



Burra & Communities Out of School Hours Care
7 Bridge Terrace, Burra SA 5417

CHILD DETAILS:

Child's Full Name:

.....

Preferred Name:

.....

Home Address:

.....
.....

Date of birth: / / Male / Female / Non-Binary / Unspecified

Do you permit the service to display your child's date of birth within the centre? Yes / No

Centrelink Reference Number (CRN):

.....

Indigenous status: Aboriginal: Yes / No Torres Strait Islander: Yes / No

What is your child's current year level?:

ENROLLING PARENT / GUARDIAN AND BILLING DETAILS:

Name:

.....

Postal Address:

.....
.....

Date of birth: / / Male / Female / Non-Binary / Unspecified

Centrelink Reference Number (CRN):

..... Relationship to Child:

Mother / Father / Guardian / Other: Phone: Home:

..... Work: Mobile:

Email:

.....

Do you have children in care elsewhere? Yes / No If YES, Number of Children?

OTHER PARENT / GUARDIAN:

Name:

.....

Postal Address:

.....
.....

Relationship to Child: Mother / Father / Guardian / Other:

Phone: Home: Work:

Mobile:.....

Email:

.....

COURT ORDERS AND COLLECTION RESTRICTIONS:

Are there any court orders in place which apply to your child? Yes / No

If yes, please bring a copy of the Court Order for sighting by staff and a copy to attach to this enrolment form.

Please detail any custody arrangements:

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.....
.....

HOMEWORK:

Would you like your child to participate in homework club whilst at OSHC?

Yes / No / Not Applicable

AUTHORITY TO LEAVE THE PREMISES:

Do you permit your child to leave the centre for the purposes of attending nearby extracurricular activities (Sporting commitments) whilst attending care? **(Please note, children will be escorted to nearby sporting commitments by an approved Educator whenever possible)**

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EMERGENCY CONTACT DETAILS AND AUTHORITY TO COLLECT:

(This would be someone other than the parent/guardians listed who would be able to collect your child in an emergency situation)

Name (1):

.....

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work:

Mobile:

Name (2):

.....

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work:

Mobile:

Name (3):

.....

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work:

Mobile:

Name (4):

.....

Relationship to Child: Grandparent / Auntie / Uncle / Friend / Sibling / Other:

Phone: Home: Work: Mobile:

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DIETARY REQUIREMENTS:

Does your child have any special dietary requirements? (Diabetic, Halal, Kosher, Vegetarian/ Vegan)
Yes /No

Does your child have any known food allergies or intolerances (Dairy, FODMAP, Fructose, Gluten)?
Yes / No

If yes, please detail:

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.....
.....

Are they life threatening? Yes / No

Is there a medical plan in place? Yes / No If yes, please provide a copy

MEDICAL INFORMATION:

Has your child been diagnosed with any of the following Medical Conditions (please circle):

Diabetes Asthma (if yes, please provide a copy of current Asthma Care Plan)

Epilepsy Allergies, if yes please detail: Other, please detail

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.....
.....

Are the allergies: Mild / Seasonal / Severe

Does your child have a Diagnosed Disability, Mental Health Issue or Special Need? (Anxiety, Autism)
Yes / No

If yes, please detail:

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.....

Has your child received all required immunisations for their age? Yes / No If no, please give details:

.....
.....
.....

If no, I accept full responsibility if my child is not immunised. Yes / No

Parent / Guardian signature:

ATTENDANCE:

(Please indicate you enrolment type and desired bookings)

	Casual	Permanent				
After School Care (ASC)	Mon	Tues	Wed	Thurs	Fri	
Vacation Care	Mon	Tues	Wed	Thurs	Fri	

PERMISSIONS:

- I give permission for my child to watch “PG”: rated movies. **Yes / No**
- I give permission for my child to take part in supervised walking excursions within the local area as part a programmed, planned or informal activity. **Yes / No**
- I give permission for Educators to apply sunblock to my child, if required **Yes /No**
- I give permission for my child to be videoed for Burra OSHC purposes only **Yes / No**
- I give permission for my child to be photographed for Burra OSHC purposes only **Yes / No**
- I give permission for my child to be photographed and for their image to be published in our school Newsletter or in promotional material for the service. **Yes / No**
- I give permission for Educators to check my child’s hair for head lice confidentially and Discreetly. **Yes / No**
- I give permission for Educators to administer rescue medication (for asthma or anaphylaxis) **Yes / No**

BEHAVIOUR AGREEMENT AND BEHAVIOR MANAGEMENT POLICY:

At Burra OSHC, we believe that each child and Educator is responsible for upholding the behavioural standard established and supported within our service. We believe that this is achieved when each individual takes responsibility for their actions; remembering to follow our service values.

Our core values are: **RESPECT, HONESTY & RESPONSIBILITY.**

Each year, we encourage our accessing children to engage in an exercise in which we establish a *behaviour agreement* based upon the needs and knowledge of the group. This guided conversation aims to develop an agreement which encompasses the individual beliefs and values of each child and Educator, whilst framing the agreement in a positive and constructive light. Instead of focusing on the actions and choices we **don't** want to see in OSHC, we instead focus on the behaviours and feelings that **we all want**, deciding on how we can construct our agreement to ensure that these behaviours occur the majority of the time. The following is our most recent behaviour agreement, as suggested and agreed upon by the children and Educators at Burra OSHC:

At Burra OSHC we agree to:

- Show active (whole body) listening whilst others are talking.
- Be seen at all times (for our own safety), remembering to ask when we want to leave the OSHC room for any reason.
- Use the OSHC furniture and resources safely and appropriately.
- Keep our hands, and feet to ourselves; remembering to respect personal space.
- Put activities and resources back where they belong when finished with them
- Use respectful language and manners when speaking with staff, and children.
- Move around the OSHC room and the schoolyard safely.
- Co-operate, share and take turns.
- Include others in games and activities, and ask to be included.
- Keep our noise level low and out movement slow when needed (especially when visiting a *shared space*).
- Follow the instructions of staff the first time, every time.
- Encourage everyone to make the right choices.

Our current *Behaviour Management Policy* is outlined in detail in the *Family Information Handbook* each account holder receives upon enrolment. Please take the time to familiarise yourself with this document before commencing care, if you have any questions regarding this policy, please find a time to speak to the service Director.

PARENT / GUARDIAN AUTHORITY AND ACKNOWLEDGEMENT:

I agree to pay the required fees for my child's booked or attended sessions, and accept that if this is forwarded to a debt recovery agency, I am fully responsible for any debt collection fees incurred.

I agree to allowing Educators to administer first aid to my child if the need arises.

I understand that if my child requires emergency medical / hospital / Ambulance treatment that Educators will arrange appropriate emergency treatment and I may be liable for the expenses.

I have read the information in the service's *Family Information Handbook* and agree to comply with the outlined Policies and Procedures.

I certify that the information entered upon this form is true and accurate to the best of my knowledge, and agree to inform the Service if any of these details change.

Parent / Guardian Signatures:Date:.....