



**SAINT JOHN
THE APOSTLE**
PARISH SCHOOL

St John the Apostle School OSHC

APPLICATION FOR OSHC

Provider No: 407-130-841H

(This information is confidential and needs to be filled out in full)

CHILD'S NAME & CLASS _____

CHILD'S NAME & CLASS _____

D.O.B: _____

D.O.B: _____

CRN (Centrelink) #*: _____

CRN (Centrelink) #*: _____

DATE OF LAST TETANUS INJECTION: _____

DATE OF LAST TETANUS INJECTION: _____

PARENT / CAREGIVER

Name: _____

Name: _____

Address: _____

Address: _____

Mobile/Home _____

Mobile/Home _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone _____

Work phone: _____

Email: _____

Email: _____

D.O.B.: _____

D.O.B.: _____

Parent / Caregiver CRN No*: _____

Parent / Caregiver CRN No*: _____

Do you have any non-school age children in care - if so, how many? _____

The above information is imperative if you wish to receive your full discount entitlement.

Please contact Centrelink on 13 6150 or 8307 0099 if you do not know your Customer Reference Numbers (CRNs) – these MUST be obtained for your OSHC application to be processed.

AGREEMENT

1. I/We undertake to make myself/ourselves familiar with the guidelines and policies included in the Out of School Hours Care Parent Information booklet and agree to abide by rules and regulations contained therein.
2. If I/We utilise the services of the Out of School Hours Care Program, I/We accept the responsibility for the payment of all fees and charges properly made in relation to the provision of those services and associated matters. This means that anyone who signs at the bottom of this page can and will be held liable for payment of any fees and charges associated with Out of School Hours Care.
3. I/We agree to pay all fees charged by the due dates including any penalties as stated in the Out of School Hours Care Parent Information booklet (7-day account).
4. I/We agree that the Out of School Hours Care Program Director may photocopy the Emergency, Sickness Accident Form from St John the Apostle School records to provide the information required by OSHC staff in case of an emergency. **If any contact details are required to be altered in any way, please advise the Front Office or OSHC staff.**
5. I/We accept that OSHC does not accept liability for damage or loss of any personal possessions of students and that insurance for students' personal possessions is my/our responsibility.
6. Children will not be allowed to leave the program with an unauthorized person, so please ensure that all persons, their relationship and contact numbers are listed below:
7. I/We accept responsibility for costs incurred in obtaining prompt medical attention for my child, including the cost of an ambulance.

PICK-UP & EMERGENCY CONTACTS:

NAME OF CHILD/REN: _____

NAME OF PARENT/CAREGIVER and/or those authorised to pick-up children	Relationship to Child/ren	CONTACT DETAILS (Home/Work/Mobile Phone Nos.)

Parenting Plans/Custody Orders relating to the Child/ren:

**Please notify us of any custody issues and supply us with a copy of any court orders

Is your Child of Aboriginal or Torres Strait Islander origin? Yes / No

Do your child/children have any special needs: Yes / No

Is additional assistance required, please list: _____

MEDICAL DETAILS

Child's Name & Class: Date of Birth:

Medic Alert (if relevant):

Does your child have a health care need that could affect their safety at Out of School Hours Care?

Medical Condition / Allergy:

Food: Penicillin:

Other:

Treatment:

Name of Doctor:Phone No:

Address: Post Code:

Medicare No:

Private Medical Fund No:

Phone No:

Health Care Plan:

Out of School Hours Care staff needs a written **health care plan** from your child's doctor / treating health care professional to plan for any special health needs. **Have you attached the health care information from your child's doctor / treating health care professional?**

☐ If NO, staff will provide normal supervision for safety and first aid

☐ If YES, write down what you have attached:

.....

Medication:

Does your child have any routine health care needs (e.g. medication)?

☐ NO:

☐ YES: Please attach a medication plan from your doctor / treating health care professional

1. All medication must be supplied in the original container with the pharmacy label and the child's name and date and dosage clearly marked on the container.
2. 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 year of age.

Parent / Caregiver signature: Date:

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CHILD PARTICIPATION

I/We give permission for my child/children to participate in:

- ☐ the OSHC programme
- ☐ Work being displayed or published in a newsletter.
- ☐ To interact with G or PG rated movies and games at staff discretion
- ☐ To go barefoot when centre staff sees this as reasonable. **Yes / No**

Photographs: I/We consent to photographs (still or video) being taken of **my/our child/children**, as part of the OSHC programme, to be displayed at OSHC on display books, boards or newsletter.

Yes / No

Special Instructions:

Sun Safety: Sun safety is of paramount importance to the St John the Apostle Parish School OSHC, all children **MUST** have a school hat for all outdoor play.

I/We understand that if my child does not have a hat he/she will play in a shaded area.

Staff will make every endeavour to ensure your child has his/her hat on during all outdoor play.

I/We have read the above information and agree to comply with OSHC policies and procedures:

Yes / No

I/We understand the staff of the centre will at all times accompany my/our child/children.

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

OSHC BEHAVIOUR MANAGEMENT

St John the Apostle Parish School has a Behaviour Policy in place where the main feature is to recognise and support positive behaviours.

A copy of the behaviour management process is available in the OSHC Policy folder.

MEDICAL EMERGENCY

In the event of a medical emergency, OSHC staff will call an ambulance, in line with standard first aid training.

I/We accept responsibility for costs incurred in obtaining prompt medical attention for my child, including the cost of an ambulance.

MEDICATION

It is the parent's responsibility to inform the OSHC staff of any relevant / medical information and supply required Medication that is in relation to the child. This allows the OSHC staff to provide informed quality care for your child/children.

Parent /Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Full information on the St John the Apostle Parish School's Outside School Hours and Vacation Care is available in the Centre's Policies and Guidelines, which are located in The OSHC pick up area.