

Out of School Hours Care (OSHC) Enrolment Form

STUDENT DETAILS

Family Name: _____ First Name: _____ Preferred Name: _____
Gender: Male Female Aboriginal Descent Torres Strait Islander Descent
Date of Birth: _____ Students Centrelink Reference Number (CRN): _____
Country of Birth: _____ Language spoken at home: _____
Cultural Background: _____ Medicare Number: _____

PARENT / GUARDIAN 1

Family Name: _____ First Name: _____ Relationship to child: _____
Home Address: _____ Suburb: _____ Postcode: _____
Phone numbers: Mobile: _____ Work: _____ Home: _____
Email: _____ Date of Birth: _____ Cultural Background: _____
Country of Birth: _____ Language spoken at home: _____

PARENT / GUARDIAN 2

Family Name: _____ First Name: _____ Relationship to child: _____
Home Address: _____ Suburb: _____ Postcode: _____
Phone numbers: Mobile: _____ Work: _____ Home: _____
Email: _____ Date of Birth: _____ Cultural Background: _____
Country of Birth: _____ Language spoken at home: _____

PARENT/GUARDIAN CENTRELINK REFERENCE NUMBER

Centrelink Reference Number (CRN): _____
CRN Holders Name: _____
CRN Holders Date of Birth: _____

ACCESS OR ACTIVITY RESTRICTIONS

Is the student at risk? Yes No Is there an Access Alert for the student? Yes No

Are there any court orders in place relating to this child? Yes No (If yes, please attach copy)

Details: _____

NOMINEES & CONTACTS

Person 1

Surname: _____ First Name: _____

Home Address: _____ Suburb: _____ Postcode: _____

Phone numbers: Mobile: _____ Work: _____ Home: _____

Relationship to Child: _____

This person is authorised to (please tick all that apply):

Collect my child from OSHC Consent to medical treatment for my child
Consent to administration of medication to my child Provide consent for an educator to take my child outside the OSHC premises
Be notified of an emergency involving my child if parents of the child cannot be contacted

Person 2

Surname: _____ First Name: _____

Home Address: _____ Suburb: _____ Postcode: _____

Phone numbers: Mobile: _____ Work: _____ Home: _____

Relationship to Child: _____

This person is authorised to (please tick all that apply):

Collect my child from OSHC Consent to medical treatment for my child
Consent to administration of medication to my child Provide consent for an educator to take my child outside the OSHC premises
Be notified of an emergency involving my child if parents of the child cannot be contacted

Person 3

Surname: _____ First Name: _____

Home Address: _____ Suburb: _____ Postcode: _____

Phone numbers: Mobile: _____ Work: _____ Home: _____

Relationship to Child: _____

This person is authorised to (please tick all that apply):

Collect my child from OSHC Consent to medical treatment for my child
Consent to administration of medication to my child Provide consent for an educator to take my child outside the OSHC premises
Be notified of an emergency involving my child if parents of the child cannot be contacted

Person 4

Surname: _____ First Name: _____

Home Address: _____ Suburb: _____ Postcode: _____

Phone numbers: Mobile: _____ Work: _____ Home: _____

Relationship to Child: _____

This person is authorised to (please tick all that apply):

Collect my child from OSHC Consent to medical treatment for my child
Consent to administration of medication to my child Provide consent for an educator to take my child outside the OSHC premises
Be notified of an emergency involving my child if parents of the child cannot be contacted

FAMILY DOCTOR DETAILS

Doctors Name: _____ Telephone: _____

Doctors Address: _____

Current Ambulance Subscription: Yes No Subscription Number: _____

MEDICAL INFORMATION

Does your child suffer from any of the following impairments?

Hearing: Yes No Speech: Yes No

Vision: Yes No Mobility: Yes No

Does your child suffer from Asthma? Yes No

If yes, has an Asthma Management Plan been provided the OSHC Service? Yes No

Has your child been diagnosed at risk of Anaphylaxis? Yes No

If yes, has the Anaphylaxis Medical Management Plan been provided to the OSHC Service? Yes No

Does your child have any other medical conditions? Yes No

If yes, please specify: _____

Does your child have any Dietary Restrictions? Yes No

If yes, please detail restrictions: _____

IMMUNISATION

Has your child been immunised? Yes No

A copy of the Immunisation Record has been attached? Yes No

Other details if required: _____

GENERAL INFORMATION

Is there any other information that might assist Seaholme Primary OSHC to care for your child? Yes No

If yes, please detail: _____

CONSENTS/AGREEMENTS

In the event of illness or injury to my child whilst attending the OSHC Program, I authorise the staff in charge of my child where I am unable to be contacted, or it is otherwise impracticable to contact me:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Authorise transportation by ambulance,
- Administer such first aid as the staff member may judge to be reasonably necessary

Signature of Parent/Guardian _____ Date: ____/____/____

I have read and understood the details in the OSHC Information Booklet: Yes No

I give permission for images of my child to be used in OSHC newsletters/publications: Yes No

I understand that the OSHC service shuts at 6pm and I will incur a late fee of \$10 per 15 minutes of part thereof: Yes No

Signature of Parent/Guardian _____ Date: ____/____/____

Office use: birth certificate immunisation certificate medical plan entered

BOOKING DETAILS

Please indicate below your OSHC booking requirement. A member of the OSHC team will contact you to confirm the booking details once the Enrolment Form is provided to the OSHC service.

PERMANENT BOOKING

Start Date: _____

Please tick below which days you require a permanent booking into the OSHC program

BEFORE SCHOOL CARE				
Monday	Tuesday	Wednesday	Thursday	Friday
AFTER SCHOOL CARE				
Monday	Tuesday	Wednesday	Thursday	Friday

Comments: _____

CASUAL BOOKING

Please detail below when you are likely to require a casual booking in the OSHC program (subject to availability):

INFORMATION PRIVACY

The Seaholme Primary School OSHC Program is committed to respecting the confidentiality of information provided by children and parents. Our Information Privacy Policy is as per the Seaholme Primary School Information Policy and is available for viewing on the school website www.seaholmeps.vic.edu.au