



OSHC Enrolment Application

Return this completed form to the OSHC Staff

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: _____

Gender: ☐ Male ☐ Female

CRN: _____

Address: _____

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

Parenting Plans/Orders Relating to this Child

(Please supply details)

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: _____

Mailing Address: _____

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: _____

Mailing Address: _____

Home Telephone: _____ Silent: ☐

Home Email: _____

Work Telephone: _____

Personal Mobile: _____

Find Your Remarkable

Medical and Health Information

Has the child received all immunisations appropriate for his/her age? ☐ Yes ☐ No

If No, please 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

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: _____

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: _____

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: _____

Home Telephone: _____

Work Telephone: _____

Personal Mobile: _____

Alternative Collector 2

Surname: _____

Given Name: _____

Relationship to Child: _____

Address: _____

Home Telephone: _____

Work Telephone: _____

Personal Mobile: _____

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

- ☐ 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.
- ☐ I give consent for my child to watch PG rated movies as deemed appropriate by OSHC staff.

Signature: _____

Date: _____

Video/Photography

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 part of our National Quality Framework, digital media is a good way to show evidence of the great experiences happening in the OSHC Program.

At the start of each year the College will send you a form to opt out of photo and video images of your child being available to the public and used in our promotional material. If you choose to opt out, this advice will be followed when your child is attending OSHC.

Agreements

I/We 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.

If fees are not paid within that time, I/we agree to meet the Administration Costs imposed by the Woodcroft College OSHC and those associated with the collection of late payments and to pay all expenses incurred by the Woodcroft College OSHC including, but not limited to, legal fees, location and service fees and any fees or commissions charged by collection agencies.

I/We accept that where the whole or any part of the fees payable remain unpaid after the due date for payment, the Woodcroft College OSHC may apply an overdue account Administration Fee to the account.

I/We acknowledge that the Woodcroft College OSHC College may vary the fees, at any time, to meet its operating requirements.

I/We acknowledge that the financial liability under this agreement is joint and several. Service of any notice on one of the parents will be effective service on both parents.

Failure to settle any outstanding account in the time and manner stipulated by the Woodcroft College OSHC following a request by the Woodcroft College OSHC to do so, may result in the suspension of service to my/our child.

Continued failure by the parent(s) to settle their account in the time and manner stipulated by the Woodcroft College OSHC will result in the termination of the Agreement by the College by notice in writing to the parent(s).

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

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

Parent 1 Signature: _____

Date: _____

Parent 2 Signature: _____

Date: _____

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

Child's Name:

Acknowledgement

I acknowledge that there are no changes to personal details:

Reception

Signature: _____

Date: _____

Year 1

Signature: _____

Date: _____

Year 2

Signature: _____

Date: _____

Year 3

Signature: _____

Date: _____

Year 4

Signature: _____

Date: _____

Year 5

Signature: _____

Date: _____

Year 6

Signature: _____

Date: _____

Woodcroft College OSHC Booking Form

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive					
Depart	8.30am	8.30am	8.30am	8.30am	8.30am

From *(date)* _____ for _____ weeks, OR until _____ OR ongoing (please tick) ☐

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive	3.15pm	3.15pm	3.15pm	3.15pm	3.15pm
Depart					

From *(date)* _____ for _____ weeks, 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.)

FOR OFFICE USE ONLY:

Interviewed / Accepted by _____ (name)

Date: _____

Child's Name: