

# Modbury West OSHC & VAC Enrolment Forms 2020

ENTERED

Date

By

*The information required below is for the person who is the enrolling parent/caregiver only.  
Other related adults can be written on individual Child Forms*

ACCOUNT NAME: \_\_\_\_\_

*Normally the eldest child's Surname*

POSTAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_ P/C: \_ \_ \_ \_

PARENT CRN #: \_\_\_\_\_  If already  
supplied tick box

## Parent/caregiver

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Contact Details

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I would like my invoices emailed to this address YES or NO**

All printed invoices will incur a \$2 administration fee.

## Associated Children

**Indicate all children associated with this account; first and Surnames**

Total number of children in OTHER paid care \_\_\_\_\_

*Please note: If this changes from week to week, it remains your  
responsibility to notify our service.*

Have you been assessed by the FAO for the care you  
require? Phone **13 61 50** to check if unsure.

They may be able to assist financially with your account.

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

# DECLARATION

## FEES & ACCOUNTS

I accept full responsibility to pay the required fees for my child's booked care during OSHC and Vacation Care as per the service fee policy.

I understand that Accounts will be raised in relation to the booking information supplied at the commencement of enrolment and only superseded by updating this information

I understand that Accounts are generated on a weekly basis

I understand that OSHC Accounts are a "7 Day Notice" Account; any account not paid within this period will be deemed "Overdue"

I understand that a deposit MUST be paid for all Vacation Care periods and is dependent on the number of days attending.

I understand that failure to maintain the Account will result in it being transferred to a Collection Agency and that I will be responsible for recovery costs.

## CHILD INFORMATION

OSHC staff may be at times required to exchange information relating to my child with school staff and to the appropriate authorities in an emergency and for special needs purposes (Inter Vac, Inclusion SA, DEDS, Speech pathologist etc)

## INSPECTION FOR HEADLICE

I give permission for OSHC staff to check my child's hair for head lice. I understand any checks will be conducted sensitively. If head lice is suspected the parent will be notified upon collecting the child. The child must be treated before returning and if not the child may be sent home. I understand that I will need to collect my child, if OSHC supervising staff believes that my child has head lice.

## SUN PROTECTION

OSHC follows the guidelines of Modbury West Schools Governing Council which recommend children wear hats while outside. It is OSHC and School Policy that hats are to be legionnaire, wide brim or bucket style; any other hat is not acceptable.

I understand that sunscreen is encouraged and that younger children will be assisted in its application, where appropriate.

I understand that on commencement of regular enrolment my child will be issued with an OSHC hat free of charge.

I understand that if my child arrives at OSHC or Vacation Care without the required hat then a Modbury West OSHC hat will be issued and a fee charge to my account; the hat fee is \$7.50. If you do not wish this to happen you must indicate to the Director and your child will be excluded from play and be required to sit within a shaded area deemed appropriate by the Director. In the event that an excursion is planned then the child will not be able to attend; parents will be contacted and immediate collection is required for alternative care.

## MEDICAL EMERGENCY

In the event of a medical emergency, OSHC staff will call an ambulance, in line with the standard first aid training. I understand that I am responsible for the costs 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 evaluations.*

*May be disclosed to the Commonwealth and State government departments and agencies.*

*May otherwise be disclosed without consent where authorized or required by law.*

## POLICIES OF OSHC

I agree to abide by all policies of Modbury West OSHC service

I understand that I have full access to policies, which form part of the binding agreement between Modbury West OSHC and the undersigned

I know where the policies are located and understand that I may request a copy of a particular policy of interest if required.

I understand that I have the opportunity to be involved with the policy development and review.

It is the parents/caregivers responsibility that all the information contained in the enrolment form is kept up to date throughout the year. It is a requirement that a new form is completed on an annual basis. It is also the parents/ guardians responsibility to inform OSHC staff of any relevant and useful information that is in relation to the child and their family's health and welfare.

I am the enrolling parent and declare that I have read and clearly understood all of the above:

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE / / 2020

### OFFICE USE ONLY

Enrolment form understood? if yes Parent Signature \_\_\_\_\_ Staff Signature \_\_\_\_\_

# Modbury West OSHC & VAC CHILD DETAILS – 2020

ENTERED	
Date	By

CHILD CRN #: \_\_\_\_\_  If already supplied tick box  
This is different to parents

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth:     /     /

Gender: Male     or     Female

## COLLECTION AUTHORITY & EMERGENCY

*Enrolling Parents/Caregivers need not complete their own details in this section.*

It is very important that you tell these people you have nominated them as emergency contacts. In nominating them you give them authority to act on the child's behalf if neither parent can be contacted. Siblings must be 16yrs + to collect their younger siblings (unless arranged with the director).

### ADULT 1

First Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Surname: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Allowed to Collect  Emergency Contact   
please tick

### ADULT 2

First Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Surname: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Allowed to Collect  Emergency Contact   
please tick

### ADULT 3

First Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Surname: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Allowed to Collect  Emergency Contact   
please tick

### ADULT 4

First Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Surname: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Allowed to Collect  Emergency Contact   
please tick

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## GENERAL INFORMATION

please Circle

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Primary language spoken at home? \_\_\_\_\_

What is your Childs religious/ Cultural background? *(if applicable)* \_\_\_\_\_

Is your Child of Aboriginal or Torres Strait Islander decent?

YES

NO

Is your Child's immunisations up to date? *This may impact upon CCS entitlements*

YES

NO

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## SPECIAL MEDICAL & DIETARY INFORMATION

Has your child been diagnosed with a medical condition? *If you select yes and your child has an allergy, anaphylaxis, asthma, or is required to take medication the family must submit the necessary plans and agreements associated with the condition to the satisfaction of the National Regulations, Division 3 Medical Conditions Policy, medication must be supplied to the service in original containers with child's name clearly marked before enrolment will be accepted.*

YES

NO

Does your child have behavioural or additional needs that does require medication management?(E.g. ADHD,non-responsive, uncooperative) *If yes please specify. Further documentation maybe required before enrolment is accepted.*

\_\_\_\_\_

YES

NO

Does your child have any dietary requirements not related to allergies? *If yes please specify.*

YES

NO

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## PERMISSIONS

these are specific to each child

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### CHILD PARTICIPATION

I give permission for my child to engage in **G & PG** rated movies/music/games during the program.

YES

NO

I give permission for my child to engage with some **M** rated movies/music/games once the Director has determined their suitability.

YES

NO

I give permission for my child's photograph to be taken and used for display purposes both within the OSCH/Vac buildings and for the OSHC/Vac and Modbury West School Newsletters & Yearbook.

YES

NO

Is there any further information that you wish the Service to be aware of that may not be covered within this enrolment form? *Please indicate below.*

\_\_\_\_\_

YES

NO

Are there any **access restrictions** the service should be aware of?  
*If so please indicate and attach a copy of supporting documentation*

\_\_\_\_\_

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YES

NO

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