



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



Address: 14 Hay Road, Linden Park SA 5065

Email: oshc.lpps66@schools.sa.edu.au

Phone: 8379 4610

Fax: 8379 2571

Mobile: 0434 609 791

LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC CHECKLIST 2018

The information provided in this enrolment package is confidential and will be used accordingly by staff and emergency personnel only.

You will be required to complete a new enrolment pack each year that your child(ren) attend the service.

Please note a \$10 annual fee will apply per family each year.

TO SUCCESSFULLY ENROL YOUR CHILD(REN) YOU NEED TO:

- Complete and return an **Enrolment Form**.
- Ensure you include all individual birthdates and CRN's in order to be eligible for Child Care Benefits. You must also provide your own date of birth and CRN. For more information on your eligibility contact Centrelink.
- Inform Centrelink that you are using the Linden Park Primary School Council OSHC and provide them with the following service numbers:
 - Before/After School Care: 555 009 333T*
 - Vacation Care: 406 016 982K*
- Complete an **About You Form** (one per child)
- Include any copies of current **restraining and/or court orders**.
- Complete and return a **Medical Form** for each child.
- Include any **Behaviour or Health Management plans** with your enrolment. Please provide the service with written documentation in the form of Action or Care plans in relation to health or other conditions which may affect the child(ren)'s care.
- Read and complete **OSHC Permissions and Consents Form**.
 - Complete and return a **Booking Form**.
 - Complete and return a **Homework Form**.
 - Read and keep the **Family Handbook**.

YOU WILL RECEIVE AN EMAIL WITHIN A FEW DAYS CONFIRMING YOUR

ENROLMENT PROVIDING ALL FORMS ARE COMPLETED AND RETURNED.



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



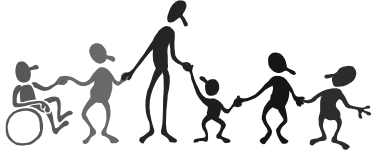
LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC ENROLMENT 2018

CHILD/REN'S DETAILS		
FAMILY NAME (SURNAME):		
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	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"/> <input type="text"/> <input type="text"/>
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	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"/> <input type="text"/>
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	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"/> <input type="text"/>
CHILD'S FIRST/GIVEN NAME:	BIRTH DATE:	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"/> <input type="text"/>

ACCOUNT HOLDER	
FIRST NAME:	SURNAME:
BIRTH DATE:	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"/> <input type="text"/>
RELATIONSHIP TO CHILD:	
ADDRESS:	
EMAIL:	

PARENT/GUARDIAN INFORMATION #1		
FIRST NAME:	SURNAME:	
BIRTH DATE:	RELATIONSHIP TO CHILD:	
ADDRESS:		
HOME PH:	WORK PH:	MB:
PLACE OF EMPLOYMENT:		
EMAIL:		

PARENT/GUARDIAN INFORMATION #2		
FIRST NAME:	SURNAME:	
BIRTH DATE:	RELATIONSHIP TO CHILD:	
ADDRESS:		
HOME PH:	WORK PH:	MB:
PLACE OF EMPLOYMENT:		
EMAIL:		



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC ENROLMENT 2018

EMERGENCY CONTACT DETAILS #1 (OTHER THAN GUARDIANS)

THIS EMERGENCY CONTACT IS AUTHORISED TO CONSENT MEDICAL TREATMENT, AUTHORISE ADMINISTRATION OF MEDICATION, COLLECT THE CHILD FROM THE SERVICE AND AUTHORISE EDUCATORS AND OTHER PERSONS TO COLLECT AND TAKE THE CHILD OUTSIDE THE SERVICE.

FIRST NAME:

SURNAME:

GENDER:

RELATIONSHIP TO CHILD:

PH:

MB:

ADDRESS:

EMERGENCY CONTACT DETAILS #2 (OTHER THAN GUARDIANS)

THIS EMERGENCY CONTACT IS AUTHORISED TO CONSENT MEDICAL TREATMENT, AUTHORISE ADMINISTRATION OF MEDICATION, COLLECT THE CHILD FROM THE SERVICE AND AUTHORISE EDUCATORS AND OTHER PERSONS TO COLLECT AND TAKE THE CHILD OUTSIDE THE SERVICE.

FIRST NAME:

SURNAME:

GENDER:

RELATIONSHIP TO CHILD:

PH:

MB:

ADDRESS:

OTHER PERSONS WITH COLLECTION AUTHORITY ONLY (OTHER THAN GUARDIANS)

FIRST NAME:

SURNAME:

GENDER:

RELATIONSHIP TO CHILD:

PH:

MB:

ADDRESS:

FIRST NAME:

SURNAME:

GENDER:

RELATIONSHIP TO CHILD:

PH:

MB:

ADDRESS:

FIRST NAME:

SURNAME:

GENDER:

RELATIONSHIP TO CHILD:

PH:

MB:

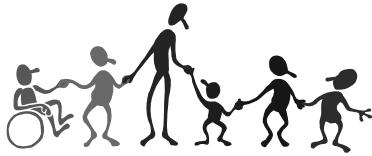
ADDRESS:

PARENT/GUARDIAN APPROVAL

FULL NAME:

SIGNATURE:

DATE:



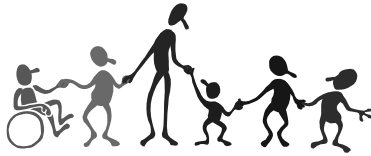
LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC ABOUT YOU 2018 (ONE PER CHILD)

CHILD INFORMATION	
FIRST NAME:	SURNAME: GENDER:
LANGUAGE/S SPOKEN AT HOME:	RELIGION:
PLACE OF BIRTH:	
IS YOUR CHILD(REN) OF ABORIGINAL OR TORRES STRAIT ISLANDER DESCENT?:	
CARE ARRANGEMENTS	
NAME OF PRIMARY CARER(S):	
PLEASE CIRCLE REASON FOR ACCESS TO SERVICE: (EG. SINGLE PARENT,WORKING/STUDYING, BOTH PARENTS WORKING/STUDYING, RESPITE PURPOSES)	
ARE THERE ANY COURT ORDERS, PARENTING ORDERS OR PARENTING PLANS IN RELATION TO THE DUTIES OR RESPONSIBILITIES OF GUARDIANS IN RELATION TO YOUR CHILD OR ACCESS TO YOUR CHILD? YES/NO COPY PROVIDED: YES/NO	
IS ANYONE LEGALLY DENIED ACCESS TO YOUR CHILD? YES/NO COPY PROVIDED: YES/NO	
NAME OF PERSON LEGALLY DENIED ACCESS:	RELATIONSHIP TO CHILD:
THE FOLLOWING PEOPLE ARE NOT AUTHORISED TO COLLECT MY CHILD(REN) FROM OSHC:	
FULL NAME:	RELATIONSHIP TO CHILD:
FULL NAME:	RELATIONSHIP TO CHILD:
<i>IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS PLEASE PROVIDE THE SERVICE WITH THE RELEVANT DOCUMENTATION.</i>	
CULTURAL CONNECTIONS AND FAMILY TRADITIONS	
DOES YOUR FAMILY OBSERVE ANY PARTICULAR RELIGIOUS OR CULTURAL PRACTICES THAT ARE SIGNIFICANT TO YOUR CHILD?	
DO YOU CELEBRATE ANY CULTURAL/RELIGIOUS TRADITIONS? HOW DO YOU CELEBRATE THESE TRADITIONS?	
WHAT 'FAMILY' TRADITIONS DO YOU CELEBRATE TOGETHER? (E.G. CAMPING ON LONG WEEKENDS)	
AS A FAMILY DO YOU HAVE ANY FAVOURITE FOODS?	
AS A FAMILY DO YOU HAVE A FAVOURITE HOLIDAY DESTINATION OR ACTIVITY?	
OTHER COMMENTS/CONSIDERATIONS (E.G BEHAVIOUR, DIET, ADDITIONAL NEEDS)	



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC MEDICAL 2018
(ONE PER CHILD)

CHILD'S FULL NAME :		DATE OF BIRTH:		GENDER:	
MEDICARE NUMBER: <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"/>				HEALTH CARD NO: <input type="text"/>	
MEDIC ALERT NUMBER:					
I/WE ON BEHALF OF THE CHILD NAMED ABOVE HAVE AMBULANCE INSURANCE COVER WITH:					
<input type="checkbox"/> SA AMBULANCE SERVICE:					
<input type="checkbox"/> PRIVATE HEALTH INSURER, NAME: _____					
<input type="checkbox"/> ANY OTHER INSURER, NAME: _____					
<i>DOES YOUR CHILD REGULARLY EXPERIENCE ANY OF THE FOLLOWING? PLEASE TICK AND PROVIDE DETAILS IN SPACE PROVIDED BELOW. IF YES, AN INDIVIDUAL ACTION/MEDICAL PLAN BY AN AUTHORISED MEDICAL PRACTITIONER MAY BE PROVIDED.</i>					
KNOWN ALLERGIES	YES	NO	WHAT CAUSES THE ALLERGY?		
			<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE <input type="checkbox"/> ANAPHYLACTIC		
			SYMPTOMS:		
			PLEASE PROVIDE DETAILS OF ANY ALLERGY MANAGEMENT PLAN:		
			ACTION PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DIETARY RESTRICTIONS	YES	NO	SPECIAL DIETARY RESTRICTIONS: (PROVIDE DETAILS)		
INTOLERANCES	YES	NO	WHAT CAUSES THE INTOLERANCE?		
			<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE		
			SYMPTOMS:		
			CURRENT ACTION PLAN: (PROVIDE DETAILS)		
ASTHMA	YES	NO	WHAT CAUSES THE ASTHMA?		
			<input type="checkbox"/> MILD <input type="checkbox"/> SEVERE		
			SYMPTOMS:		
			ASTHMA PLAN ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO		
			PLEASE NOTE PLANS NEED TO BE UPDATED EVERY 6 MONTHS.		



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC MEDICAL 2018 (ONE PER CHILD)

SEIZURES	YES	NO	KNOWN TRIGGERS:
			CURRENT ACTION PLAN: (PROVIDE DETAILS)
IMMUNISATION	IS YOUR CHILD FULLY IMMUNISED AS APPROPRIATE FOR HIS/HER AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
	IF NO PLEASE GIVE DETAILS:		
	<i>IF YOUR CHILD'S IMMUNISATION STATUS IS NOT UP TO DATE YOUR ELIGIBILITY TO RECEIVE CHILD CARE BENEFIT MAY BE AFFECTED.</i>		
	I ACCEPT FULL RESPONSIBILITY IF MY CHILD IS NOT IMMUNISED:		YES/NO
PARENT/GUARDIAN SIGNATURE:		DATE:	
DO YOU HAVE ANY CONCERNS REGARDING YOUR CHILD'S DEVELOPMENT	YES	NO	PROVIDE DETAILS:
IS YOUR CHILD ACCESSING ANY SPECIAL SUPPORT SERVICES?	YES	NO	PROVIDE DETAILS:
DOES YOUR CHILD PRESENT WITH ANY ADDITIONAL NEEDS OR HAVE A DIAGNOSED DISABILITY?	YES	NO	PROVIDE DETAILS: (ATTACH DOCTORS CERTIFICATE OR OTHER RELEVANT INFORMATION)
ANY OTHER RELEVANT HEALTH MANAGEMENT INFORMATION?	YES	NO	PROVIDE DETAILS: (ATTACH DOCTORS CERTIFICATE OR OTHER RELEVANT INFORMATION)
MEDICAL CONTACT DETAILS			
CHILD'S DOCTOR:		WORK PH:	
ADDRESS:			
CHILD'S DENTIST:		WORK PH:	
ADDRESS:			
I/We understand, acknowledge and grant permission to the following:			
<ul style="list-style-type: none"> - Authorise Educator's to provide any required first aid and to facilitate medical attention in the event of an emergency. - To obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my/our child and accept responsibility for payment of all expenses associated with such treatment. - Every effort will be made to contact me/us in event of an illness, accident or emergency. - Prescribed medicine will only be administered when it is accompanied by written instructions and a permission to administer medication form. - The service is unable to care for children who are sick or who have a contagious illness and a medical clearance may be necessary before my/our child is able to return. - That a qualified staff member will administer anaphylaxis and/or asthma medication should it be deemed necessary, even if my/our child has not been previously diagnosed or prescribed such medication. 			
PARENT/GUARDIAN APPROVAL			
FULL NAME:		SIGNATURE:	DATE:



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC CONSENTS 2018

ACCOUNT NAME

IN ORDER TO FINALISE YOUR ENROLMENT, YOU ARE REQUIRED TO READ AND RESPOND TO THE CONSENTS BELOW. PLEASE NOTE CONSENT STATEMENTS ARE A COMPULSORY REQUIREMENT OF ENROLMENT. **PLEASE COMPLETE ONE FORM PER FAMILY.**

CONSENTS

I/We understand, acknowledge the following

GENERAL

- Have read the Family Handbook and agree to abide by the service policies, procedures and philosophy of Linden Park Primary School Council OSHC.
- Give consent to the information contained in this document being available to the Educators employed by Linden Park Primary School Council OSHC. I understand this information will be handled strictly in accordance with privacy and confidentiality guidelines and will only be shared as a way of improving the quality of service provided to my/our child.
- That it is my/our responsibility to ensure all information associated with enrolment is current and I/we will notify the service immediately of any changes.
- That my/our child(ren) is required to be signed in and out of care at the service by either a parent/guardian or authorised nominee to ensure all legal obligations are met.
- Must notify the service if a person, who is not on the service's current records as authorised to collect, will be collecting my/our child(ren) from any session of care and that photo ID will be required on collection.
- If my/our child(ren) cannot be signed in or out of care, the parent/guardian or authorised nominee must contact Linden Park Primary School Council OSHC to grant an Educator permission to do so.
- For my/our child(ren) to participate in all activities offered by the service. I will advise the service in writing if I/we do not wish for my/our child(ren) to participate in a particular activity.
- That the service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.

FEES

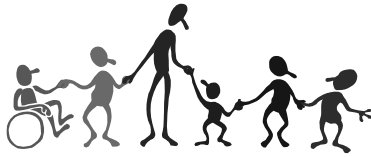
- That it is my/our responsibility to pay for all fees for all days that my/our child(ren) attends the program.
- That OSHC fees are to be paid fortnightly as per the payment of fees policy found in the family handbook.
- Cancellations of After School Care, Before School Care, Pupil Free Days and Vacation Care must be made by Friday, the week before the care is required. Cancellations made after this day will be charged the full fee as per booking and cancellations policy.
- To inform staff of any absence of my/our child(ren) as soon as possible and to pay any fee that may be incurred as a result of not cancelling within the specified timeframes, as set out in the payment of fees and bookings and cancellation's policy.
- That failure to pay fees within prescribed timeframes may result in withdrawal of care until account is paid in full or a payment plan is negotiated as per payment of fees policy.
- That if my/our child(ren) is not collected by closing time (6:30pm) that I/we will incur a late fee penalty as specified in the service's payment of fees policy, being \$10 for each 10 minute period or part thereof.
- I understand that it is my/our responsibility to ensure all Child Care Benefit requirements are fulfilled, in particular, ensuring eligibility for CCB/CCR/JET, providing my/our dates of birth and providing family and child CRN's.

PARENT/GUARDIAN APPROVAL

FULL NAME:

SIGNATURE:

DATE:



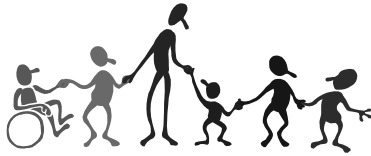
LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC PERMISSIONS 2018

ACCOUNT NAME			
<p>IN ORDER TO FINALISE YOUR ENROLMENT, YOU ARE REQUIRED TO READ AND RESPOND TO THE PERMISSIONS BELOW. PLEASE NOTE THAT THE PERMISSIONS PROVIDE PARENTS/GUARDIANS WITH OPTIONS TO CONSIDER. PLEASE COMPLETE ONE FORM PER FAMILY.</p>			
SUPPORT	YES	NO	I/We give permission for staff to support my/our child(ren)'s learning and development whilst at the service, I/We give permission for the Director or service representative to liaise with school and/or specialist staff/emergency personnel.
	YES	NO	I/We give permission for staff to undertake observations of my/our child(ren) for the purpose of documenting children's learning and program development.
ACTIVITIES	YES	NO	I/We give permission for staff to encourage my/our child(ren) to start their homework while attending OSHC.
	YES	NO	I/We give permission for staff to enable my/our child(ren) to watch PG rated movies, programs and games while at OSHC.
	YES	NO	I/We give permission for my/our child(ren) to participate in face painting activities.
	YES	NO	I/We give permission for Educators to escort my/our child(ren) to extra-curricular activities such as sport training, art lessons at the school grounds including Mariner oval and sign them out of care if necessary.
HEALTH & SAFETY	YES	NO	I/We give permission for staff to apply adhesive bandages e.g. Band-Aids to my/our child(ren).
	YES	NO	I/We give permission for my/our child(ren) to have 30+ sunscreen/insect repellent applied as required.
	YES	NO	I/We give permission for Educator's to provide my child(ren) with toileting assistance if required.
MEDIA	YES	NO	I/We understand that photos, videos and digital images are an integral part of the service's program and that my/our child(ren)'s surname will not be displayed. I/We give permission for photos of my/our child(ren) to be displayed in school newsletters, school website and at the service.
	YES	NO	I/We understand that as part of documenting and sharing children's learning 'Happy snaps' of children are sent to LPOSHC families. I/We give permission for group photos featuring my child(ren) to be shared with LPOSHC families.
	YES	NO	I/We give permission for my/our child(ren) to bring a mobile phone to OSHC to be used in case of emergencies. Phones must be used in accordance with the mobile phone policy. Please note that children misusing their mobile phones whilst at the service will have their privilege reviewed.
	YES	NO	I/We give consent to my/our child(ren) using the ICT system at Linden Park Primary School Council OSHC under the conditions detailed in the school's ICT agreement.
PARENT/GUARDIAN APPROVAL			
FULL NAME:		SIGNATURE:	
		DATE:	



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC BOOKINGS 2018

ACCOUNT NAME												
BOOKING SCHEDULE 2018 (PLEASE TICK)												
COMMENCEMENT DATE:					END DATE:							
CHILDREN'S DETAILS (CHILD #1)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):				PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)					
CHILDREN'S DETAILS (CHILD #2)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):				PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)					
CHILDREN'S DETAILS (CHILD #3)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):				PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)					
CHILDREN'S DETAILS (CHILD #4)			MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
			BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC
CHILD'S NAME:												
CHILD'S DOB:												
CHILD'S YEAR LEVEL:			ROOM NUMBER (IF KNOWN):				PERMANENT/CASUAL BOOKING (PLEASE CIRCLE)					
<p>I/We understand that the hours of operation for Linden Park Primary School Council OSHC are: 7:00 - 8:30AM and 3:10 - 6:30PM. I/We understand that a late fee will apply if my/our child(ren) is not collected before closing time (6:30PM). I/We understand the Cancellation Policy outlined in the Family Handbook, and agree to notify the service of any changes to booking details as soon as possible.</p>												
PARENT/GUARDIAN APPROVAL												
FULL NAME:				SIGNATURE:				DATE:				



LINDEN PARK PRIMARY SCHOOL COUNCIL

Out of School Hours Care



LINDEN PARK PRIMARY SCHOOL COUNCIL OSHC HOMEWORK 2018

HOMEWORK ROOM

The Linden Park Primary School Council OSHC recognises the importance of homework. Parents/Guardians can sign the children up to complete their homework whilst at OSHC and the Educator’s will encourage and remind the child to visit the homework room. Educators will be there to assist with homework and will aim to provide a quiet environment and supervision. A homework sheet will be completed by the Educator stating what the children have done in the session. Families **must** sign once they have sighted the sheet.

Please tick the days you would like your child(ren) to complete their homework in the homework room

Child’s Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child’s Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child’s Name	Monday	Tuesday	Wednesday	Thursday	Friday
Child’s Name	Monday	Tuesday	Wednesday	Thursday	Friday

Please note, the homework room will be open from approximately 3:45-5pm each day due to staffing. Children on the list will be called in and made aware that the homework room is open. Educator assistance for homework will only be provided during this time, therefore it is the child’s responsibility to come into the homework room once called.

PARENT/GUARDIAN APPROVAL

FULL NAME:

SIGNATURE:

DATE: