

Primary Out of School Hours Care (OSHC) Enrolment Form

This form is a requirement for any child attending Out of School Hours Care (OSHC) as outlined in the Education and Care Services National Regulations (NSW)

Student details (one form per child)

Student full name:

Preferred name:

Home Class:

Date of Birth:

Gender:

Home address:

Additional information

Language(s) spoken at home:

Cultural background of child/family:
.....

Special considerations (i.e. cultural, religious, additional needs):
.....
.....

Parent/Carer details:

Parent/Carer 1	Parent/Carer 2
Name:	Name:
Relation to child:	Relation to child:
Address:.....	Address:.....
Contact number:.....	Contact number:.....
Email:.....	Email:.....

Access restrictions, Court or Parenting Orders:

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?

Yes



No

Details:

Please provide the service with a copy of any court orders, parenting orders or parenting plans. This includes any details relating to the child's residence, access or contact with a parent or other person.

Emergency contacts and authorised nominees

Please provide at least two emergency contacts / authorised nominees for your child in the event that any parent of the child cannot be immediately contacted.

Emergency contact / authorised nominee 1	Emergency contact / authorised nominee 2
Name: Relation to child: Address:..... Contact number:..... Email:..... Authorised to: - Collect the child Y / N - Consent to medical treatment or medication to the child in the event that the child's parent or carer is unable to be contacted Y / N - Consent to the administration of medication Y / N	Name: Relation to child: Address:..... Contact number:..... Email:..... Authorised to: - Collect the child Y / N - Consent to medical treatment or medication to the child in the event that the child's parent or carer is unable to be contacted Y / N - Consent to the administration of medication Y / N
Emergency contact / authorised nominee 3	Emergency contact / authorised nominee 4
Name: Relation to child: Address:..... Contact number:.....	Name: Relation to child: Address:..... Contact number:.....

Email:..... Authorised to: - Collect the child Y / N - Consent to medical treatment or medication to the child in the event that the child's parent or carer is unable to be contacted Y / N - Consent to the administration of medication Y / N	Email:..... Authorised to: - Collect the child Y / N - Consent to medical treatment or medication to the child in the event that the child's parent or carer is unable to be contacted Y / N - Consent to the administration of medication Y / N
---	---

Medical information

Please ensure your child's Operoo profile is also up to date with the below information.

Student full name:

Medicare number:

Private Health Fund:

Medical condition/s or specific healthcare needs of your child

Condition	Yes / No (please circle)	Details
Allergies (anaphylactic)	Yes / No	
Allergies (non-anaphylactic)	Yes / No	
Anorexia/Eating Disorders	Yes / No	
Asthma	Yes / No	
Blackouts/Dizziness/Fainting	Yes / No	
Bleeding Disorder	Yes / No	
Diabetes	Yes / No	



Dietary Requirements	Yes / No	
Eczema/Skin Condition	Yes / No	
Epilepsy/Seizures	Yes / No	
Hearing Impairment	Yes / No	
Heart Condition	Yes / No	
Joint/Muscle/Bone Problems	Yes / No	
Migraines	Yes / No	
Phobia	Yes / No	
Sleep Walking	Yes / No	
Sight Impairment	Yes / No	
Travel Sickness	Yes / No	
Mental Health Issue	Yes / No	

Further details:

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

Please ensure you provide the service with your child's latest medical management plan, risk minimisation plan or Action Plan in regards to Anaphylaxis or Asthma. A copy of these medical plans can also be uploaded to your child's Operoo account.

Medical contacts

Name of Medical Practitioner or medical service (e.g. GP surgery):

.....

Address:

Contact number:

Administration of Medication

If your child requires medication to be administered during out of hours care (OOSH), a separate Medication Administration Form will need to be filled in.

Immunisation status

In order to conform to Government regulations, we need to ascertain the immunisation status of your child/ren. Please supply evidence of an immunisation record for each child. You can provide either copies of your Blue Book or a letter from your Doctor. Alternatively, you can call the immunisation register on 1800 653 809 to obtain the information or [visit the website here](#). If your child is exempt from immunisations, we will require the exemption certificate under section 87(1), (2) and (3) of the *Public Health Act 2010 of NSW*.

Child Care Subsidy (CCS) information

Eligible families are able to claim the Child Care subsidy for Out of Hours Care (OOSH). CCS is calculated by Services Australia based on the below criteria:

- your [family's income](#)
- the [hourly rate cap](#) based on the type of approved child care you use and your child's age
- the [hours of activity](#) you and your partner do.

You may be eligible if you or your partner meet all of the following:

- care for your child at least 2 nights per fortnight, or have 14% care
- are liable for fees for care provided at an approved child care service
- meet the [residency rules](#).
- [immunisation requirements](#)
- not be attending secondary school unless 13 or under or an exemption applies.

The Child Care Subsidy for each eligible family is paid directly to the provider (International Grammar School) after sessions are attended and after they have been submitted. Rebates are then applied to family accounts as a credit to your school fee account.

To find out more information, please visit:

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy>

CRN details

Parent or carer registered with Centrelink:	Child's name registered with Centrelink:
Parent or carer CRN (Customer Reference Number):	Child's CRN (Customer Reference Number):
Parent or carer date of birth:	Child's date of birth:

Publicity permissions

IGS likes to share good stories and showcase School events and students' achievements through a variety of media. At times, this may include students participating in activities during Out of Hours Care (OSHC).

Please read the following options and tick ONE of the following boxes:

The School MAY use images and recordings of my child engaged in activities during Out of Hours Care (OSHC) for the School website, social media, advertisements and other print and online publications. Please note that in the case of a major national or metro media opportunity, permission from parents/carers/guardians of identifiable students will be checked at the time.

My child may NOT be used in ANY media.

Activities, change to routine and medical consent

I give permission for my child to attend off campus activities during Out of School Hours Care (OSHC) and understand I will be notified of these activities in a separate letter.

If at any time during Out of School Hours Care (OSHC) or whilst on an activity my child suffers from injury or illness, I authorise the service to arrange for the provision of hospital and/or medical treatment and a representative of the service is hereby empowered to give authority for such treatment. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and medication while my son/daughter is attending Out of School Hours Care (OSHC).

Privacy statement

IGS will collect and store the information you voluntarily provide to ensure that the service's Duty of Care obligations are being met. The information will be provided to the relevant staff and to medical professionals where necessary. You consent to these disclosures. Any

information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it is collected. Any information provided by you to IGS must remain current. If a change to this information occurs throughout the school year, then it is the parent or carer's responsibility to inform the School in writing or by calling IGS Reception on 9219 6700.

Attachments

I have attached:

- Any court orders, parent orders or parenting plans relating to my child (if applicable)
- A copy of an action plan/medical management plan (required for asthma and anaphylaxis)
- A medication form if regular medication is required during out of hours care (OSHC)

Fees

The Out of School Hours Care (OSHC) fees are advertised to families on the IGS yearly fee schedule. Below is a summary of these fees. Your signature below agrees to the payment of these fees which will be charged to your IGS school fee account.

After Care permanent session rate: \$25 per session

After Care casual session rate: \$33 per session

Vacation Care: \$70 per day

Acknowledgement and signature

I have read all details provided on this form and have updated all relevant information pertaining to my son/daughter. I confirm that all information I have provided to the service is complete and correct.

Parent/Carer 1 Name:

Signature:

Date:

Parent/Carer 2 Name:

Signature:

Date: