2023 - Para Vista OSHC Enrolment Form - **New Child**

CONFIDENTIAL: RESTRICTED ACCESS

PARA VISTA OSHC & VACATION CARE

PARA VISTA PRIMARY SCHOOL

351 Montague Road, Para Vista SA 5093 | PH: 0408196535

CHILD DETAILS

First Name: _____ Family Name: _____

Preferred name if different from above: _____

Gender: Male / Female / Other

Date of Birth: _____ / _____ / _____

CRN (Centrelink reference number—Different to parents): ☐☐☐☐☐☐☐☐☐☐

Address: _____

Suburb/town: _____ Post Code: _____

Attending: Para Vista Primary School ☐ Para Vista Pre-School ☐

OTHER:_____

ACCOUNT HOLDER/BILLING DETAILS

First Name: _____Family Name: _____

Date of Birth: ____ / ____ / ____ Relationship to Child: _____

Priority contact in an emergency? First/Second

CRN:(Centrelink reference number) ☐☐☐☐☐☐☐☐☐☐

Email address: _____

Phone: (H) _____ (W)_____ (M)_____

Address: _____

Suburb/town: _____ Post Code: _____

OTHER PARENT/GUARDIAN (if applicable) Relationship: _____

First Name: _____Family Name: _____

Phone: (H) _____ (W)_____ (M)_____

Email address: _____

Priority contact in an emergency? First/Second/None

OTHER CHILDREN IN CARE

I am claiming Child Care Benefit at other approved Child Care Services (including LDC, OSHC, FDC, IHC, OCC) for this amount of children: ☐

PARENTING PLANS/ORDERS (relating to this child):

_____

_____

OTHER PRIORITY CONTACTS AND COLLECTION AUTHORITIES

Complete in the order that you would like contacted in an emergency if you and the other parent/guardian listed cannot be reached.
***Must be adults over the age of 18.**

Priority 1

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

Priority 2

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

Priority 3

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

List any other collection authorities that are not priority contacts below.

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

Full Name: _____ Relationship: _____

Phone: (H) _____ (W)_____ (M)_____

MEDICAL HEALTH INFORMATION

Has the child received all immunizations appropriate for his/her age? **Yes / No**
If No, please give details:

_____

_____

I accept full responsibility if my child is not immunized.

Parent/guardian signature:

Has the child any conditions that may be effected by OSHC activities? **Yes / No**

If Yes, please give details and management strategies: (e.g. Asthma - Ventolin)

_____

_____

Has the child any additional / special needs? **Yes / No**

If Yes, please give details:

_____

_____

Does the child usually require special aids? **Yes / No**

If Yes, please give details: (e.g. hearing aid, glasses)

_____

_____

Has the child any special dietary needs not related to allergies? **Yes / No**

If Yes, please give details: (E.g. Vegetarian, vegan)

_____

_____

Has the child suffered any illness that may re-occur? **Yes / No**

If Yes, please give details:

_____

_____

*If you have answered yes to any of the medical conditions please ensure a risk minimization and communication plan is completed in consultation with the Director.

Has the child any kind of allergic reactions? **Yes / No**

If Yes, please give details: (include what they are allergic to, the reaction and medication that needs to be used)

Allergy	Reaction	Medication

Is there any other medical information we might need to know? **Yes / No**

If Yes, please give details:

_____

_____

NOTE: All medication must be supplied in original packaging with a chemist label stating the child's name and dosage. The service must also be provided with a copy of the child's medical action plan from a doctor before the child starts at the service.

I give permission for a staff member with first aid training to administer the above medication provided to the service for the prescribed child.

Please sign:

Doctor's Name: _____ Phone:_____

Clinic Name: _____

Address: _____

Dentist's Name: _____ Phone: _____

Clinic Name: _____

Address: _____

Medical Benefits cover with:

Ambulance cover with:

Medicare Number:

Health Care Card Number:

CHILD'S NAME:

About Your Family

Who would you say make up your immediate family? (E.g. Mum, Dad, Grandma, Grandpa and other siblings

What is your cultural background? (India, Sudan, Wales, New Zealand etc.)

We have a world map sharing all of our children's family backgrounds so we'd love to have your child included too.

What cultural or religious holidays do you celebrate at home?

Does your family speak any languages other then English? Yes / No
If yes, which languages?

As part of out OSHC Community we encourage families to share their background with the OSHC service. **Please list any interests or expertise you would be willing to share with the service (E.g. cultural, occupational, hobbies)**

Are you of Aboriginal or Torres Strait Islander origin ? Yes / No

If yes, please elaborate.

About your child

My child's favourite things to do are….

My child's favourite foods are….

Is there any other information about your child or family we should know to better cater to your needs?

IS THERE ANYTHING ELSE WE NEED TO KNOW?

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BOOKINGS

For permanent bookings please indicate with an **X** the days that your child **will be** attending the service ensuring you list a start date if it will not be the first week of school commencing.

NOTE: Vacation Care bookings are made with a separate enrolment form attached to the vacation care program. Pupil Free Day bookings are also made separately.

PERMANENT: ☐ OR CASUAL: ☐

WEEKLY: ☐ OR FORTNIGHTLY: ☐

Please complete for **weekly** bookings that will be the same each week:

Starting first week of school: ☐ OR other date : _____

	MON.	TUES.	WED.	THURS.	FRI.
BSC					
ASC					

Please complete for **fortnightly** bookings that will alternate weeks:

ODD WEEKS (Starting week 1) Please indicate if start date differs: _____

	MON.	TUES.	WED.	THURS.	FRI.
BSC					
ASC					

EVEN WEEKS (Starting week 2) *Please indicate if start date differs: _____

	MON.	TUES.	WED.	THURS.	FRI.
BSC					
ASC					

CONSENTS

Please initial to indicate that you give permission for your child in the following areas:

I give permission for staff to observe and record interactions and activities my child takes part in for programming and developmental purposes. **INT……..**

I give permission for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate. E.g. OSHC room displays and the school newsletter. **INT……..**

I give permission for OSHC provided sunscreen to be applied should my child not have their own sunscreen. I also give permission for staff to assist with application if required. **INT……..**

I give permission for my child to watch movies and play games rated 'PG' under the supervision and guidance of staff. **INT……..**

I understand that if at any time the staff consider that my child requires emergency medical assistance they will call for an ambulance and I will be liable for the expenses incurred in the treatment of my child. **INT……**

I understand that if I do not provide my child with an appropriate hat for outside activities when required they will not be able to participate in those activities. **INT……..**

I understand that my child is not to bring a mobile phone to the service. If found it will be confiscated until the child is collected and returned to the parent/guardian. **INT……..**

I am aware that cancellation of care during the school term must occur with at least 48 hours notice in order not to be charged. A half fee will apply if cancellation occurs between 24 hours and 48 hours prior or if my child is sick and a medical certificate is supplied. **INT……..**

I have made the service aware of any changes to my enrolment details and my child's medical information. If my child requires medication I have provided medical action plans for the administration of the medication. I have provided all required medication in original packaging with a chemist label stating the child's name, dosage and administration instructions. **INT……..**

AGREEMENT

I agree to pay the required fees for my child's bookings within one week of the care provided. Overdue fees will be sent for debt collection and any fees incurred will be charged in addition to my overdue fees.

I accept the services policies and procedures and will ensure my child and I follow them. I agree to staff with first aid training to administer first aid to my child if the need arises.

I understand that Vacation Care and pupil free day bookings are separate from during the school term and I am responsible to book my child in for care if required.

Parent/Guardian signature: _____ **Date:** / /

Director signature (if accepted): _____ **Date:** / /

ALL-ABOUT-ME ROBOT

MY NAME IS:

_____

Write your name here.

Draw a picture of yourself here.

I AM SPECIAL BECAUSE:

FUN FACTS ABOUT ME

- MY TEACHER IS: _____
- MY BIRTHDAY IS: _____
- THE MEMBERS OF MY FAMILY ARE: _____
  _____
  _____
- WHEN I GROW UP, I WANT TO BE: _____
  _____

I HELP OTHERS BY:

FAVORITE COLOR:

SOMETHING I LIKE TO DO AT SCHOOL IS:

SOMETHING I LIKE TO DO AT HOME IS:

FAVORITE FOOD:

FAVORITE ANIMAL:

FAVORITE BOOK: