



Saint
Ignatius'
College

OUT OF SCHOOL HOURS CARE ENROLMENT FORM

The information you provide will be used to process your application and will be kept confidential and available only to supervising staff.
Please return this completed form to Saint Ignatius' College OSHC. **Email:** oshc@ignatius.sa.edu.au **Telephone:** 08 8130 7113
Address: 62 Queen St, Norwood, 5067

PARENT / GUARDIAN INFORMATION: This will be used to contact you in an emergency.

Given Name		
Surname		
Preferred Name		
Gender	M / F	M / F
Address		
Mobile Phone		
Home Phone		
Work Phone		
Birth Date		
Name and CRN number associated with the child.		
Email address This will be used to send your weekly invoice		

CHILD INFORMATION

Given Name			
Surname If different			
Preferred Name			
Gender	M / F	M / F	M / F
Date of Birth			
CRN Number			
Address If different			
Cultural Background			

ADMIN USE ONLY

Date Entered:	Review Date:	Registration Fee Charged:
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CHILD INFORMATION continued: Please share a bit about your child—what sports they play, what their favourite board game is, and what their special interests are. This information helps our educators create a welcoming and exciting environment.

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EMERGENCY CONTACTS/PEOPLE AUTHORISED TO COLLECT CHILD/REN

By nominating emergency contacts, you authorise them to act on your child's behalf if you cannot be reached. This includes authorising medical treatment and picking up your child when necessary. Emergency contacts must be at least 18 years old.

	Contact One	Contact Two	Contact Three
Full Name			
Phone Number			
Relationship To The Child			

COURT ORDERS / CUSTODY ACCESS Are there any Family court orders relating to the powers, duties or responsibilities affecting custody of or access to the child/ren?

Are there any family court orders regarding custody or access to the children? Is a family court order, intervention order, or parenting plan in place? If yes, please attach.	YES / NO
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CONSENT FOR PHOTOGRAPHS, FILM/VIDEO & PUBLICATION OF STUDENT WORK

I/we consent to my child's photo and any images or videos taken during OSHC or Vacation Care activities as part of the OSHC program. I agree that these images may be displayed within the OSHC service, on display boards, in newsletters, and on the OneChild app, which we use to share your child's learning journey through OSHC.

YES / NO

MEDICAL AND HEALTH INFORMATION ONE FORM PER CHILD This information is confidential and will only be available to OSHC educators and emergency medical personnel.

Childs Name

Does your child have any learning needs or special considerations

(e.g., autism, ADHD, disability, speech and/or language impairment, physical activity restriction)? Please provide details in the space below.

YES / NO

Does your child have any allergies or medical conditions

(e.g., asthma, anaphylaxis, epilepsy, heart disorder, vision/hearing impairment, seizures, diabetes, incontinence, joint disorder, communication difficulties, skin condition, swallowing difficulties)? Please provide details in the space below.

YES / NO

Does your child require any special provisions/routine health care needs to be met

(e.g., medication, disabled access)? Please provide details in the space below.

YES / NO

Does your child have any special dietary requirements? Please provide details in the space below.

YES / NO

Is there any other medical and/or health information we might need to know?

Please provide details in the space below.

YES / NO

Has your child received all scheduled immunisations?

Please note: if NO your child may need to be excluded from OSHC during outbreaks of some infectious diseases

YES / NO

If NO, do you have an Exemption letter?

YES / NO

If your child has special needs, allergies, or medical conditions, please complete and attach an Action Plan form, in consultation with a doctor. If your child requires medication, you must also attach a medication form signed by your doctor or treating health care professional. All medication must be provided in its original container, with the pharmacy label and your child's name clearly indicated. A permission form to administer medication must be signed by either the parent or doctor before OSHC staff can administer the medication or before a child over the age of 8 can self-administer it.

GENERAL PRACTITIONER INFORMATION

Medical Clinic Name:

Preferred Doctor:

Clinic's Phone Number:

Clinic Address:

Medic Alert Number (if applicable)

Review Date:

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Childs Name

Does your child have any learning needs or special considerations

(e.g., autism, ADHD, disability, speech and/or language impairment, physical activity restriction)? Please provide details in the space below.

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(e.g., asthma, anaphylaxis, epilepsy, heart disorder, vision/hearing impairment, seizures, diabetes, incontinence, joint disorder, communication difficulties, skin condition, swallowing difficulties)? Please provide details in the space below.

YES / NO

Does your child require any special provisions/routine health care needs to be met

(e.g., medication, disabled access)? Please provide details in the space below.

YES / NO

Does your child have any special dietary requirements? Please provide details in the space below.

YES / NO

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GENERAL PRACTITIONER INFORMATION If different from above

Medical Clinic Name:

Preferred Doctor:

Clinic's Phone Number:

Clinic Address:

Medic Alert Number (if applicable)

Review Date:

MEDICAL RISKS AT THE SERVICE AND MINIMISATION STRATEGIES:

- Anaphylaxis and asthma-trained educators are always present.
- Medical management plans and children's medications are stored at the front office and transferred to the OSHC office before each session.
- Medications are kept secure in a designated cupboard.
- A list of children with allergies is displayed in the kitchen, and educators are informed of daily medical requirements.
- Children must have a current medical plan and in-date medications to attend.
- Emergency asthma kits are accessible in the First Aid cupboard.
- Educators verify that medications are current, correctly labelled, and not expired.
- Notifications for children at risk of anaphylaxis are displayed prominently.
- Educators teach children about food allergies and hygiene.
- New educators are informed about specific health needs, with acknowledgements recorded.
- Parents/guardians must sign a medical authorisation form for medications, and two qualified educators must verify medication administration.

FOOD HANDLING AND SERVICE:

- A daily list of children with food allergies is available during food preparation.
- Tables and floors are cleaned promptly after spills.
- Children are supervised during meals in designated areas.
- Cooking activities are assessed for allergen risks.

DECLARATIONS AND PERMISSIONS

1. I/we agree to pay the required fees for my child/ren within 7 days of the account being issued and to settle all accounts by the end of each term.
2. I/we acknowledge Before school care runs from 7:30am-8:30am and after school care from 3:15pm-6:00pm. A \$22 late fee applies for pickups after 6:00pm, with an additional \$22 for every 15 minutes thereafter. Children on school grounds before 8:15am or after 3:35pm will be automatically booked into the OSHC program, incurring fees.
3. I/We agree to sign my child in for before-school care and vacation care, and out for after-school care daily, and to inform OSHC educators when picking them up.
4. I/We agree to accept the service policies and rules, which can be viewed in the OSHC office. I/We understand that the Service has the right to modify and update these policies.
5. I/We consent for qualified OSHC educators to administer first aid to my/our child/ren if necessary.
6. In the event of an accident or illness, I/We authorise OSHC staff to obtain any necessary medical assistance and treatment for my/our child/ren and agree to cover any costs associated with such treatment and transport.
7. I/We consent for an OSHC educator to assist my/our child/ren in changing soiled or wet clothing if needed.
8. I/We acknowledge that my/our child/ren will not attend the Service if they are suffering from an infectious or communicable disease, as identified by the Department of Health.
9. I/We agree to notify the Service in writing of any changes to the details provided in this form, including regular bookings.
10. I/We acknowledge that, except where explicitly required by law, the Service does not accept any liability for personal injury, property damage, or loss sustained by any participant as a result of their participation in the Service, unless caused by the proven negligence of the Service or its employees.
11. I/We acknowledge that PG-rated movies may be shown during OSHC, Vacation Care, and Pupil-Free days. Please contact the OSHC Director if you do not want your child(ren) to watch them.
12. I/we certify that this information is accurate to the best of my/our knowledge and has been shared with Centrelink. I/we will notify the Service of any changes.

Parent/Guardian 1 Name: _____ Signature: _____ Date: _____

Parent/Guardian 2 Name: _____ Signature: _____ Date: _____

OUT-OF-SCHOOL HOURS CARE BOOKING FORM

Please tick all days that you would like a regular booking. For casual bookings, please leave blank.

Child's Name: _____ **Start Date:** _____

Session Type	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care (7:30-8:30 AM)					
After School Care (3:15-6:00 PM)					

Child's Name: _____ **Start Date:** _____

Session Type	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care (7:30-8:30 AM)					
After School Care (3:15-6:00 PM)					

Child's Name: _____ **Start Date:** _____

Session Type	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care (7:30-8:30 AM)					
After School Care (3:15-6:00 PM)					

Please indicate if your child/ren has any co-curricular activities after school and inform an OSHC educator of any changes throughout the year.

HOMEWORK HUB

- This opportunity is available only for students in Years 3–6.
- The Homework Hub will take place from 4:00pm to 5:00pm in the Junior School Library, with regular OSHC activities before and after.
- The Homework Hub will be open from Monday to Thursday during the school term.

Would you like your child to join the Homework Hub?

YES / NO

Child/ren Name _____