

# Black Forest Out of School Hours Care Enrolment Form 2020

679 South Road Black Forest 5035 Phone 8293 8085 Email oshc.bfps459@schools.sa.edu.au  
ABN 74957744093

## CHILD DETAILS

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Gender: Male  Female  Aboriginal Descent:  Torres Strait Islander Descent   
Date of Birth: \_\_\_\_\_ Centrelink Reference Number (CRN): \_\_\_\_\_  
School: \_\_\_\_\_ Year Level: \_\_\_\_\_ Class Number: \_\_\_\_\_  
Country of Birth (if not Australia): \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

## Enrolling Parent / Guardian

Please Note: The Enrolling Parent / Guardian is the person who is liable for the account and who is linked to the child's Centrelink Reference Number (CRN) for Centrelink subsidies

Family Name: \_\_\_\_\_ First name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Birth date: \_\_/\_\_/\_\_\_\_ CRN: \_\_\_\_\_ Priority of Contact: 1  2  3  4   
Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone Numbers: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_  
Email: \_\_\_\_\_  
Country of Birth (if not Australia): \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

## Booking Agreement

Bookings can be made with OSHC by phone, email or in the communication diary at OSHC. It is encouraged that if you are making a booking with short notice that you do so by phone or in person at the service to ensure availability. Bookings can be routine, the same days or times each week/fortnight are locked in and you are ensured of your place or casual, you simply book as you require **subject to availability**.

- Routine (I would like to book the following sessions on a regular basis during term time and will cancel with 10 working days' notice when no longer required or pay the fees for that period.)
- Casual (I will book as needed)

Before school care 7:15 am -8:45 am \$10.00 Start Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

Weekly  Fortnightly

After school care 3:10 pm -6:00 pm \$23.00 Start Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
--------	---------	-----------	----------	--------

Weekly  Fortnightly

Vacation Care \$ 55.00 7:15am – 6:00pm

Applications for vacation care bookings open in Week 6 of each term. An email confirmation will be sent once your application is approved.

- I understand I am liable to pay to pay fees for the care of my child as indicated above  
NB: Fees are subject to change over time,
- I understand I must provide 10 working days' notice to cancel my booking without incurring the full fee of the booked session/s
- I understand that care provided maybe provided on a casual or flexible basis where available at the service, at my request.
- I understand the service shuts at 6pm and I will incur a late fee of \$15 per 15 minutes or part thereof for late collection of child/ren
- All details provided are correct

Enrolling Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Other Parent / Guardian

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

First name \_\_\_\_\_

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

Priority of Contact: 1  2  3  4

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

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

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Persons with Authority to Collect

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

First name \_\_\_\_\_

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

Priority of Contact: 1  2  3  4

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

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

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

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

First name \_\_\_\_\_

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

Priority of Contact: 1  2  3  4

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

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

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone Numbers: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

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: \_\_\_\_\_

Medical 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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) \_\_\_\_\_

Are there any current court-sanctioned orders in place, relating to this child? Yes  No

(If yes, please attach a copy)

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consents

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 give permission for staff to administer first aid to my child should the need arise 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 my OSHC account is due for payment 14 days after the issue of my statement and no later than 30 days. I understand that if this does not occur that my child's place at the service may be forfeited.

Yes  No

I understand the service shuts at 6pm and I will incur a late fee of \$15 per 15 minutes or part thereof.

Yes  No

Continued next page

I understand that all children and Educators at Black Forest OSHC have a right to feel safe at all times while at the service. If my child is not following instructions regularly and/or consistently and being unsafe, to either themselves or others, Black Forest OSHC has the right to refuse care in accordance with our *Interactions with Children and Behaviour Management Policy*

Yes  No

Sign: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Caregiver Director

---

Office Use Only - Entered  Booking  Care Plan  Medication  CCS  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.