



## SACRED HEART OUTSIDE SCHOOL HOURS CARE SERVICE ENROLMENT FORM

### CHILD ENROLMENT

FIRST NAME		SURNAME	
GENDER		DATE OF BIRTH	
ADDRESS		CRN NUMBER	
SUBURB/ POSTCODE		LANGUAGE SPOKEN	
RELIGION		ETHNICITY	
CULTURAL CONSIDERATIONS		COUNTRY OF BIRTH	
DOES YOUR CHILD IDENTIFY AS: ABORIGINAL <input type="checkbox"/> TORRES STRAIGHT ISLANDER <input type="checkbox"/> NEITHER <input type="checkbox"/>			

**COPY OF BIRTH CERTIFICATE ATTACHED**

**COPY OF AIR IMMUNISATION HISTORY STATEMENT (NO MORE THAN 2 MONTHS OLD) ATTACHED**

Please note that it is a legal requirement that the Service has an up to date AIR statement for all enrolled children that is no more than 2 months old at the time of enrolment. Children who are unimmunised cannot be enrolled at the Service unless they meet the guidelines set out by the Government and have the required supporting documentation that must be provided to the Service. I understand that if my child is unimmunised, I may be required to keep my child away from the Service if there is an outbreak of an immunisation preventable disease. I understand that fees are still payable during this time.

**PARENT/ GUARDIAN SIGNATURE:**

**DATE:**

### BOOKINGS

**START DATE**

Children are able to access the OSHC from the day they begin Pre Primary until the day year they complete year 6. Any casual bookings will be subject to availability at the time of booking. The bookings below only relate to school Terms, a separate form will be issued to request care for Pupil Free Days and Vacation Care.

**PLEASE COMPLETE THE AUTHORISATION FOR TRANSPORT FORM ON THE FOLLOWING PAGE**

SESSION	TIME	MON	TUES	WED	THURS	FRI	CASUAL
BEFORE SCHOOL CARE	6.30am – 8.30am						
AFTER SCHOOL CARE	2.30pm – 6.00pm						
2021 YEAR GROUP/ CLASS							

## AUTHORISATION FOR TRANSPORT

Child's Name			Reason child is being transported		Delivery to and collection from Sacred Heart Thornlie		
Day	Reason for transportation	Pick up location and Destination	Estimated delivery and collection periods	Transport	Seat belts or safety restraints (if required)	Estimated number No. of children	Staff/educators
MON	<b>Transfer from service to school</b>	<b>Transfer from Sacred Heart OSHC (School Hall) to Sacred Heart Primary School Thornlie (Pre Primary to Year 6)</b> Children in Pre Primary will be taken directly in to the class. Children in Year 1 and 2 will be taken through to the junior quad area where a duty teacher will be in attendance. Year 3-6 children will be taken through to the senior quad area where a duty teacher will be in attendance.	8.25am to 8.35am	<input checked="" type="checkbox"/> Walk <input type="checkbox"/> Bus	Not required	10	1
TUE							
WED							
THU							
FRI							

MON	<b>Transfer from school to service</b>	<b>Transfer from Sacred Heart Primary School Thornlie to Sacred Heart OSHC (School Hall) (Pre Primary to Year 6).</b> Children in Pre Primary will be collected from class and walked to the OSHC. Children in Year 1 and 2 will meet in the junior quad area and be walked to the OSHC. Year 3-6 children will meet in the senior quad area and be walked to the OSHC.	2.25pm to 2.40pm	<input checked="" type="checkbox"/> Walk <input type="checkbox"/> Bus	Not required	10	1
TUE							
WED							
THU							
FRI							

Any medical or medication requirements for child/ren. Yes/No: (if yes, attach medical management plan)

**Parent/Guardian:**

I hereby give my consent for **SACRED HEART PRIMARY SCHOOL CHILD CARE CENTRE** to provide regular transportation as detailed above for 12 months. In an emergency, I authorise the Service to seek necessary medical assistance from a medical practitioner or hospital including transportation by ambulance if required.

Parent/Guardian Name		Signature	
Mobile Number		Home Number	
Work Number		Date	

Education and Care National Regulations 2011- Regulations 102B requires a transport risk assessment to be conducted before our service transports any child. Regulation 102D requires our service to receive written authorisation to transport children. Our service has completed a risk assessment to identify and assess any risks that the transportation of a child may pose to the safety, health and wellbeing of the child. This has been authorised by the Approved Provider and is available to sight at our service. Policies and procedures for transporting children are also available to view. Regular transportation means the transportation by the service or arranged by the service of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported. An authorisation is only required once in a 12-month period.

## PARENT/ GUARDIAN INFORMATION

The details of each known parent must be provided under the Education and Care Services National Regulations. It is important that this information is kept up to date. Please notify the Service if you change your contact information.

PARENT/ GUARDIAN ONE (this person is responsible for the account and claiming Child Care Subsidy)		PARENT/ GUARDIAN TWO	
TITLE		TITLE	
FIRST NAME		FIRST NAME	
SURNAME		SURNAME	
GENDER		GENDER	
RELATIONSHIP TO CHILD		RELATIONSHIP TO CHILD	
DATE OF BIRTH		DATE OF BIRTH	
CRN NUMBER		CRN NUMBER	
ADDRESS		ADDRESS	
SUBURB/ POSTCODE		SUBURB/ POSTCODE	
HOME NUMBER		HOME NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
EMAIL		EMAIL	
OCCUPATION		OCCUPATION	
PLACE OF WORK/ STUDY		PLACE OF WORK/ STUDY	
WORK/ STUDY ADDRESS		WORK/ STUDY ADDRESS	
WORK NUMBER		WORK NUMBER	
COUNTRY OF BIRTH		COUNTRY OF BIRTH	
ETHNICITY		ETHNICITY	
LANGUAGE SPOKEN		LANGUAGE SPOKEN	
RELIGION		RELIGION	
CULTURAL CONSIDERATIONS		CULTURAL CONSIDERATIONS	
DO YOU IDENTIFY AS	ABORIGINAL <input type="checkbox"/> TORRES STRAIGHT ISLANDER <input type="checkbox"/> NEITHER <input type="checkbox"/>	DO YOU IDENTIFY AS	ABORIGINAL <input type="checkbox"/> TORRES STRAIGHT ISLANDER <input type="checkbox"/> NEITHER <input type="checkbox"/>
TALENTS/ HOBBIES YOU COULD SHARE WITH THE SERVICE		TALENTS/ HOBBIES YOU COULD SHARE WITH THE SERVICE	

CARE REQUIRED FOR (PLEASE CIRCLE)      WORK      STUDY      RESPITE      OTHER

## CUSTODY INFORMATION

WHAT OPTION BEST DESCRIBES YOUR SITUATION?	<input type="checkbox"/> BOTH PARENTS AT HOME <input type="checkbox"/> SHARED CUSTODY <input type="checkbox"/> SOLE PARENT <input type="checkbox"/> OTHER _____
ARE THERE ANY COURT ORDERS IN PLACE FOR THE CHILD? IF 'YES' PLEASE SELECT THE TYPE OF ORDER AND ATTACH DOCUMENTATION	YES/ NO <input type="checkbox"/> COURT ORDER <input type="checkbox"/> PARENTING ORDER <input type="checkbox"/> PARENTING PLAN

## AUTHORISED NOMINEES

Authorised Nominees are people to act on your behalf in the event that we cannot contact the parent/guardians. Authorised Nominees can drop off and collect your child from care, be called if your child is unwell and needs to be collected early from care, called to authorise medical treatment including giving of medication or seeking medical attention or authorise staff to take your child outside of the premises e.g. excursions.

We are unable to release your child into the care of anyone who is not listed below. Please note that all authorised people must be at least 18 years of age and be able to show photo identification. Authorised Nominees between the ages of 16 and 18 can be authorised if suitable arrangements have been made with the Nominated Supervisor. It is the responsibility of the child's legal guardian(s) to notify Service staff if someone other than those listed below will be dropping off or collecting your child from care.

In the case of an emergency, the Service will always contact the parents/guardians first. If they are unable to be contacted immediately, we will contact the following people in the order they are listed. Please ensure all contact people are willing and able to collect your child/ren in the event of an emergency prior to enrolment. These people should be easily contactable, be in close proximity to the Service and be willing and able to act on your behalf in emergency situations. Please refer to the Service's Delivery and Collection Policy for further details. **At least two contact names must be completed before commencing care.**

AUTHORISED NOMINEE ONE		AUTHORISED NOMINEE TWO	
TITLE		TITLE	
FIRST NAME		FIRST NAME	
SURNAME		SURNAME	
DATE OF BIRTH		DATE OF BIRTH	
ADDRESS		ADDRESS	
SUBURB/ POSTCODE		SUBURB/ POSTCODE	
HOME NUMBER		HOME NUMBER	
WORK NUMBER		WORK NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
RELATIONSHIP TO YOUR CHILD		RELATIONSHIP TO YOUR CHILD	
EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO DROP OFF/ COLLECT <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO DROP OFF/ COLLECT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO AUTHORISE MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO AUTHORISE MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO CONSENT FOR EXCURSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO CONSENT FOR EXCURSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORISED NOMINEE THREE		AUTHORISED NOMINEE FOUR	
TITLE		TITLE	
FIRST NAME		FIRST NAME	
SURNAME		SURNAME	
DATE OF BIRTH		DATE OF BIRTH	
ADDRESS		ADDRESS	
SUBURB/ POSTCODE		SUBURB/ POSTCODE	
HOME NUMBER		HOME NUMBER	
WORK NUMBER		WORK NUMBER	
MOBILE NUMBER		MOBILE NUMBER	
RELATIONSHIP TO YOUR CHILD		RELATIONSHIP TO YOUR CHILD	
EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		EMERGENCY CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO DROP OFF/ COLLECT <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO DROP OFF/ COLLECT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO AUTHORISE MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO AUTHORISE MEDICAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	
AUTHORITY TO CONSENT FOR EXCURSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO		AUTHORITY TO CONSENT FOR EXCURSIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	

## MEDICAL INFORMATION

<b>DOCTORS NAME</b>		<b>PRACTICE</b>	
<b>ADDRESS</b>		<b>PHONE NUMBER</b>	
<b>MEDICARE NUMBER</b>			
<b>PRIVATE HEALTH CARE FUND</b>			
<b>AMBULANCE COVER</b>			

## MEDICAL AUTHORISATIONS

**In the case of an emergency, if a parent/ guardian or the emergency contacts listed in this form are unable to be contacted, I authorise Sacred Heart OSHC staff to administer first aid, seek medical, dental or hospital attention and/ or an ambulance to take my child to hospital. If the child is taken to hospital, a staff member will accompany the child in the ambulance I agree to meet any expenses incurred.**

<b>PARENT/ GUARDIAN NAME</b>	<b>SIGNATRE</b>
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**DOES YOUR CHILD HAVE ANY ALLERGIES, MEDICAL CONDITIONS OR TAKE ANY REGULAR MEDICATIONS?**  
**YES / NO** If yes, please provide further information (PLEASE NOTE YOU WILL ALSO BE REQUIRED TO COMPLETE A HELTH CARE PLAN AND PROVIDE A COPY OF YOUR CHILD'S ACTION PLAN SIGNED BY THE DOCTOR)

**DOES YOUR CHILD HAVE ANY OTHER ADDITIONAL NEEDS?**  
**YES / NO** If yes, please provide further information (PLEASE NOTE YOU WILL ALSO BE REQUIRED TO COMPLETE A HEALTH CARE PLAN)

**HAS YOUR CHILD EVER BEEN STUNG BY A BEE?**  
**YES / NO** If yes, what was the reaction?

**Parent Declaration**

- I understand that the following preparations for First Aid are the only ointments creams and applications used by Sacred Heart OSHC **(Please sign against products you give staff permission to use on your child.)**
- I understand that for or all other medications I must complete and sign an Authority to Administer Medication record on the day in which medicine is to be administered.
- I have read and agree to follow the Centre policy on Medications and Medical Conditions.
- I have signed granting staff permission to seek medical attention when needed for my child.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE
Band-aides	Coles Brand/ Bandaid Brand	Minor wounds/abrasions	
Sunscreen	Coles Brand/ Woolworths Brand	Sun Protection	
Insect sting cream	Stingoes	Insect bites	
Hand Sanitiser	AQIUM, Betasan Antibacterial Spray, Sanitex	Hand Hygiene	

My child is allergic or cannot use the above products. I agree to provide the following products for my child. I confirm I have applied these products to my child on more than 3 occasions previously without incident.

PRODUCT	BRAND	APPLIED FOR	PARENT SIGNATURE

PARENT/GUARDIAN SIGNATURE	DATE
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## SPECIAL DIET INFORMATION

The OSHC provides breakfast and afternoon tea. All other meals and snacks are to be provided from home  
**In cases of very restrictive diets it is recommended that you provide most, or all of the food. Please remember to inform us if/ when this information requires updating**

**REASON FOR SPECIAL DIET**     RELIGIOUS     HEALTH/ MEDICAL     OTHER

**FOODS YOUR CHILD MUST AVOID?**

**ALTERNATIVE FOODS YOUR CHILD CAN CONSUME?**

**HOW LONG WILL YOUR CHILD BE ON THIS DIET?**

**PERMISSIONS**

I GIVER PERMISSION FOR	YES/ NO	SIGNATURE
My child to participate in all activities offered in the OSHC Centre. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child to participate in a particular activity.		
Staff at the Centre to take my child on walks and participate in activities within the school grounds eg library, oval, playgrounds. Risk assessment and management plans are conducted and reviewed annually or as necessary and are available for you to view.		
My child to be observed (written, audio/video and photographs) by educators and students for programming purposes. For use within the service only. Students wishing to use observations of children outside of the service will be required to issue a separate form for your permission.		
My child's photograph, to be taken or recorded at the Centre for use within the centre		
My Child's photo to be printed outside of the Centre		
The Centre to publish my child's photograph, name and age in local papers, websites or publicity materials in regard to publicity for the centre (This includes social media platforms Facebook etc.)		
My child's photograph to appear in the documentation of other children (This includes observations and group stories and in the Centre)		
The Centre to use my child's photo for newsletters, handbooks and school website		
Information about my child to be shared with Sacred Heart Primary School Thornlie		
For my child to participate in activities using face paint, hair spray and nail polish		

**PRIVACY STATEMENT**

Sacred Heart Primary School Outside School Hours Care Centre of 40 Ovens Road Thornlie is required to collect and use personal information about all families and children who enrol at the Centre as well as all staff who are employed to work within the Centre. Sacred Heart OSHC Centre is committed to safeguarding your privacy. We take our responsibilities and obligations seriously when collecting and handling your personal information. The Privacy Act and any relevant registered privacy codes govern the way we must manage your personal information. We will collect, hold, store, use and share the personal information provided to us for the purposes it was intended when collected and to ensure we provide the highest quality of care and education. This information is required to ensure we meet all of our obligations as an employer and business and to meet the health, safety and wellbeing needs of your child whilst in our care. It is also required to ensure we meet the legislative requirement set out in:

- Education and Care Services National Regulations 2012
- Education and Care Services National Law (WA) Act 2012
- National Quality Framework
- Family Assistance Law
- Working With Children (Criminal Record Checking) Act 2004

We only collect personal information for purposes which are directly related to our operations and functions and only when necessary to do so. The information that you provide us is used by those Service staff who need to access the information to meet the above requirements. The information may be disclosed to the following authorities:

- Australian Children's Education and Care Quality Authority (ACECQA)
- Education and Care Regulatory Unit Officers
- Department of Social Services
- Department of Child Protection
- Department of Education and Training
- Inclusion Support Facilitator
- Department of Human Services
- Catholic Education Western Australia Limited

All information is kept secure, to protect it from unauthorised access, modification or disclosure. You are entitled to access personal and private information kept about you and your family on request, and may ask for inaccurate information to be updated or corrected. Failure to provide the required information will result in non-acceptance of your child's enrolment. All information provided to an individual is not to be used in any way other than for the purposes for which the information has been provided to that individual. If you wish to discuss any aspect of our Privacy Statement further or make a complaint about a breach of the Privacy Act, please contact the Children's Services Director. You may contact the Centre at any time by phone or email.

Phone: 9251 3015 Email: oshc@shthorn.wa.edu.au

<b>PARENT/ GUARDIAN NAME</b>		<b>DATE</b>	
<b>PARENT/ GUARDIAN SIGNATURE</b>			

## ENROLMENT AND BOOKING AGREEMENT

It is the family's responsibility to apply for Child Care Subsidy (CCS). Families will be charged full fees upon enrolment if they are not currently registered for CCS

Families eligible for CCS and who have paid full fees prior to notification will receive a credit through the Childcare Management System (CCMS) once CCS notification has been received. Full fees will also be charged if Child Care Subsidy is suspended for any reason

Child Care Subsidy eligibility applies only if attendance records are accurately completed and signed by the responsible person and all other eligibility requirements are met

Once a place has been booked payment is required whether a child attends or not. Full fees are required to be paid on absent days and holidays if a child is enrolled for care on the day they occur

Two (2) weeks' notice is required for all cancellations including holidays and cessation of care. Families will be charged for non-attendance on pre booked days which do not comply with this timeline

Cancellations must be submitted in writing in the Centre or by email to [elc@shthorn.wa.edu.au](mailto:elc@shthorn.wa.edu.au)

Cessation of Care: Fees will be charged for the final two weeks of care, regardless of attendance. CCS can only be applied up until the last attendance so full fees will apply after this day

Whenever possible the parent/guardian should ring the service to advise they will be late to collect their child. A late fee of \$5.00 per 5 minutes or part thereof will be charged if your child/children are not picked up by 6.00p.m

Permanent and part time bookings will be given preference and casual bookings will be subject to availability

## BILLING ARRANGEMENTS AND FEE PAYMENTS AGREEMENT

All fees are charged one week in arrears and are due to be paid to the Centre on the Friday following the invoice

Fees are to be paid via Direct Debit through Debit Success. A copy of the current Fees are displayed in the Service.

Parents/guardians are encouraged to discuss payment difficulties and make suitable arrangements to pay with the Nominated Supervisor and School Principal

## REGISTRATION AGREEMENT

I have received and read the family handbook and I understand any updates to policy will be displayed in the centre

I agree that in the case of accident or injury, the centre will contact me. If they cannot reach me they will try to contact a listed emergency contact. If determined necessary by staff at the centre, I authorise an ambulance to take my child to hospital, and agree to meet any expenses incurred

I understand that I need to comply with all Government requirements in relation to the Centre and its service

I will advise the Centre as soon as practicable of any updates to my circumstances

I understand that it is my responsibility to fulfil any obligations required to receive Child Care Subsidy (CCS)

I agree to pay the weekly fee on the due day as determined by the Centre's payment policy requirement or as agreed to by the Centre.

I am aware that any failure to pay due fees may result in cancellation of care

I am aware that fees will be reviewed biannually and I will receive a minimum of two (2) weeks' notice of any changes being made

I understand that two (2) weeks' notice is required for all cancellations including holidays. Families will be charged for non-attendance on pre-booked days that do not comply with the above timeline. Cancellations MUST be submitted in writing

I am aware that I will be responsible for payment on any days my child is sick or absent from care without giving the required 2 weeks' notice

I understand that a system of payment for late collection operates at the centre and that I am responsible for the payment of any fees incurred

I am aware that my child will be excluded from care at the Centre if they have a communicable or infectious disease. I understand that my child will be accepted back into the centre once the exclusion guidelines have been met

I understand the services 'Children Who Are Unwell' and 'Illness' Policy including the exclusion periods for fever and vomiting/diarrhoea

I consent to my child being in the presence of volunteers, visitors and students, with the appropriate supervision by Centre staff

I have presented the Centre with a copy of my child's current immunisation details and birth certificate

I have read and understand the Privacy Statement

I am aware of the services opening and closing times (6.30am – 6pm)

The Centre reserves the right to cancel care if it considers doing so would be in the best interest of the Centre. Two weeks' notice of cancellation of care will be provided

I am aware that OSHC Staff cannot deliver and collect my child from before/ after school clubs and sports. A separate permission form must be signed if your child will be participating in clubs/ sports run by the school and alternate arrangements made for them to be delivered and collected on days they are booked

I agree to accounts and correspondence being sent to me electronically, to the email address provided on the enrolment form

I am aware that it is my responsibility to sign my child in and out on the attendance record each time they attend as well as confirm and sign for any absent days

I have received a copy of the Code of Conduct and agree to abide by it at all times

**I HAVE READ THE ENROLMENT AND BOOKING AGREEMENT, BILLING ARRANGEMENTS AND FEE PAYMENTS AGREEMENT AND REGISTRATION AGREEMENT AND AGREE TO ADHERE TO THE ABOVE CONDITIONS AND POLICIES AT ALL TIMES**

PARENT/ GUARDIAN NAME

DATE

PARENT/ GUARDIAN SIGNATURE

