



PARA VISTA OSHC & VACATION CARE

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

CHILD DETAILS

Family Name*: _____

First Name*: _____ Middle Name*: _____

Known as*: _____ Gender*: **M / F / Other**

Date of Birth*: ____ / ____ / ____

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

Address: _____

Suburb/town: _____ Post Code: _____

School*: Para Vista Primary - Class _____ Para Vista Pre-School

OTHER: _____

ACCOUNT HOLDER/BILLING DETAILS

Family Name*: _____ First Name*: _____

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

CRN*:(Centrelink reference number)

Email address*: _____

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

Address*: _____

Suburb/town: _____ Post Code: _____

OTHER PARENT/GUARDIAN (if applicable) Relationship: _____

Family Name*: _____ First Name*: _____

Phone*: (M) _____ Date of Birth*: ____ / ____ / ____

Email address*: _____

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 EMERGENCY CONTACTS:

Full Name*: _____ Relationship: _____

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

Full Name*: _____ Relationship: _____

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

It is important that you tell these people you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until he/she can be returned home.

COLLECTION AUTHORITIES/PRIORITY CONTACT*

Please nominate the people who have authority to collect your child (including yourself) in order as well as specifying the order in which you would like people to be contacted in an emergency. If you do not wish for a person to be contacted in an emergency please mark their box with a X. All persons must be adults.

Name: _____ Phone: _____ Priority:

Name: _____ Phone: _____ Priority:

Name: _____ Phone: _____ Priority:

Name: _____ Phone: _____ Priority:

Name: _____ Phone: _____ Priority:

Name: _____ Phone: _____ Priority:



CHILD'S NAME:

MEDICAL HEALTH INFORMATION**

Has the child received all immunisations appropriate for his/her age? **Y / N**

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? **Y / N**

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

Has the child any additional / special needs? **Y / N**

If Yes, please give details:

Does the child usually require special aids? **Y / N**

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

Has the child any special dietary needs not related to allergies? **Y / N**

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

Has the child suffered any illness that may re-occur? **Y / N**

If Yes, please give details:

**If you have answered yes to any of the medical please ensure a management / support plan is completed in consultation with you doctor (if required) and the Director.

Has the child any kind of allergic reactions? **Y / N**

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? **Y / N**

If Yes, please give details:

NOTE: Please supply the service with required medications in original containers with child's name clearly marked. The service must also be provided with a copy of the child's health action plan with the medication before the child starts at the service.

I give permission for a staff member with senior first aid training to administer the above mentioned medication provided to the service by his/her parent/guardian 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? (eg Mum, Dad, Grandma, Grandpa and other siblings)

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

At OSHC we have a world map tracking all our members family backgrounds we'd love to have your child's name up there with everyone else.

What cultural or religious holidays do you celebrate at home?

Does your family speak any languages other than English? Y / N
If yes which languages?

As part of our 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 (inc cultural, occupation, hobbies ect)?**

Are you of Aboriginal or Torres Strait Islander origin? Y / N
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?

CHILD'S NAME:

BOOKINGS*

Please indicate with an **X** the days that your child **will be** attending the service ensuring you list a start date and if the booking is casual or permanent.

NOTE: Vacation care is booked in with a separate enrolment form attached to the vacation care program.

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

FROM: ____ / ____ / ____ UNTIL (if applicable): ____ / ____ / ____

CASUAL: PERMANENT: WEEKLY: FORTNIGHTLY:

ENROLMENT CHECKLIST

Please sign to indicate you have been made aware of/have been given the following information/forms. Have you:

- Received a parent information booklet?
- Been introduced to key staff and shown around the center?
- Been made aware of your responsibility regarding signing in/out children?
- Been made aware of your responsibility regarding paying including how to receive/read accounts and how to pay accounts?
- Been made aware of payment deadlines and the process if my account is not paid on time?
- Been made aware of the OSHC Management committee?
- Been made aware of where you can access the OSHC program as well as other important information such as health warnings?
- Been made aware of OSHC policies and where you can access them?

CONSENTS*

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

I consent for my child to take part in supervised walking excursions within the local area as part of the centre's program. **INT.....**

I consent for the centre's staff observe and record interactions and activities my child may take part in to be viewed by myself and family only. **INT.....**

I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate. **INT.....**

I consent for the centre's staff to apply sunblock to my child if required. **INT.....**

I consent for the centre's staff to apply insect repellent to my child if required. **INT.....**

I consent for my child to be taken by an ambulance to the local hospital if required. **INT.....**

I consent to PG rated movies being shown at OSHC at the discretion of the director. **INT.....**

I consent to my child being supplied a hat by the service at an **additional charge of \$7** if I do not provide an appropriate sun smart hat. (NO BASEBALL CAPS) **INT.....**

AGREEMENT*

I agree to pay the required fees for my child's booked childcare hours within two weeks of the invoice being created. 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 I and my child follow them. I agree to staff with senior first aid training to administer first aid to my child if the need arises.

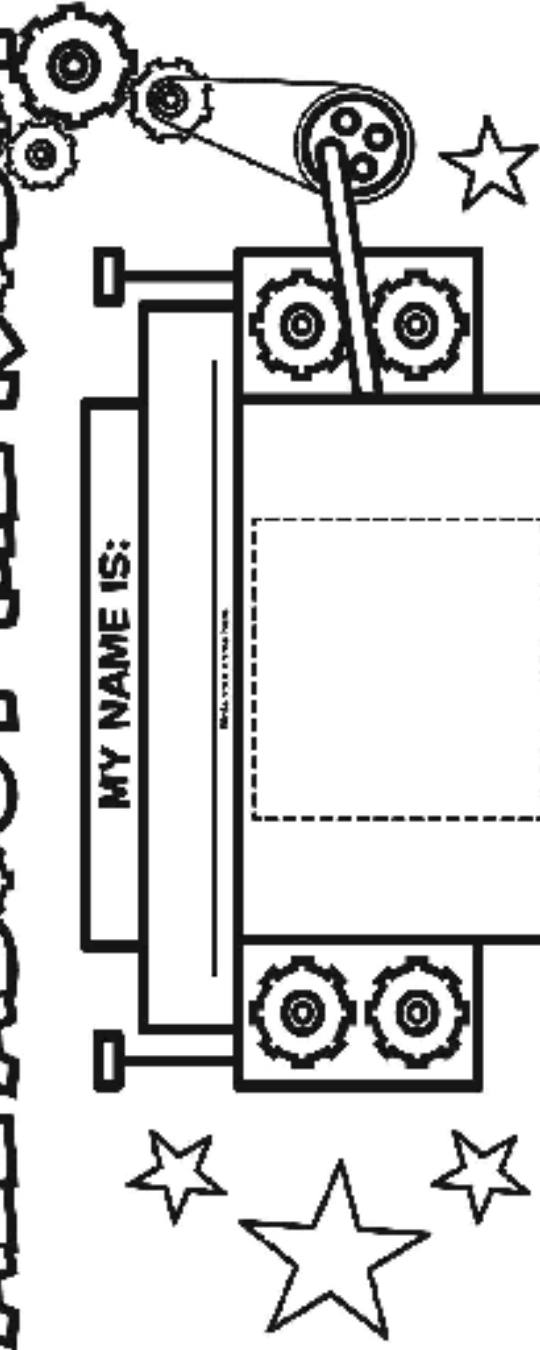
I understand that if at any time the staff of the service consider that my child requires emergency medical/hospital/ambulance assistance, they will call for an ambulance to attend my child and that I will be liable for the expenses incurred in the treatment of my child.

I understand that vacation care runs separately to ASC and BSC and that I am responsible to book my child in for any care necessary over the holidays.

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

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

ALL-ABOUT-ME ROBOT



I AM SPECIAL
BECAUSE:

FUN FACTS ABOUT ME

I HELP
OTHERS BY:

⚙ MY TEACHER IS: _____

⚙ MY BIRTHDAY IS: _____

⚙ THE MEMBERS OF MY FAMILY ARE: _____

⚙ WHEN I GROW UP, I WANT TO BE: _____

FAVORITE COLOR:

SOMETHING I
LIKE TO DO AT
SCHOOL IS:

SOMETHING
I LIKE TO DO
AT HOME IS:

FAVORITE FOOD:

FAVORITE ANIMAL:

FAVORITE BOOK:

