



OSHC ENROLMENT APPLICATION

Return this completed form to the Junior School Administration Office

Please Note: Fees and charges are available on our website: www.woodcroft.sa.edu.au

THIS APPLICATION IS FOR:

Casual Booking Permanent Booking

CHILD'S DETAILS

Surname:
Given Names:
Preferred Name:
Date of Birth:
CRN:
 Male Female
Address:
.....
Postcode:

INDIGENOUS STATUS

Is your child of Aboriginal or Torres Strait Islander origin? (For persons of both Aboriginal and Torres Strait Islander origin, mark both 'yes' boxes.)

Yes No
 Yes, Aboriginal Yes, Torres Strait Islander

IN CARE ELSEWHERE

I am claiming Childcare Subsidy at other Approved Childcare Service/s which includes LDC, OSCH, FDC, IHC, OCC for this number of children:

PARENTING PLANS/ORDERS RELATING TO THIS CHILD (Please supply details)

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.....
.....

PRIVACY STATEMENT

1. The information collected in this form is governed by the Privacy Policy of Woodcroft College Inc.
2. If you wish to view the full Policy Information Collection Notification, please contact the College Privacy Officer.

PARENT 1 INFORMATION

Enrolling Parent with Centrelink CCS

Title: Dr Mr Mrs Ms Other.....
Surname:
Given Name:
Date of Birth:
CRN:
Relationship to Child:
Contact Priority: 1 2
Residential Address:
.....
.....Postcode:
Mailing Address:
.....
.....Postcode:
Home Telephone: Silent:
Home Email:
Work Telephone:
Personal Mobile:.....

PARENT 2 INFORMATION

Title: Dr Mr Mrs Ms Other.....
Surname:
Given Name:
Date of Birth:
Relationship to Child:
Contact Priority: 1 2
Residential Address:
.....
.....Postcode:
Mailing Address:
.....
.....Postcode:
Home Telephone: Silent:
Home Email:.....
Work Telephone:
Personal Mobile:.....

Vibrant • Innovative • Inclusive

An Independent Coeducational Anglican R-12 School

PO Box 48, Morphett Vale South Australia 5162 T: +61 8 8322 2333 www.woodcroft.sa.edu.au Cricos #01645K

MEDICAL & HEALTH INFORMATION

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

Yes No

If NO, give details:

.....

Has this child received the following immunisations?

(Please for yes or mark X for no)

Hepatitis B (10-13 years)

Varocella (Chickenpox) (10-13 years)

Human Papillomavirus (PHV) (12-18 years)

I accept full responsibility if my child is not immunised.

Signed by parent/caregiver:

Does this child have any medical conditions/medications that may be

affected by OSHC activities? Yes No

If YES, please give details:

.....

Does this child have any disabilities? Yes No

If YES please give details:

.....

Does this child have any special needs? Yes No

If YES please give details:

.....

Does this child usually require special aids (e.g. glasses, hearing aid,

etc)? Yes No

If YES please give details:

.....

Does this child have any special dietary needs NOT related to

allergies (e.g. Coeliac Disease, Diabetes)? Yes No

If YES please give specific details:

.....

Has this child suffered any reoccurring illness (e.g. chronic ear

infection)? Yes No

If YES, please give details:

.....

Has this child had any kind of allergic reactions? Yes No

Foods	Reaction / Medication
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.....

.....

Penicillin? Yes No

Others? Yes No

.....

Is there any other medical information we may need to be aware of?

.....

.....

Note: Please supply the OSHC staff with any required medications in their original containers with the child's name clearly marked on them. You must complete a 'Permission to Administer Medication Form' and 'Medication Register' form together with any medication records where necessary.

Doctor's Name:

Telephone:

Clinic Name:

Address:

Dentist's Name:

Telephone:

Clinic Name:

Address:

Do you have insurance for the following?

Medical Benefits? Yes No Cover is with

Policy #

Ambulance Yes No Cover is with.....

Member #

Please supply the following:

Medicare Number:

Health Care Card Number:

EMERGENCY CONTACTS

It is important that you advise these contacts that you have nominated them for this responsibility. In nominating them you give them authority to act on your child's behalf if neither parent can be located. This includes collecting the child in an emergency and care for the child until he/she can be returned home.

EMERGENCY CONTACT 1

This person will be our initial contact in the case of an emergency if parent/caregivers are not available.

Surname:

Given Name:

Relationship to Child:

Address:

.....Postcode:

Home Telephone:

Work Telephone:

Personal Mobile:

EMERGENCY CONTACT 2

This person will be contacted if Emergency Contact 1 is not available.

Surname:

Given Name:

Relationship to Child:

Address:

.....Postcode:

Home Telephone:

Work Telephone:

Personal Mobile:

Child's Name:

ALTERNATIVE COLLECTION AUTHORITY

The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

Alternative Collector 1

Surname:
Given Name:
Relationship to Child:
Address:
.....Postcode:
Home Telephone:
Work Telephone
Personal Mobile:.....

Alternative Collector 2

Surname:
Given Name:
Relationship to Child:
Address:
.....Postcode:
Home Telephone:
Work Telephone:
Personal Mobile:.....

CONSENTS

(please initial next to each item to which you consent)

- I consent for my child to take part in supervised walking excursions within the local area as part of the OSHC Program.
- I consent for a staff member to apply sunblock to my child if required.
- I give consent for my child to be taken by a staff member to the local hospital or doctors surgery in the event of a minor .. injury.
- I am aware of the policy about sanitising hand gel. I accept hand gel will be used to kill germs from my child's hands before they eat afternoon tea.

Digital Media *(please initial next to each item to which you consent)*

We believe it is important to capture the children's day through the use of images and video footage to enable us to promote, observe and communicate with staff, parents and the College community. As a part of Accreditation digital media is a good way to show evidence of the great experiences happening in the OSHC Program.

- I consent for my child to be photographed/videoed at OSHC activities and for the image/s to be used for displays in the OSHC room and newsletters.
- I give consent for my child to watch PG rated movies as deemed appropriate by OSHC staff.

Signature: (Parent/Caregiver)

Date:

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Woodcroft College OSHC Program.

I agree that the staff of the Woodcroft College OSHC Program may administer minor first aid to my child if the need arises.

In an emergency I understand that the staff of the Woodcroft College OSHC Program will call for ambulance assistance. I acknowledge that I will be liable for any medical/hospital expenses incurred in the treatment of my child.

I certify that the information supplied on this form is true to the best of my knowledge and I undertake to inform the Woodcroft College OSHC Program of any changes to this information.

Signature: (Parent/Caregiver)

Date:

**The Woodcroft College OSHC Program
Booking Form is on Page 4 of this document**

Child's Name:

Woodcroft College OSHC Booking Form

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive					
Depart					

From// forweeks, OR until// OR ongoing (please tick)

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive					
Depart					

From// forweeks, OR until// OR ongoing (please tick)

FURTHER INFORMATION?

Is there any further information that you wish to share with the staff of the OSHC Program at Woodcroft College? (i.e. any personal, religious or cultural practices/prohibitions that you would like the staff to know about. Perhaps comments on homework, behaviour management, etc.)

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FOR OFFICE USE ONLY:

Interviewed / Accepted by(name)

Date:

Child's Name: