



Outside School Hours Care Permission and Agreement Details

(Please tick the appropriate boxes to signal your agreement)

- I give my consent to the information contained in this document being available to the Support Worker/s employed to work with my child on the Outside School Hours Care Program. I understand this information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child.
- I agree to notify the Coordinator, in writing, of any change in circumstances from the details as outlined in this enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
- I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB, providing my/our date of birth and providing parent and child Customer Reference Numbers.
- I agree to inform the Coordinator/Team Leader of any absence of my child as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the service policy.
- I understand that the nature of the activities will include, but is not limited to, centre based activities/community outings/meal times and that risk may arise during these activities. I understand that I will receive a separate permission form for any excursions.
- I agree to pay for all fees (including excursion costs) of the days that my child attends the program. I understand that 48 hours notice of non-attendance must be given otherwise I will be liable for, and charged, for the booked sessions. I also agree to pay a late pickup fee of \$1/minute/per child.
- I authorise OSHC staff to provide any required first aid and to facilitate medical attention in the event of an emergency. I give permission for OSHC staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child and I accept responsibility for payment of all expenses associated with such treatment.
- I authorise OSHC staff to liaise with other health/medical professionals in relation to the care of my child.
- I agree to keep my child from attending the program should he/she be experiencing any illness or contagious disease.
- I give permission for OSHC staff to assist my child to apply a SPF 30+ sunscreen prior to outdoor activities.
- I give permission for staff to take photos of my child to record important events and special activities as part of the program. I understand that these photos will be displayed for the families to see and will also be used for the purposes of programming and evaluation.
- I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
- I agree to receive promotional material, programs, newsletters and/or account statements via email as listed below.
- I agree and will encourage my child/ren to participate in all areas of the OSH program such as regular homework and sports-coaching activities.
- I agree to adhere to the services Outside School Hours Care (OSHC) provides as outlined in the Policies and Procedures document.