

St Peters Outside School Hours Care Springfield

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OSHC Enrolment Form 2017

Dear Parent/Guardian,

Welcome to St Peters Lutheran College OSHC Springfield! To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. We understand that paperwork can be time consuming however this information will help us to provide individualised care that meets the specific needs of your child. Details collected are confidential and will be handled as per our Privacy Policy.

Please ensure you have read the **Outside School Hours Care Handbook** carefully *prior* to signing the enrolment agreement as this agreement is a binding contract and outlines your commitment with regards to:

- Providing current and accurate information about your child
- Notifying the Service of any changes that may impact on your child/ren's needs or our provision of care
- Ensuring your contact details remain current at all times
- Regular payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed. Please do not hesitate to ask for assistance when completing the enrolment form as we are more than happy to help.

DETAILS OF CHILD – 1	
Full name:	Surname:
Date of birth:	Gender: M F
Place of birth:	Ethnicity:
Home address:	
	Postcode:
Home phone:	Child's CRN:
Home language:	Aboriginal/TSI origin: Yes No
DETAILS OF CHILD – 2	
Full name:	Surname:
Date of birth:	Gender: M F
Place of birth:	Ethnicity:
Home address:	
	Postcode:
Home phone:	Child's CRN:
Home language:	Aboriginal/TSI origin: Yes No
DETAILS OF CHILD – 3	
Full name:	Surname:
Date of birth:	Gender: M F
Place of birth:	Ethnicity:
Home address:	
	Postcode:
Home phone:	Child's CRN:
Home language:	Aboriginal/TSI origin: Yes No
MEDICAL INFORMATION OF CHILD – 1	
Please note that if your child has a long term/ongoing condition such as Asthma, Epilepsy or Anaphylaxis, we will require a Management Plan from your Doctor/Specialist detailing administration of medication and emergency procedures.	
Child's full name:	
Child's Medicare Number:	
Immunisation Status:	
Is your child's Immunisation up to date? Yes No I am a Conscientious Objector	

Copy of child's Immunisation Record attached	Yes	No
Does your child have any medical conditions? If yes, please provide details	Yes	No
Medical Conditions		
Anaphylaxis/allergies	Plan in place?	Yes No
Asthma	Plan in place?	Yes No
General health plan	Plan in place?	Yes No
Dietary requirements		
Food intolerance		
Any additional needs/development conditions		
Behavioural Requirements (Particular Behaviour Management Plan or practices you would like the Service to implement that are an important part of your child's lifestyle)		
Any additional requirements (We believe that collaboration with families help us provide the best possible care and education for your child. We would encourage you to maintain open communication during your time with us)		
Cultural, religious or additional requirements		
MEDICAL INFORMATION OF CHILD – 2		
Please note that if your child has a long term/ongoing condition such as Asthma, Epilepsy or Anaphylaxis, we will require a Management Plan from your Doctor/Specialist detailing administration of medication and emergency procedures.		
Child's full name:		
Child's Medicare Number:		
Immunisation Status:		
Is your child's Immunisation up to date?	Yes	No I am a Conscientious Objector
Copy of child's immunisation record sighted/attached	Yes	No
Does your child have any medical conditions? If yes, please provide details	Yes	No
Medical Conditions		
Anaphylaxis/allergies	Plan in place?	Yes No
Asthma	Plan in place?	Yes No
General health plan	Plan in place?	Yes No
Dietary requirements		
Food intolerance		
Any additional needs/development conditions		
Behavioural Requirements (Particular Behaviour Management Plan or practices you would like the Service to implement that are an important part of your child's lifestyle)		
Any additional requirements (We believe that collaboration with families help us provide the best possible care and education for your child. We would encourage you to maintain open communication during your time with us)		
Cultural, religious or additional requirements		

MEDICAL INFORMATION OF CHILD – 3		
Please note that if your child has a long term/ongoing condition such as Asthma, Epilepsy or Anaphylaxis, we will require a Management Plan from your Doctor/Specialist detailing administration of medication and emergency procedures.		
Child's full name:		
Child's Medicare Number:		
Immunisation Status:		
Is your child's Immunisation up to date?	Yes	No
Copy of child's immunisation record sighted/attached	Yes	No
Does your child have any medical conditions?	Yes	No
If yes, please provide details		
Medical Conditions		
Anaphylaxis/allergies	Plan in place?	Yes No
Asthma	Plan in place?	Yes No
General health plan	Plan in place?	Yes No
Dietary requirements		
Food intolerance		
Any additional needs/development conditions		
Behavioural Requirements (Particular Behaviour Management Plan or practices you would like the Service to implement that are an important part of your child's lifestyle)		
Any additional requirements (We believe that collaboration with families help us provide the best possible care and education for your child. We would encourage you to maintain open communication during your time with us)		
Cultural, religious or additional requirements		
FAMILY DETAILS		
First Parent/Guardian and CRN Holder	Second Parent/Guardian	
Full Name:	Full Name:	
Date of birth:	Date of birth:	
Relationship to child:	Relationship to child:	
Parent CRN:	E-mail address:	
Religion:	Religion:	
E-mail address:	Home phone:	
Home phone:		
Home address:	Home address:	
Postal address:	Postal address:	
Mobile phone:	Mobile phone:	
Workplace:	Workplace:	
Work phone:	Work phone:	
Occupation:	Occupation:	
Ethnicity:	Ethnicity:	
Home language:	Home language:	

LEGAL/COURT APPOINTED DOCUMENTS					
Should your child be named in any legal document that refers to a Custody arrangement or be protected by a restraining order, the Service will require a copy of these documents.					
Parenting Order/Plan: Yes No			Protection Order: Yes No		
EMERGENCY CONTACTS and AUTHORISED NOMINEES					
Please tick all options that apply for each contact					
Emergency Contact: a person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted					
Authorised nominee (collection): a person who has been given permission by a parent or family member to collect the child from the Service.					
Authorised nominee (medical): a person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child					
Authorised nominee (excursion): a person who is authorised to give the Service permission to take the child outside the Service premises.					
Contact 1			Contact 2		
Emergency Contact	Yes	No	Emergency Contact	Yes	No
Authorised Nominee (collection)	Yes	No	Authorised Nominee (collection)	Yes	No
Authorised Nominee (medical)	Yes	No	Authorised Nominee (medical)	Yes	No
Authorised Nominee (excursion)	Yes	No	Authorised Nominee (excursion)	Yes	No
Full name:			Full name:		
Relationship to child:			Relationship to child:		
Home address:			Home address:		
Home phone:			Home phone:		
Mobile phone:			Mobile phone:		
Contact 3			MEDICAL PRACTITIONER DETAILS		
Emergency Contact	Yes	No	Doctor's full name:		
Authorised Nominee (collection)	Yes	No	Medical Centre:		
Authorised Nominee (medical)	Yes	No	Address:		
Authorised Nominee (excursion)	Yes	No	Telephone:		
Full name:			Parent's Medicare number:		
Relationship to child:			Private health: Yes No		
Home address:			Preferred hospital:		
Home phone:					
Mobile phone:					
PARENT'S PERMISSION					
Permission for Service to act in case of an emergency					
I hereby authorise a representative of the Approved Provider (such as the Nominated Supervisor or an Educator) to provide appropriate emergency medical treatment for my child/ren and/or ambulance transportation should this be considered necessary, i.e. First Aid.					
Signature:			Date:		
Permission to apply Sunscreen					
I hereby authorise that an SPF 50+ Sunscreen can be applied to my child/ren's skin prior to outdoor play as per our Sun Protection policy. If your child is sensitive to specific sunscreens, we recommend providing their own.					
Signature:			Date:		

PERMISSION TO PHOTOGRAPH AND RECORD VIDEO FOOTAGE OF CHILD

(compulsory; if no permissions granted please tick 'none of the above')

Photos are taken of children by OSHC Educators and displayed in many ways within the Service. These can be accessed by parents. Please read the following and indicate your preference:

I hereby authorise representatives of the Approved Provider (such as the Nominated Supervisor or an OSHC Educator) to photograph and record video footage of my child and display their picture within the Service. In addition to this, I also permit the specific uses indicated below. I understand that the Service where authorised will use images at their discretion and at no time will my child's full name accompany a photograph.

- ☐ None of the options below; permission is limited to displays within the Service
- ☐ Photographs can be used in the OSHC newsletter
- ☐ Photographs can be used in QLECS newsletters (distributed to staff and families at Lutheran communities)
- ☐ Photographs can be used for advertising purposes within newspapers, for trade displays or local library
- ☐ Photographs and video can be displayed on the QLECS website; a website accessible by the general public
- ☐ None of the above

Signature: _____

Date: _____

PARENT/GUARDIAN PARTICIPATION

Please indicate any areas family members may be able to offer any assistance or wish to participate in. For example you may like to become involved in the Management Committee which comprises of members from the parent group, College and the Service. This group meets a minimum of four times per year. The QLECS Children's Services Manager (CSM) will also attend these meetings. Alternatively, you may have a particular skill you can share with the children.

PAYMENT ARRANGEMENTS

Families will be invoiced on a weekly basis. This invoice will include the fees for your child's OSHC attendance of the previous week. Accounts must be settled on a weekly basis, unless a different arrangement has been made through the OSHC office.

Fees can be paid as follows:

- In person: cash, cheque or Eftpos.
- Indirectly: credit card (direct debit) payments. We only accept Master Cards and Visa Cards. Please note that all credit card payments incur a 1% surcharge.

OSHC **DO NOT** offer B-Pay or bank deposit options for payment.

Please select your payment by circling one of the following:

Cash

Cheque

Eftpos

Credit Card (please complete the section below)

Full name (as it appears on the credit card): _____

Credit Card Type: Master Card Visa Card

Credit Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date: _____

I hereby authorise St Peters Lutheran College OSHC Springfield to collect payments for invoices owed by me relating to my child/ren Attending the Service. These payments will be collected by direct debit from the above credit card on the due date as stipulated on the weekly invoice.

Cardholder's Signature:

ENROLMENT AGREEMENT		
In consideration of enrolling my child/ren at St Peters Lutheran College Outside School Hours Care [OSHC] (referred to as the 'Service') I, the undersigned, hereby agree that:		
1.	I agree to enrol my child/ren in writing by completing the required Enrolment Forms.	
2.	I agree to book my child/ren into care by completing the necessary Booking Forms and/or notifying the Service in writing.	
3.	I understand that fees are payable weekly and a Late Penalty Fee of \$15.00 will be charged if payment is not made within 7 days after I have received the weekly invoice. I understand that if fees are not paid, my child's continued enrolment in the Service cannot be guaranteed.	
4.	I agree to notify the OSHC Coordinator promptly of any absences.	
5.	I understand that bookings will be removed if the correct notification procedure is followed. BSC, PEF & ASC requires 1 business day notification and VAC requires 5 business days notification in writing to avoid allocating any subsequent fees. In all other cases, even due to sickness, I agree to pay the full fee owed.	
6.	I understand that it is necessary to personally sign my child/ren in and out of the service as required for all care programs attended. If any person apart from the authorised nominees is to collect and sign my child/ren out, I agree to notify the OSHC Coordinator in writing.	
7.	I understand that my child/ren should not attend the Service should they be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council.	
8.	I understand that my child/ren may be excluded from the Service if their behaviour is unacceptable; a danger to themselves, others or the environment.	
9.	I agree to pay the Late Collection Fee should I/we drop off or pick up my/our child/ren outside of the Service's standard operating hours, as clearly outlined in the OSHC Family Handbook.	
10.	I agree to notify the OSHC Coordinator immediately and in writing of any changes in emergency contact details, addresses, telephone/contact numbers and/or authorised nominees.	
11.	I warrant that all information provided by me in this document, is correct and I accept the Terms of the Privacy Policy as stated in this document.	
12.	I agree to abide by the Policies and Procedures of the Service.	
13.	I understand that the Coordinator shall have the discretionary power to take all reasonable steps to provide appropriate medical attention for my child in case of an accident/emergency. Parents/guardians will be contacted as soon as possible and any costs incurred will be carried by the parents/guardians.	
<p>First Parent/Guardian – Name:</p> <p>Signature:</p> <p>Date:</p>		
<p>Second Parent/Guardian – Name:</p> <p>Signature:</p> <p>Date:</p>		

PRIVACY POLICY

1.	The Service collects personal information, including sensitive information about children and parents/guardians before and during the course of a child's enrolment at the Service. The primary purpose of collecting this information is to enable the Service to provide a high level of care for your child/ren.
2.	Some of the information we collect is to satisfy the Service's legal obligations, particularly to enable the Service to discharge its duty of care.
3.	Certain laws governing or relating to the operation of the Service require that certain information is collected. These include Public Health and Child Protection laws.
4.	Health information about children is sensitive information within the terms of the National Privacy Principles under the Privacy Act as of December 2001. We ask you to provide medical information about children at the beginning of each year and when circumstances warrant.
5.	The Service, from time to time, discloses personal information to others for administrative purposes. This includes government departments and medical practitioners.
6.	If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child/ren.
7.	Parents may seek access to personal information collected about them and their child/ren by contacting the Service.
8.	If you provide the College with the personal information of others, such as doctors or approved persons/contacts, we encourage you to inform them that you are disclosing that information to the Service and why, so that they can access that information if they wish and that the Service does not usually disclose the information to third parties.