



**St Aloysius  
College**

## Out of School Hours Care Service Enrolment Form

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) Telephone: **08 8217 3254**

### BOOKING DETAILS

Before School Care (7:00-8:30am)	After School Care Monday (2:30-6pm) Tuesday-Friday (3:15-6pm)
Odd Weeks Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Odd Weeks Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Even Weeks Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	Even Weeks Days Attending: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Proposed Start Date:     /     /	Proposed Start Date:     /     /
Is this an ongoing permanent booking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an ongoing permanent booking? <input type="checkbox"/> Yes <input type="checkbox"/> No

### CHILD'S DETAILS

Full Name	
Preferred Name	
Gender	
Date of Birth	
Year Level	
Home Class	
Residential Address	
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?	Yes <input type="checkbox"/> Language/s _____

## CHILD'S DETAILS (Continued)

### About My Child

Tell us a bit more about your child. What sports do they play? Favourite boardgame? Any special interests?  
Any information helps our educators to get to know your child and find ways of making our space welcoming and exciting.

## 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> /        /
<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> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require any special provisions/routine health care needs to be met <i>(eg – medication, disabled access)</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child usually require aids or equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any other medical and/or health information we might need to know?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes' to any of the above, please provide details below: Include attachments if necessary.</b>	
<p><i>If your child has any special needs, allergies or medical conditions, please complete and attach an Action Plan form in consultation with a doctor.</i></p> <p><i>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.</i></p>	

## MEDICAL EMERGENCY DETAILS

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

## PARENT/CAREGIVER DETAILS

PARENT/CAREGIVER DETAILS		
	Parent/Caregiver 1	Parent/Caregiver 2
<b>Title</b>	Eg: Mr, Mrs, Ms, Miss, Dr	Eg: Mr, Mrs, Ms, Miss, Dr
<b>Full Name</b>		
<b>Date of Birth</b>		
<b>Parent/Caregiver CRN (Centrelink Reference Number)</b> <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"/>
<b>Mobile Number</b>		
<b>Email</b>		
<b>Residential Address</b>		
<b>Cultural Background</b>		
<b>Relationship to Child</b> <i>(Please circle the answer)</i>	Mother Father Grandparent Aunt Uncle Other <i>(please specify):</i> _____	Mother Father Grandparent Aunt Uncle Other <i>(please specify):</i> _____

## 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.

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

## 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.

Emergency Contact/Collection Authority 1	
<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>
Emergency Contact/Collection Authority 2	
<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>

## 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.

<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>

<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>

<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>

<b>Full Name:</b>	
<b>Mobile:</b>	<b>Work Telephone:</b>
<b>Email:</b>	<b>Relationship to child:</b>
<b>Residential Address:</b>	<b>Postcode:</b>

## CHILD CARE SUBSIDY

### Making a Child Care Subsidy (CCS) Claim

To support with childcare fees, eligible families are able to make a claim for Child Care Subsidy (CCS) through Centrelink. Parents must confirm their eligibility, make a claim with Centrelink, and confirm their child's enrolment through OSHC. It is important to provide the CRN of the account holder and child(ren) at enrolment to ensure CCS is set up as soon as possible. Please note that OSHC has no control over the Child Care Subsidy process, and any questions related to the change of allowance for your CCS should be communicated directly with Centrelink.

Have you made, or do you have intentions to make a claim through Centrelink for Child Care Subsidy (CCS)?

Yes  No

### 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 (eg – social isolation)
<input type="checkbox"/> Aboriginal or Torres Strait Islander	<input type="checkbox"/> Family with recognised work/study needs or related commitments
<input type="checkbox"/> Not applicable (N/A)	<input type="checkbox"/> Disability (child or family member)

## AGREEMENT

- I/We wish to apply for a placement at St Aloysius College OSHC Service as detailed in this form.
- I/We understand that I/we must apply to Centrelink for the Child Care Subsidy.
- I/We understand the need to provide the names and contact details of the emergency contacts/collection authorities (on the previous page) and that they have been made aware of their nomination.

## DECLARATIONS AND PERMISSIONS

1. I/we agree to pay the required fees for my child's booked hours and accept the policies and rules of St Aloysius College OSHC. Details of fees and policies relevant to families are found in our "Parents and Caregivers information Handbook" which is available on the School website or hardcopy at OSHC. Full policies can be found on the St Aloysius College OSHC webpage. Any policy change will be communicated to families two weeks before the change takes effect.
2. I/we understand that it is our responsibility to inform the service of any cancellations or changes to bookings. In the instance that we fail to notify, I/we understand that a 'late cancellation' fee will be applied to my/our account.
3. I/we understand that it is my responsibility to ensure my account is regularly paid and up to date. In the instance that I may struggle to uphold this, it is my responsibility to communicate this with the OSHC Leadership team or the school to discuss organising a Payment Plan.
4. I/we certify I have provided St Aloysius College OSHC with all relevant court orders relating to the powers and responsibilities of the parents in relation to the child or access to the child.
5. 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.
6. I/we agree that if an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child requiring urgent medical treatment, I authorise the care providers and staff:
7. I/we agree to administer first aid to my child if the need arises. I understand that if at any time the staff of St Aloysius College OSHC consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child.
8. I/we consent for OSHC staff to apply sunblock to the child if required
9. I/we consent for insect repellent to be applied to the child if required
10. I/we consent to the child watching PG-rated movies/films/tv shows/videos or play PG-rated video games, at the discretion of OSHC Staff.
11. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.
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.

**I/we certify that all the information given on this form is true, accurate and correct. I further certify that I have read and agree to adhere to the policies and rules regarding St Aloysius College OSHC. I understand that any changes of information must be communicated as soon as possible to the St Aloysius College OSHC team, including changes to bookings.**

Parent/Caregiver 1 Signature:	Parent/Caregiver 2 Signature:
<hr/>	<hr/>
Date: / /	Date: / /

Would you like us to organise an induction to the OSHC Service for you and your child?

- Yes  No

Compassion . Hospitality . Justice . Service . Respect . Courage