently (less than 5 times a year?)	<input type="checkbox"/>	Frequently (more than 5 times a year)	<input type="checkbox"/>
<b>How do you recognise that your child is having an asthma attack? Please tick all that apply</b>			
Wheezing (whistling noise from the chest)	<input type="checkbox"/>	Difficulty with breathing	<input type="checkbox"/>
Coughing	<input type="checkbox"/>	Tightness in chest	<input type="checkbox"/>
<b>How do you recognise your child's asthma is worsening? Please comment</b>			
<b>What are your child's asthma triggers (things that make asthma symptoms worse)? Please tick all that apply</b>			
Exercise	<input type="checkbox"/>	Animals	<input type="checkbox"/>
Respiratory infections	<input type="checkbox"/>	Strong odours or fumes	<input type="checkbox"/>
Change in temperature	<input type="checkbox"/>	Chalk dust	<input type="checkbox"/>
Carpets in the room	<input type="checkbox"/>	Pollens	<input type="checkbox"/>
Food (please specify)	<input type="checkbox"/>	Moulds	<input type="checkbox"/>
Grass	<input type="checkbox"/>	Smoke	<input type="checkbox"/>
	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>

### Medication

Does your child tell you when they need asthma medication?	Yes	No
Does your child need assistance to take asthma medication?	Yes	No
Does your child take any asthma medication before exercise/play?	Yes	No
Does your child require scheduled asthma medication whilst at the centre?	Yes	No

<b>Please list both preventative and reliever medications below</b>			
<b>Medication</b>	<b>Dose (i.e two puffs)</b>	<b>Method (ie puffer/spacer)</b>	<b>Frequency</b>

Parent/Guardian Signed \_\_\_\_\_ Date \_\_\_\_\_

Director Signed \_\_\_\_\_ Date \_\_\_\_\_



**Individual Risk Minimisation Plan**

Risk Assessment for allergies, anaphylaxis, diabetes, epilepsy, other medical conditions and specific health care needs.

<b>Name of person completing the risk minimisation plan:</b>
Child's name:
Child's Date of birth:
<b>What are the conditions this risk minimisation addresses? E.g. foods, skin creams, environmental etc.</b>
<b>Risk: What are the issues and/or the actual/potential situations that could add to the risk of an incident occurring?</b>
<b>Strategy: What can be done about these risks? What resources do you need? What is the time frame for this to occur?</b>
<b>Who: Who needs to be included in the process? Why?</b>

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>OSHC Staff Use Only</b>	<b>Date</b>
Provided copy of individual risk minimisation plan to relevant educator/s	
Medical management plan is stored in medical folder and with relevant medication	
Location of medication is specified and known to educators	
Provided copy of risk minimisation plan and medical communication agreement to parent/guardians	
Other:	
Review Date:	



## **Individual Support Plan**

<b>Name of person completing the Individual Support Plan:</b>
Child's name:
Child's Date of birth:
<b>Does your child have a health care need, disability or diagnosis we need to be aware of?</b>
<b>Are there any triggers or behaviours we need to be aware of?</b>
<b>What strategies are effective in best supporting your child?</b>
<b>Are there any specific requirements or resources we need to have available for your child e.g. particular foods for snack, wobbly chair, sensory items</b>

Your child \_\_\_\_\_ will have their photo and information displayed in an area accessible for all staff responsible for their education and care.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

