



REDWOOD PARK SCHOOL OSHC ENROLMENT FORM

2-10 Lokan Street
Redwood Park SA 5097
PO Box 909
St Agnes SA 5097
Phone: 8264 9734
Mobile: 0408 830 706
Fax: 8396 1713
Email:
redwood.oshc234@schools.sa.edu.au

All information on this form remains confidential and will only be available to educators and emergency personnel. Information will only be released when legally required to do so, and only to those persons with authorised access under the Education and Care Services National Law.

CHILD'S INFORMATION

National Regulations 160(3)(b),160(3)(e)-(h): Enrolment records of child must contain full name, date of birth and address of child, (e) gender of child, (f) languages used at home, (g) cultural background of child and (h) special considerations.

CHILD 1

Family Name:	First Name:
CRN number:	Date of Birth:
Gender:	Residential Address:
Country of birth:	Suburb: Postcode:

CHILD 2

Family Name:	First Name:
CRN number:	Date of Birth:
Gender:	Residential Address:
Country of birth:	Suburb: Postcode:

CHILD 3

Family Name:	First Name:
CRN number:	Date of Birth:
Gender:	Residential Address:
Country of birth:	Suburb: Postcode:

BOOKINGS 24 hours' notice required for cancellations or \$5 absent fee added to base fee for all booking type

Please circle required bookings:

Monday AM 7.00am - 9.00am	Tuesday AM 7.00am - 9.00am	Wednesday AM 7.00am - 9.00am	Thursday AM 7.00am - 9.00am	Friday AM 7.00am - 9.00am
Monday PM 3.00pm - 6.00pm	Tuesday PM 3.00pm - 6.00pm	Wednesday PM 3.00pm - 6.00pm	Thursday PM 3.00pm - 6.00pm	Friday PM 3.00pm - 6.00pm

Type of enrolment required:
(please tick)

permanent: (Bookings with a weekly, predictable pattern of attendance) **Permanent bookings must be cancelled with 24 hours' notice when not required to avoid extra charges**

casual: (Bookings held tentatively for sessions indicated. Confirmation of booking required for all attendances.)



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ACCOUNT HOLDER INFORMATION If you are registered with Family Office to receive Child Care Benefit, this is the parent who holds the CRN and will receive CCB/CCR payments.

Account Holder's Name:	
Account holder CRN:	<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"/>
Would you like your account emailed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address:	

PARENT / CAREGIVER INFORMATION

National Regulation 160(3)(b)(i) An enrolment record must include name, address and contact details of each known parent.

PARENT / CAREGIVER 1	
Family Name:	First Name:
Relationship to child:	Mobile Phone:
Gender:	Date of Birth:
Home Phone:	Work Phone:
Residential Address:	Work address:
Suburb: Postcode:	Suburb: Postcode:
Occupation and place of work:	Cultural Background and country of birth:

PARENT / CAREGIVER 2	
Family Name:	First Name:
Relationship to child:	Mobile Phone:
Gender:	Date of Birth:
Home Phone:	Work Phone:
Residential Address:	Work address:
Suburb: Postcode:	Suburb: Postcode:
Occupation and place of work:	Cultural Background and country of birth:



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EMERGENCY CONTACTS/ AUTHORISED NOMINEES Details must be for someone other than a parent.

National Law Section 170 (5) National Regulation 160(3)(b)(iii) name, address and contact details must be provided for all authorised nominees. An authorised nominee means a person who has been given permission by a parent/caregiver to collect the child from OSHC. In the event of an emergency involving the child/ren, the emergency contacts listed below will only be notified if the listed parent/caregiver(s) of the child cannot be contacted.

EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name	Name:
Address:	Address:
Suburb: Postcode:	Suburb: Postcode:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:
Is this person authorised to collect your child from care? Y <input type="checkbox"/> N <input type="checkbox"/>	Is this person authorised to collect your child from care? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent initial.....	Parent initial.....
Is this person authorised to consent to medical treatment/ administration of medication to your child? Y <input type="checkbox"/> N <input type="checkbox"/>	Is this person authorised to consent to medical treatment/ administration of medication to your child? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent initial.....	Parent initial.....
EMERGENCY CONTACT 3	EMERGENCY CONTACT 4
Name:	Name:
Address:	Address:
Suburb: Postcode:	Suburb: Postcode:
Home Phone:	Home Phone:
Mobile:	Mobile:
Work Phone:	Work Phone:
Relationship to Child:	Relationship to Child:
Is this person authorised to collect your child from care? Y <input type="checkbox"/> N <input type="checkbox"/>	Is this person authorised to collect your child from care? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent initial.....	Parent initial.....
Is this person authorised to consent to medical treatment/ administration of medication to your child? Y <input type="checkbox"/> N <input type="checkbox"/>	Is this person authorised to consent to medical treatment/ administration of medication to your child? Y <input type="checkbox"/> N <input type="checkbox"/>
Parent initial.....	Parent initial.....

Please ensure that you have nominated at least **ONE or ALL** emergency contacts to have the authority to:

- Collect your child/ren from care in the event of an emergency (and parent(s) / caregiver(s) cannot be contacted)
- Consent to authorise to medical treatment/ administration of medication to your child in the event of an emergency (and parent(s) / caregiver(s) cannot be contacted immediately).



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CUSTODY AND ACCESS
RESTRAINING ORDERS
Are there any restraining orders relating to any child enrolled? Please circle: Yes or No If yes, please attach a copy of the order.
GUARDIANSHIP OF THE MINISTER
Are any of the children under the Guardian of the Minister? Please circle: Yes or No If yes, please provide details below:
Families SA Case Manager: _____ Contact Number: _____
COURT ORDERS
Are there any family court orders relating to any child enrolled? Please circle: Yes or No If yes, please attach a copy of the order.
COLLECTION AUTHORITY
Are there any PERSONS NOT AUTHORISED to collect the child/children? Please circle: Yes or No If yes, please provide details below:
MEDICAL INFORMATION
MEDICAL CONDITIONS
Do any of the enrolled children have a medical condition that educators need to be aware of? This includes any diagnoses of ASTHMA, RISK OF ANAPHYLAXIS, ALLERGIES OR MEDICATIONS.
ANY SPECIAL CONSIDERATIONS (including cultural, religious, dietary requirements/restrictions)
Do any of the children have any special requirements/restrictions/additional needs that have not been already mentioned? If yes, please provide details below.
MEDICAL PERSONNEL CONTACT
If your child/ren become unwell or is injured, medical attention will be sought if needed. Please provide the name, address and telephone number of any medical practitioner currently treating your child/ren who has information that may help emergency services. Doctor's name: _____ Telephone Number: _____ Address: _____
FAMILY MEDICARE DETAILS
Medicare card no: _____ Valid to date: __ __ / __ __ __ __
MEDICAL EMERGENCY
In the event of a medical emergency, OSHC staff will call an ambulance if deemed necessary, in line with first aid training protocols. I understand that I am responsible for any expenses accrued. Parent/Caregiver signature: X.....



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GENERAL CONSENTS

FEES

I / We have read and understood the Family Handbook in particular the fee schedule and debt policy and agree to pay all childcare fees incurred.

Parent/ Caregiver initial.....

I / We understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled and if I / we fail to do so I / we will be responsible for paying full fees.

Parent/ Caregiver initial.....

I / We agree to pay any relevant additional charges including, but not limited to, late fees, absent fees and incursion / excursion fees.

Parent/ Caregiver initial.....

INFORMATION

I / We agree to notify the Director of any changes to information provided on the enrolment form.

Parent/ Caregiver initial.....

I / We understand that it is necessary to personally sign children in and out of required care sessions.

Parent/ Caregiver initial.....

If any person apart from those listed on the enrolment form is to collect and sign out my/our child/ren, I / we agree to notify the Director in advance and in writing to this affect.

Parent/ Caregiver initial.....

I / We give permission for staff and students to observe my/our child/ren to assist in developing activity programs and to take photographs of child/ren participating in activities to be displayed within the OSHC room, newsletters and in personal scrapbooks.

Parent/ Caregiver initial.....

I / We give permission for OSHC staff to liaise with my/our child/ren's school administration staff to obtain contact details in an emergency.

Parent/ Caregiver initial.....

I / We give permission for OSHC staff to liaise with my/our child/ren's school teacher when relevant to the well-being of my child/ren.

Parent/ Caregiver initial.....

I / We give permission for my/our child/ren to watch PG rated movies.

Parent/ Caregiver initial.....

SIGNATURES

I acknowledge that I have read each section of this Enrolment Form

Parent/ Caregiver 1 Signature:

Date: ____/____/____

I acknowledge that I have read the Family Handbook

Parent / Caregiver 1 Signature:

Date: ____/____/____

YOUR FEEDBACK / COMMENTS / SUGGESTIONS



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HELP US GET TO KNOW YOUR CHILD/REN

This information is used to help staff engage in conversations with your child/ren. It is also put into their scrapbooks for future reference for new staff and compared against to see their interests change.

FAVOURITE HEALTHY FOODS?

FAVOURITE ACTIVITIES?

INSIDE?

OUTSIDE?

FAVOURITE HOLIDAY OR WEEKEND ACTIVITIES?

FAVOURITE PLACE TO VISIT?

DO YOU HAVE PETS? IF YES TYPE OF PET AND NAMES OF PET

WHAT WOULD YOUR CHILD LIKE TO DO AT OSHC?

THANK YOU 😊 😊