



OSHC Enrolment Form

Child 1	Child 2	Child 3
Family Name:	Family Name:	Family Name:
Given Names:	Given Names:	Given Names:
Date of Birth:	Date of Birth:	Date of Birth:
Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>	Gender: Male <input type="checkbox"/> /Female <input type="checkbox"/>
CRN:	CRN:	CRN:
Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>	Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>	Aboriginal/Torres Strait Islander: Y <input type="checkbox"/> /N <input type="checkbox"/>
Home Address:		
Suburb:		Postcode:
Enrolling Parent/Guardian		
Name:		
Date of Birth:	CRN:	Relationship to Child/ren:
Address:		
Suburb:		Postcode:
Home Phone:	Work Phone:	Mobile:
Email:		
Other Parent/Guardian (if applicable)		
Name:		Relationship to Child/ren:
Address:		
Suburb:		Postcode:
Home Phone:	Work Phone:	Mobile:
Email:		

Parenting Plans/Orders relating to these children: *(please attach relevant information/plans etc.)*

Emergency Contacts & Collection Authorities

It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be contacted, to pick up the child in an emergency and care for the child until s/he can be returned home.

Name:		✓ if applicable
Address:		Emergency Contact: <input type="checkbox"/>
Suburb: Postcode:		Collection Authority: <input type="checkbox"/>
Phone:	Mobile:	Relationship to child/ren:

Name:		✓ if applicable
Address:		Emergency Contact: <input type="checkbox"/>
Suburb: Postcode:		Collection Authority: <input type="checkbox"/>
Phone:	Mobile:	Relationship to child/ren:

Name:		✓ if applicable
Address:		Emergency Contact: <input type="checkbox"/>
Suburb: Postcode:		Collection Authority: <input type="checkbox"/>
Phone:	Mobile:	Relationship to child/ren:

Name:		✓ if applicable
Address:		Emergency Contact: <input type="checkbox"/>
Suburb: Postcode:		Collection Authority: <input type="checkbox"/>
Phone:	Mobile:	Relationship to child/ren:

Medical & Health Information

Has the child received all <i>immunisations</i> appropriate for his/her age?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
--	---	---	---

I accept full responsibility if my child is not immunised and agree to provide an exemption letter from my doctor.

Parent/Guardian Signature:

Has the child any <i>conditions/medications</i> that may be affected by OSHC activities	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
---	---	---	---

Please provide details:

Has the child an <i>special needs or disabilities</i> ?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
---	---	---	---

Please provide details:

Has the child any special dietary needs not relating to allergies?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Has the child any kind of allergies? E.g. Foods - Reaction & medication	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Has the child any other medical information we might need to know?	Child 1 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 2 Y <input type="checkbox"/> /N <input type="checkbox"/>	Child 3 Y <input type="checkbox"/> /N <input type="checkbox"/>
Please provide details:			
Please supply the service with required medications in original packaging with the child's name clearly marked. Please also provide a medical action plan along with required medication for life threatening illnesses e.g. asthma, anaphylaxis etc.			
Usual Medical Attendant	Doctors Name:		
Phone:	Clinic Name		
Address:			
Suburb:		Postcode:	
Usual Dental Attendant	Doctors Name:		
Phone:	Clinic Name:		
Address:			
Suburb:		Postcode:	
Medical Benefits Cover with:			
Ambulance Cover with:			
Medicare Number:			
Health Care Card Number:			
Any other Information			

Consents		Initial
I consent for my child/ren to take part in supervised walking excursions within the local area as part of the Centre's program.		
I consent for my child/ren to be photographed and for their image and name to be displayed only at Magill OSHC.		
I consent for a staff member to apply sun screen to my child/ren if required.		
I give permission for OSHC staff to exchange information relating to my child/ren with school staff. I understand this will be handled confidentially. e.g. Emergency situation.		
In an emergency situation which requires immediate medical attention I understand that the Ambulance will be called prior to contacting the parents/ guardians. I give permission for medication to be administered to my child under instructions from the emergency response officers. Parents/guardians will be contacted as soon as possible.		
Agreements		
I agree to pay the required fees for my child/ren's booked hours and accept the policies and rules of the service.		
I agree that the staff of the service may administer simple first aid to my child if the need arises.		
I understand that if at any time the staff of the service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend to my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.		
I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the service if any of these details change.		
Parent/Guardian Signature		Date



M A G I L L
S C H O O L

Magill School OSHC 2018 Annual Booking Sheet

Before School Care 7:30am – 8:30am \$ 8.00
After School Care 3:05pm – 6pm \$17.00

PLEASE NOTE 2017 OSHC ENROLMENTS & BOOKINGS WILL NOT BE ROLLED OVER.

Booking applications for 2018 will not be accepted unless your 2017 OSHC account has been paid in full.

1. Register your interest in making a **permanent OSHC booking for 2018** by completing this booking sheet and returning it to the Out of School Hours Care as soon as possible. **The attached Policy and Procedure for Payment of Fees form must be signed before bookings will be accepted.**
2. It is a government requirement that **enrolment details be updated annually.** **Parents are required to complete either a 'notification of changes to details' form or a new enrolment form annually for each child -please see staff to update your details.** *It is the responsibility of parents to notify the OSHC of any changes to booking and enrolment details throughout the year.*
3. We will notify you as soon as possible **if your application has not been successful.**

Child's Name:

Book for whole year Book for Term _____

1 _____ 2 _____ 3 _____

Room # _____ Room # _____ Room # _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Where demand exceeds spaces available, the service will allocate available places to those families with the greatest need for child care support.

Priority of Access Guidelines – tick the appropriate boxes

The Australian government has determined guidelines for allocating child care places where demand exceeds supply:

- Priority 1** – a child at risk of serious abuse or neglect
- Priority 2** – a child of a single parent who satisfies, or of parents who both satisfy, the work/ training/ study test under section 14 of the Family Assistance Act
- Priority 3** – any other child

Within these main categories priority should also be given to the following children:

- Children in Aboriginal & Torres Strait Islander families
- Children in families with a disabled person
- Children in families on lower incomes
- Children in families from non-English speaking background
- Children in socially isolated families
- Children of single parents

Please turn over, read and sign overleaf.

Magill Out of School Hours Care Policy & Procedures for Payments of Fees

Policy Statement

The Magill Out of School Hours Care aims to provide a quality, caring and professional service to families at an affordable price. Details of an individual's account will be confidential and stored appropriately. Individual families may access their records via the School Finance Officer.

Procedures for Setting Fees

The Magill OSHC Advisory Committee will determine the fee level required. The recommendation will be presented to the School Governing Council for ratification. The fees charged will be reviewed as required. A minimum of 3 weeks' notice will be given to families re any changes to the current fee structure.

Payment of fees

All families must sign the agreement at the bottom of this form and return it to the OSHC office to be filed. Accounts are issued weekly and will be e-mailed or posted. Payment may be made by cash, cheque, credit card, EFTPOS through the school Finance Office – opening times: 8:30am-9:30am & 2:45pm-3:15 pm daily. Online payment is also available via the school website (link in OSHC section) or bank transfer. All fees due must be paid within 2 weeks of account being issued. Receipts will be issued on payment and will appear on the next account.

Difficulty with Payment of Fees

Families who are experiencing financial hardship need to inform the school Finance Officer and negotiate a suitable payment schedule. This agreement will be recorded, signed and kept on file for future reference. Child Care Benefit (CCB) is available to all families who are Australian Residents. To find out their eligibility, families must contact the Family Assistance Office. Child Care Benefits can be received as: a reduction of fees through the service, or a lump sum payment to families at the end of the financial year that the Service is used in. Child Care Benefit cannot be deducted unless the centre has received notification from the FAO. Child Care Benefit can only be claimed if attendance records are signed by parent/caregiver/guardian.

Penalty Fees:

- **If a booking for After School Care is not cancelled by 10:00am that morning** either in person, by phone or email, the full fee of \$17.00 will be charged.
- **For Before School Care cancellations must be received by 7:00am on the day of care** in person, by phone, email, or message left on the OSHC answering machine, or the full \$8.00 fee will be charged.
- **Late collection** of children from After School Care or Vacation Care, that is after 6pm. The following fees will apply:
 - 6:00pm - 6:05pm collection will accrue a flat \$5 charge
 - 6:06pm-6:15pm collection will accrue a flat \$20 charge
 - 6:16pm-6:30pm collection will accrue a flat \$40 charge
 - An additional \$20 will be accrued every 15 minutes after 6:31pm
- **Vacation Care - Once vacation care bookings are made full fees will apply to any cancellations of booked care without a medical certificate.** Once you have made a booking for a vacation care session you will be charged irrespective of whether you use that session or not, unless you provide OSHC with a medical certificate.

DEBT MANAGEMENT FOR NON-PAYMENT OF FEES

Policy Statement

All families using the Magill Out of School Hours Care & Vacation Care services must contribute to the cost of care by paying their fees in full and on time.

Procedures

STEP 1. REMINDER

- Families, who have outstanding fees for greater than 14 days, will receive notification via their account requesting payment.

STEP 2. PAYMENT WITHIN 7 DAYS REQUEST

- If the account is not paid up to date or if contact is not made with the School Finance Officer, the family will receive notification via their account requesting payment within 7 days.
- Alternatively the family must contact the School Finance Officer within 7 days to discuss payment options.

STEP 3. REFUSAL OF CARE & ACCOUNT SENT TO DEBT COLLECTION

- Further non payment of fees owed will result in a notification to families via their account advising that attendance at OSHC will be refused until all outstanding fees are paid.
- If a child arrives at OSHC following notification of refusal of care, the child/ren will be taken to the appropriate school office and the family contacted to collect their child/ren.
- Further action will be implemented on behalf of the School's Governing Council to ensure that outstanding monies are recovered through the use of a Debt Collection agency.
- Should an OSHC account be sent to debt collection the parent will be liable for any costs incurred during the collection process.

I have read and fully understand the Magill OSHC Policy and Procedures for Payment of Fees and agree to be bound by them.

Name:..... Signature:

Date: Phone Number:.....