

2018

# Black Forest OSHC Enrolment Form

## Child Details

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Gender:      Male                       Female

Date of Birth: \_\_\_\_\_ Centrelink Reference Number (CRN): \_\_\_\_\_

School: \_\_\_\_\_ Year Level: \_\_\_\_\_ Class Number: \_\_\_\_\_

Country of Birth (if not born in Australia): \_\_\_\_\_

Aboriginal Descent:                       Torres Strait Islander Descent

## Medical and Health Information

Does your child have a diagnosed medical condition which may require first aid?      Yes       No   
(If Yes, please describe and provide a Health Care Plan from your doctor and medication as required)

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Does your child have any other individual requirements that do not require first aid?  
(If yes, then please provide information as required. Attach additional information if needed)

- Allergy \_\_\_\_\_
- Dietary Requirement \_\_\_\_\_
- Other (specify) \_\_\_\_\_

## Booking Type Required

- Casual (I will book as needed)
- Regular (I would like to book the following sessions on a regular basis during term time and will cancel with two weeks' notice when no longer required or pay the fees for that period.)

Start Date for Booking: \_\_\_\_\_ Weekly  Fortnightly

*(Circle as Required)*

Before School Care:                      MON                      TUE                      WED                      THU                      FRI

After School Care:                      MON                      TUE                      WED                      THU                      FRI

## Family Details

### Enrolling Parent/Caregiver

Contact Priority in Emergency (1-4)

Authorised to collect child

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Country of Birth: \_\_\_\_\_  
*(if not born in Australia)*

### Other Authorised Contacts

Contact Priority in Emergency (1-4)

Authorised to collect child

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### Other Parent/Caregiver

Contact Priority in Emergency (1-4)

Authorised to collect child

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Country of Birth: \_\_\_\_\_  
*(if not born in Australia)*

Contact Priority in Emergency (1-4)

Authorised to collect child

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Further Information

Do you have any other children currently attending a child-care service other than Black Forest OSHC?  
Yes  No

Child 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are there any current court-sanctioned orders relating to this child? Yes  No   
 (If yes, please attach a copy)

Details:

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Is there any other information that might assist Black Forest OSHC care for your child? Yes  
 No

Details:

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## Permissions

I give my child permission to watch carefully selected PG rated movies Yes  No

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

I have read and understood the information in the OSHC Family Handbook Yes  No

I agree to abide by the policies of Black Forest OSHC, and to ensure that my account is kept up to date at all times. I understand that if this does not occur that my child's place at the service may be forfeited.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver

Director

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*Office Use Only*

Entered  Booking  Care Plan  Medication  Swimming  CCMS  Email

## **Information Privacy Statement**

Black Forest OSHC is committed to respecting the confidentiality of information provided by children and parents, for example, information requested on Enrolment Forms. The child's name, date of birth and place of residence are requirements of the Education Act 1972, other information is requested to enable Black Forest Primary School OSHC to:

1. Undertake administration and care responsibilities including maintaining emergency contact information;
2. Communicate with you about important matters;
3. Provide first aid and plan for children's health support requirements;
4. Meet reporting requirements, including to other government authorities and funding agencies; and
5. Provide for the interests and needs of children and families utilizing the service.

The information provided in Enrolment Forms is stored securely in local School/OSHC and Departmental databases. While your child is enrolled at Black Forest OSHC other information will be gathered relating to your child's care and wellbeing; for example records of absences from OSHC, behaviour, health and social development, observations and assessments. The management of this data is governed by Federal, State, Departmental and School/OSHC policies to ensure that the information is used only for the purposes stated above and is secure, private and confidential.

## **Information Sharing Statement**

There will be occasions where sharing information with others outside Black Forest OSHC will be important to your child's educational progress, safety or wellbeing. In these circumstances OSHC follows the SA Government's Information Sharing: Guidelines for Promoting the Safety and Wellbeing of Children, Young People and Families (ISG). [www.gcyp.sa.gov.au](http://www.gcyp.sa.gov.au)

Under the ISG your consent for the sharing of personal information about your child will be sought and respected in all situations unless;

1. it is unsafe / impossible to gain consent or consent has been refused; and
2. without information being shared, a child or children will be at increased risk of serious harm.

The aim of information sharing under the ISG is to protect and promote the safety and wellbeing of children, young people and their families. This site works with parents/caregivers and other agencies/services to achieve that aim. Parents/caregivers are strongly encouraged to share all information relevant to their child's capacity to enjoy and benefit from education and care;

1. by using the 'any other information' section of this form, and/or
2. in discussion with staff at the time of enrolment, and/or in discussion with staff at any time in the future.