



Saint Ignatius' College - Junior School - Out of School Hours Care

Enrolment Form *This information is confidential and will be available only to supervising staff.

Family Name	Family Name	Family Name
Child's Name <small>Preferred Name</small>	Child's Name <small>Preferred Name</small>	Child's Name <small>Preferred Name</small>
Address Postcode:	Address Postcode:	Address Postcode:
Birth Date M / F	Birth Date M / F	Birth Date M / F
Do you speak a language other than English at home? Yes No	Do you speak a language other than English at home? Yes No	Do you speak a language other than English at home? Yes No
If yes, which language/s?	If yes, which language/s?	If yes, which language/s?
Room Number/ Class Teacher	Room Number/ Class Teacher	Room Number/ Class Teacher
Child's CRN Number	Child's CRN Number	Child's CRN Number

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

Parent/Guardian Name	Parent/Guardian Name
Address	Address
Home Phone	Home Phone
Occupation Work Phone.	Occupation Work Phone.
Mobile	Mobile
Birth Date	Birth Date
Parent CRN Number	Parent CRN Number
Email: Would you prefer the weekly invoice emailed to you? <input type="checkbox"/> Yes@..... <input type="checkbox"/> No	Email: Would you prefer the weekly invoice emailed to you? <input type="checkbox"/> Yes@..... <input type="checkbox"/> No

*** Emergency Contacts (If parent/guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)**

1. Name	2. Name	3. Name
Address	Address	Address
Phone	Phone	Phone
Mobile	Mobile	Mobile
Relationship to the child	Relationship to the child	Relationship to the child

*** Other people Authorised to collect child/children (e.g. special arrangements for social/sporting events)**

1.Name	Address	Phone
2.Name	Address	Phone
3.Name	Address	Phone

Please list any **Cultural/Religious requirements?**
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*** 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 child/children?

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

Comments.....

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/children

OUT OF SCHOOL HOURS CARE
INFORMATION FOR PARENTS

Child participation

I give permission for my child/children to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I understand it is my responsibility to advise staff if I do not wish my child/children to participate in a particular activity.

Child Information

I give permission for OSHC staff 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 staff requires written permission, for my child/children to travel alone, to and from the OSHC service. I am aware that the Director/Qualified staff will sign my child/children in and out of the service and the arrival and departure times will be noted.

Signing in and out

I understand that I must sign my children in and out of the program each morning and evening. I am aware that I must inform OSHC staff members when I am collecting my child/children from care.

School policy states that any child on school grounds prior to 8.15am and after 3.35pm will automatically be booked into the O.S.H.C program. Fees will apply as per fee schedule.

Photo consent

I consent to photographs (still or video) being taken of my child/children, as part of the OSHC program. I agree these images may be displayed around the OSHC service, on display boards, in newsletters and within the College.

Work Consent

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.

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 the responsibility of the parent to inform the OSHC staff of the child's behaviour needs.

(A copy of the behaviour management process is available in the OSHC Policies)

I am aware that any child displaying disruptive behaviour or jeopardising the welfare and safety of others will have their parents notified and/or their enrolment reconsidered by the Head or Deputy Head of the Junior School.

***Information to Parents**

I have read the OSHC 'Information for Parents' and agree to comply with the OSHC service policies and procedures outlined.

Parent/Guardian signed..... **Date** / /20...

Full information regarding guidelines on the Out of School Hours Care Program is available in the OSHC Policies and Procedures, which are located in the OSHC room for you to view.

Permission to inspect for Head Lice

I give permission for OSHC staff 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 and confidentially.

I understand that I need to administer effective treatment prior to the child returning to the school the next day.

Sun Protection

OSHC supports the schools 'No Hat No Play Policy' during Term 1, 3 and 4. I understand that if my child does not have a hat he/she will spend playtime in a shaded area.

Sun block will be used in accordance with the OSHC Policies and procedures.

Fees

I agree to pay the required fees for my child/children. I understand the schedule and that fees are strictly payable within 7 days of the account being issued. I am aware that accounts must be brought to a nil balance at the end of each term.

Medical Emergency

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

Videos

PG movies may be shown during O.S.H.C and Pupil Free days. Please see the Director if you wish to see the titles of these movies or if you would rather your child did not view these.

Privacy Act

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

- Is collected for the purpose of registration, program planning, preparing statistic, 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.

Saint Ignatius' College OSHC
Outdoor Exploration consent form

I give permission for my child/ren (insert name/s)

.....

to explore the Ignatius Early Years creek-bed on various occasions during after school care, with an OSHC educator in a small group.

I understand that the children may also explore areas within the Junior School grounds including the garden beds and the hill by the Junior Primary playground.

I am aware that a risk assessment has been conducted and is available for me to see on request.

Parent/guardian name.....

Signed

Date



CONFIDENTIAL

MEDICAL AND HEALTH INFORMATION - ONE FORM PER CHILD

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

Family Name	Child's Name	Date of Birth
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Medic Alert Number (if relevant) _____ Review Date _____

Health Support

***Has your child received all scheduled immunisations? NO / YES**
(Please note: if not your child may need to be excluded from OSHC during outbreaks of some infectious diseases)

***Do you have an Exemption letter? NO / YES**

*** Does your child have a health care need that could affect their safety at Out of School Hours Care?**

- NO**
 YES If YES, please tick the boxes below that show your child's health care needs

Asthma									
Is your child under a health care plan for Asthma?									
Epilepsy									
Heart Disorder									
Vision Impairment									
Seizures/ convulsions									
Please state Allergy									
Diabetes									

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?**

- If No, staff will provide standard supervision for safety and first aid
 If YES, write down what you have attached (e.g. asthma care plan, allergy care plan etc.)

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	Clinic Name
Address	Phone Number

(*)This information will be used by supervising staff and is a requirement for the *South Australian Standards for OSHC*

*** Are the 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 _____

Out of School Hours Care



BOOKING FORM

FAMILY NAME _____

CHILD'S NAME _____

Regular days:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

FAMILY NAME _____

CHILD'S NAME _____

Regular days:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

FAMILY NAME _____

CHILD'S NAME _____

Regular days:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

FAMILY NAME _____

CHILD'S NAME _____

Regular days:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Please indicate if your child has any co-curricular activities after school and inform staff of any changes to these throughout the year.
