

# OUT OF SCHOOL HOURS CARE SERVICE 2022 VACATION CARE ENROLMENT FORM for Students Who Do Not Attend SAC

**Please submit one enrolment form per child.**

The information you provide will be used to process your application. Information provided by you will be kept confidential and will be available to supervising staff only.

Please return this completed form to: St Aloysius College  
53 Wakefield Street  
ADELAIDE SA 5000  
Email: [oshc@sac.sa.edu.au](mailto:oshc@sac.sa.edu.au)

## Child's Details

Family Name:	Given Name/s:
Child's Preferred Name: <i>(What would you like us to call your child?)</i>	
Gender:	Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Current School:	Year Level:
Residential Address:	Postcode:
Child's CRN (Centrelink Reference Number): <i>(Must be 9 numeric digits followed by 1 alpha character)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cultural Background:	
Does the child speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes' above, what other language does the child speak?	

## Parent/Caregiver Details

	Parent/Caregiver 1	Parent/Caregiver 2
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Family Name:		
Given Name/s:		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
Parent/Caregiver CRN (Centrelink Reference Number) <i>(Must be 9 numeric digits followed by 1 alpha character)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile:		

	Parent/Caregiver 1	Parent/Caregiver 2
Home Telephone:		
Work Telephone:		
Email:		
Residential Address:		
Cultural Background:		
Relationship to Child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> <input type="checkbox"/> Other, please specify:

## Emergency Contacts/Collection Authorities Details

In nominating emergency contacts/collection authorities, you give them **authority to act on your child's behalf if you cannot be contacted**, including the authorisation of medical treatment. This also includes picking up your child when the need unexpectedly arises and caring for them until they can be returned home. **Please note** that emergency contacts must be **16 years of age or older**.

**It is very important that you inform these people that you have nominated them** as a **unique PIN code** will be sent to their email address, which they will need to sign your child out of the OSHC Service.

Please sign the **Declaration** below.

Emergency Contact/Collection Authority 1			
Family Name:		Given Name/s:	
Mobile:	Home Telephone:	Work Telephone:	
Email:		Relationship to Child:	
Residential Address:			Postcode:

Emergency Contact/Collection Authority 2			
Family Name:		Given Name/s:	
Mobile:	Home Telephone:	Work Telephone:	
Email:		Relationship to Child:	
Residential Address:			Postcode:

### DECLARATION

I/We understand the need to provide the names and contact details of the emergency contacts/collection authorities and that they have been made aware of their nomination.

	Parent/Caregiver 1	Parent/Caregiver 2
Signature:		

## Other Nominated Collection Authorities

Please provide the names and contact details of anyone else you authorise to collect your child. **Please note** that collection authorities must be **16 years of age or older**. **It is very important that you inform these people that you have nominated them** as a **unique PIN code** will be sent to their email address, which they will need to sign your child out of the OSHC Service.

Family Name:		Given Name/s:	
Mobile:	Home Telephone:	Work Telephone:	
Email:		Relationship to Child:	
Residential Address:			Postcode:

Family Name:		Given Name/s:	
Mobile:	Home Telephone:	Work Telephone:	
Email:		Relationship to Child:	
Residential Address:			Postcode:

Family Name:		Given Name/s:	
Mobile:	Home Telephone:	Work Telephone:	
Email:		Relationship to Child:	
Residential Address:			Postcode:

## Other Information / Custody Access

It is the responsibility of parents/caregivers to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care of your child.

Is there a Family Court or other relevant Court Order/Intervention Order or Parenting Plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', have you provided St Aloysius College with a copy of this document?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Medical and Health Information

This information is strictly confidential and only available to supervising staff and emergency medical personnel.

<b>Medical Alert Number:</b> <i>(if applicable)</i>	<b>Review Date:</b> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Additional Needs and Considerations</b>	
Does your child have any learning needs or special considerations ( <i>eg – autism, disability, speech and/or language impairment, physical activity restriction</i> )? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any allergies or medical conditions ( <i>eg – asthma, anaphylaxis, epilepsy, heart disorder, vision/hearing impairment, seizures, diabetes, incontinence, joint disorder, communication difficulties, skin condition, swallowing difficulties</i> )? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require any special provisions/routine health care needs to be met ( <i>eg – medication, disabled access</i> )? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child have any special dietary requirements? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child usually require aids or equipment? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any other medical and/or health information we might need to know? Please provide details in the space below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' to any of the above, please provide details here: <i>Include attachments if necessary.</i>	
<p><b>If your child has any special needs, allergies or medical conditions, please complete and attach an Action Plan form in consultation with a doctor.</b></p> <p><b>If your child requires medication, please attach a medication form from your doctor or treating health care professional. All medication must be supplied in the original container with the pharmacy label and the child's name clearly recorded. A permission to administer medication form must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years of age.</b></p>	

## Medical Emergency Details

Medical Clinic Name:	
Preferred Doctor:	Clinic's Phone Number:
Clinic Address:	
Medicare Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ambulance Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No
Private Health Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Health Fund:

## Dental Information

Dental Clinic Name:	
Dentist's Name:	Clinic's Phone Number:
Clinic Address:	

## Child Care Subsidy

Access Guidelines	
As an OSHC service which receives Child Care Subsidy from the Commonwealth Government, we abide by the priority of access guidelines set by the Department of Family and Community Services. To help fill vacant places, please select the appropriate statement below, if applicable.	
<input type="checkbox"/> Child at risk or family in crisis	<input type="checkbox"/> Family with greatest need of support ( <i>eg – social isolation</i> )
<input type="checkbox"/> Aboriginal or Torres Strait Islander	<input type="checkbox"/> Family with recognised work/study needs or related commitments
<input type="checkbox"/> Disability ( <i>child or family member</i> )	

Agreement	
<input type="checkbox"/> I/We wish to apply for a placement at St Aloysius College OSHC Service as detailed above.	
<input type="checkbox"/> I/We understand that I/we must apply to Centrelink for the Child Care Subsidy.	
Parent/Caregiver 1 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parent/Caregiver 2 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Consent for Photographs, Film/Video & Publication of Student Work

At certain times throughout the year, your child may have the opportunity to be photographed or filmed for our publications, such as the SAC e-newsletters or website and social media, or to promote the College in newspapers and other media. The College and/or Catholic Education SA (CESA) and/or Mercy Education Ltd may also wish to use student photographs/film/video in print and publish online promotional, marketing, media and educational materials. We would like your consent to use photos/videos/images of your child and/or of their work for these purposes.

Your consents will continue to be valid for the time your child attends St Aloysius College Vacation Care unless you withdraw this in writing. You may withdraw your consent at any time by notifying the College in writing. *(Where consent is revoked, every effort will be made to remove relevant media from distribution but this may not be possible or practical in some situations.)*

Child's Family Name:	Child's Given Name/s:
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### PRINT PUBLICATIONS, including SAC Magazine and displays within the College

I give consent for my child's photo and/or images of her work taken during SAC Vacation Care activities to be published by St Aloysius College, Catholic Education SA (CESA) and Mercy Education Ltd in publications such as newsletters, displays, marketing/promotional material, journals and/or professional development materials for staff. In addition, I consent to my child's work being published from time to time in these publications. I understand that she will not be identified by her full name in any photos/images/student work.

Yes  No

### ONLINE PUBLICATIONS, including websites and social media

I give consent for my child's photos/images/videos taken during SAC Vacation Care activities to be published on the St Aloysius College and/or Catholic Education SA (CESA) and/or Mercy Education Ltd websites and social media accounts. In addition, I consent to my child's work being published from time to time on these websites. I understand that my child **will not** be identified by their full name in any photos/images/videos/student work.

Yes  No

***Licensed under NEALS:** The photograph/films may appear in material which will be available to schools and education departments around Australia under the National Educational Access Licence for Schools (NEALS), which is a licence between education departments of the various states and territories, allowing schools to use licensed material wholly and freely for educational purposes.*

### Additional Specific Consent re Third Parties

Additional specific consent will be sought from parents/caregivers or notification sent if your child's photos/images and film/video taken during SAC Vacation Care activities is intended to be **published by third parties** for specific distribution (eg – television, newspapers) where they can be reasonably identified.

Parent/Caregiver 1 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parent/Caregiver 2 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Any personal information will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 (Cth).*

## Declarations and Permissions

- 1) I/We agree and accept the policies and rules of service.
- 2) I/We consent for our child using all facilities at St Aloysius College.
- 3) I/We consent for OSHC educators to administer first aid to my/our child if the need arises.
- 4) In the event of accident or illness, I/we authorise OSHC staff to obtain all necessary medical assistance and treatment for my/our child and agree to meet any expenses attached to such treatment and associated transport.
- 5) I/We consent for an OSHC educator to give my/our child assistance, if needed, to change soiled or wet clothing.
- 6) I/We acknowledge that my/our child will not attend the Service if she is suffering from an infectious or communicable disease, as identified by the Department of Health.
- 7) I/We agree to notify the Service in writing of any changes to details on this form, including regular bookings.

- 8) I/We understand that the Service reserves the right to vary and update its policies.
- 9) I/We agree to pay for all the days my/our child is booked into the Service.
- 10) The information I/we have provided is true and correct, and I/we have provided Centrelink with this same information.
- 11) I/We understand that if any details provided by me/us are incorrect, then full fees are payable to the Service until the details are updated by Centrelink.
- 12) I/We acknowledge that, except as otherwise expressly required by law, the Service does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of participation at the Service due to any cause whatsoever unless caused by the proven negligence of the Service or employees.
- 13) I/We certify that the information provided on this form is true to the best of my/our knowledge and I/we undertake to inform the service if any of this information changes.

Parent/Caregiver 1 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parent/Caregiver 2 Signature:	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>