Dear Highgate Families,

We are pleased to advise that the positions as indicated below are now available at our service for your child. If you have any queries regarding the nominated bookings, please contact me immediately.

I have enclosed enrolment forms and an “About You Sheet” which will need to be completed before your child/dren first attendance. We look forward to providing your child with quality care. Please note that each child will need a separate Medical form filled out.

Yours sincerely Letetia Magrath (Highgate OSHC Director)

Please Return Enrolments by Friday 11 December 2015
Enrolments need to be completed in full

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**BOOKING DETAILS**

<table>
<thead>
<tr>
<th>Bookings</th>
<th>Casual</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td></td>
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<tr>
<th>BSC</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
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</thead>
<tbody>
<tr>
<td>Start Time</td>
<td>7.30 am</td>
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<tr>
<td>End Time</td>
<td>8.30am</td>
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<td>From</td>
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<td>For</td>
<td>weeks</td>
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<td>Until</td>
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<td>0r ongoing care</td>
<td>(Tick)</td>
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<th>ASC</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thur</th>
<th>Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td>3.15pm</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Time</td>
<td>6.00pm</td>
<td></td>
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<td>From</td>
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<td>0r ongoing care</td>
<td>(Tick)</td>
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</table>

Email invoices Yes / No. Please list email address if yes:
Highgate Out of School Hours Care Enrolment Form

This information is confidential and will be available only to supervising staff.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Family Name</th>
<th>Family Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
<td>Child’s Name</td>
<td>Child’s Name</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Birth Date</td>
<td>Birth Date</td>
<td>Birth Date</td>
</tr>
<tr>
<td>School</td>
<td>School</td>
<td>School</td>
</tr>
<tr>
<td>Room Number/Class Teacher</td>
<td>Room Number/Class Teacher</td>
<td>Room Number/Class Teacher</td>
</tr>
</tbody>
</table>

**Parent/Guardian Information**

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Address</td>
<td>Work Address</td>
</tr>
<tr>
<td>Wk Phone</td>
<td>Wk Phone</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
</tr>
</tbody>
</table>

**Emergency Contacts (if parent/guardian cannot be contacted, emergency contacts will be notified)**

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Name</th>
<th>3. Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
<td>Phone</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
<td>Mobile</td>
</tr>
<tr>
<td>Relationship</td>
<td>Relationship</td>
<td>Relationship</td>
</tr>
</tbody>
</table>

**Other people Authorised to collect child/children**

<table>
<thead>
<tr>
<th>1. Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>3. Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
<tr>
<td>4. Name</td>
<td>Address</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**Custody/Access**

Are there any **Family Court Orders**?

- [ ] No
- [ ] Yes. (Please attach a copy of the order)

Are there any **Restraint Orders** in relation to the child/children?

- [ ] No
- [ ] Yes. (Please attach a copy of the order)

Comments: ..................................................................................................................

It is the parent’s responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children.
Highgate Out of School Hours Care Enrolment Form

Information for parents

Child participation
I give permission for my child/children to participate in the OSHC program and understand that OSHC staff will notify parents/guardians of each individual excursion.

I understand it is my responsibility to advise staff if I do not wish my child/children to participate in a particular activity.

Child Information
I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (e.g. in an emergency / special needs of my child/children).

Written permission
I understand that OSHC staff require written permission, for my child/children to travel alone, to and from the OSHC service. I am aware that the Director will sign my child/children in and out of the service and the arrival and departure times will be noted.

Photo consent
I consent to photographs (still or video) being taken of my child/children, as part of the OSHC program and to be displayed around the OSHC site on display boards and in newsletters.

Work Consent
I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.

OSHC Behaviour Management
The OSHC Program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours.
I understand that it is the responsibility of the parent to inform the OSHC staff of the child's behaviour needs.
(A copy of the behaviour management process is available in the OSHC Policy Folder)

Permission to Inspect for Head Lice
The South Australian Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating hair is by law a parent's responsibility.
I give permission for OSHC staff to check my child's hair for head lice, if there is a possibility of head lice. I understand any checks will be conducted sensitively.

I understand that I will need to collect my child, if OSHC supervising staff believe that my child has head lice.
I understand it is my responsibility to arrange collection of my child from OSHC, when notified.
I understand that I may have to provide a letter from a general practitioner to say my child is free of head lice.

Sun Protection
OSHC follows the guidelines of the Cancer Council SA that recommend that children be sun smart and wear hats while outside.
I understand that if my child does not have a hat he/she will spend playtime in a shaded area.
Sun block will be used in accordance with the OSHC Policies and procedures. (OSHC Policy Folder)

Fees
I agree to pay the required fees for my child's/children booked care for OSHC.

Medical Emergency
In the event of a medical emergency, OSHC staff will call an ambulance, in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

Privacy Act
I understand the information provided on this Enrolment/Medical form:
- Is collected for the purpose of registration, program planning, preparing statistics, reporting and evaluation.
- May be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies.
- May otherwise be disclosed without consent where authorised or required by law.

Information to Parents
I have read the OSHC "Information for Parents" and agree to comply with the OSHC service policies and procedures outlined.

Parent/Guardian signed................................................................. Date / /

Full information on the Out of School Hours Care Program is available in the OSHC Policies and Guidelines, which are located in the OSHC Office area.
Highgate Out Of School Hours Care Enrolment Form
One Medical and Health Information Form For Each Child (Confidential)
This information is confidential and will only be available to supervising staff and emergency medical personnel

<table>
<thead>
<tr>
<th>Family name:</th>
<th>Child's Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

**Immunisation** *Has your child received all immunisation appropriate for his/her age?*

- [ ] No
- [ ] Yes

If no please give details:

I accept full responsibility if my child is not immunised Parent/Guardian Signature________________________

Date________________________

Has your child received the following immunisations? (✓) □ Hepatitis B □ Varicella (chickenpox) □ Human Papillomavirus (HPV)

**Health Support** *Does your child have a health care need that could affect their safety at Out Of School Hours Care?*

- [ ] No
- [ ] Yes

If YES, please tick the boxes below that show your child’s health care needs

Medical Alert Number (if relevant)________________________

Review Date________________________

### Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td>Incontinence</td>
</tr>
<tr>
<td></td>
<td>Joint Disorder</td>
</tr>
<tr>
<td></td>
<td>(Example Arthritis)</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>Ear Disorder (example drainage tubes)</td>
</tr>
<tr>
<td>Vision Impairment</td>
<td>Hearing Impairment</td>
</tr>
<tr>
<td>Seizures/convulsions</td>
<td>Communication difficulties</td>
</tr>
<tr>
<td>Allergies (Bees, peanuts, dairy, other foods)</td>
<td>Skin Condition (example dermatitis)</td>
</tr>
<tr>
<td>Does your child have Anaphylaxis and is there a Anaphylaxis Plan in place?</td>
<td>Swallowing /Choking difficulties</td>
</tr>
<tr>
<td>Allergic to Penicillin</td>
<td>Other:</td>
</tr>
<tr>
<td>Diabetes. If yes please provide an action/management plan and coloured photo</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**Health Care Plan**
The Highgate OSHC service requires a written Health Care Plan from your child’s doctor/ treating health professional to plan any special health needs. Have you attached the health care information from your child’s doctor/ treating health professional?

- [ ] Yes

If yes, write down what you have attached. (Example asthma care plan, details about ear care)

If NO, your child may not be able to attend the OSHC service until the required information and medication is received. However if your child is excepted staff will provide standard supervision for safety and first aid.

**Medication**: Does your child have any routine health care needs. (Example Medication)?

- [ ] No
- [ ] Yes

Please attach a Medication plan from your doctor/ treating health professional?

<table>
<thead>
<tr>
<th>Doctors Name:</th>
<th>Clinic Name:</th>
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</thead>
<tbody>
<tr>
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<table>
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<tr>
<th>Address:</th>
<th>Phone number:</th>
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</table>

* Are there any special dietary requirements relation to your child?

- [ ] No
- [ ] Yes

Please attach a Modified food plan from your doctor/ treating health professional?

All medication must be supplied in an original container with the pharmacy label and the child’s name clearly marked on the container. A permission to administer medication form must be signed by the parent/doctor before medication can be administered by OSHC staff or self-administered by a child over 8 years old.

Parent/Guardian/Approved Person Signature________________________

Date________________________
CONFIDENTIAL: RESTRICTED ACCESS

STATE Census Details

CHILD’S NAME: [ ]

Each year the Service is asked to provide State authorities with a general overview of the children utilising its services. The information provided here is required for that report and will be kept confidential. Neither your name nor your child’s is included in these census reports.

ETHNICITY

Is the child an Aboriginal or Torres Strait Islander?
Yes / No

Is English the main language spoken at home?
Yes / No

Hearing Impairment
Visual Impairment
Physical Disability
Speech and Language
Behavioural Disorder
Developmental Delay
Health/Medical Condition
Intellectual Disability
Severe Multiple Disability
Attention Deficit Hyperactivity Disorder (ADHD)
Other

[ ] CHILD’S SPECIAL NEEDS CATEGORIES (Please V the appropriate box)
Your Name: ________________________________ Age________

What are your favourite foods?

If you went home after school what would you do?

What is your favourite activities?

Inside:

Outside:

Tell us at least three things you are good at doing?

When you want time alone what do you do?

Is there a special place you would like to visit?

What is the best time of the day? Why

Parent and Child Question
Are there any special things you would like your child to learn or know about.
Highgate OSHC Enrolment Information

The Parent or guardian that has applied or is claiming the child care benefit must provide the service with the following details listed below. Failure to provide this information will mean that no child care benefit will be given. Please return this form as soon as possible.

Thank You! Letitia Magrath (OSHC Director)

Parent / Guardian
Full Name.................................................................
Date Of Birth............................................................
Family Number.........................................................

Total number of children in care at Highgate OSHC and other Child Care Venues.........................

Child/ren
Full Name.................................................................
Date Of Birth............................................................
Child Reference Number.............................................

Child/ren
Full Name.................................................................
Date Of Birth............................................................
Child Reference Number.............................................

Child/ren
Full Name.................................................................
Date Of Birth............................................................
Child Reference Number.............................................

Signature
Parent/ Guardian......................................................Date  /  /  
