

Child/ren Details

Family Name:	
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	Child's Name	M/F	Date of Birth	Customer Reference Number (CRN)	Under guardianship of Minister?	
#1					Yes <input type="checkbox"/>	No <input type="checkbox"/>
#2					Yes <input type="checkbox"/>	No <input type="checkbox"/>
#3					Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please complete expected attendances in the table OR tick the box below to indicate you are a casual user.

After School	Monday	Tuesday	Wednesday	Thursday	Friday

I have no regular times at this stage – I would like to use the service on a casual basis, to make casual bookings please email

oshc@portside.sa.edu.au or text 0427 825 126

What date will your child/ren commence?: _____

Parent/Guardian 1:	Main language spoken at home:		
Name:		Relationship to Child:	
Address:			
Phone:	(M)	(W)	(H)
Place of work:		Languages spoken:	

Parent/Guardian 2	Main language spoken at home:		
Name:		Relationship to Child:	
Address:			
Phone:	(M)	(W)	(H)
Place of work:		Languages spoken	

Emergency Contact (If parents are unable to be contacted, these people have the authority to collect children)

Name:		Relationship to child/ren:	
Address:			
Phone:	(M)	(W)	(H)

Parenting Plans/Custody Orders relating to child/ren:

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

Child/ren reside with:	Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 <input type="checkbox"/>	Shared Care <input type="checkbox"/>	Court order supplied <input type="checkbox"/>
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Medical Health Information per child

Please list info for each child including their name:	Name:	Name:	Name:
Date of birth:			
Are your children's immunisations up-to-date? (Please provide immunisation record to OSHC staff)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
OSHC Staff to tick when they have sighted immunisation record	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does any child have a physical limitation, diagnosed disability or medical condition including asthma?			
Does the child have any allergic reactions? Food/penicillin/other			
Expected reaction:			
Treatment required:			
Does the child require an Emergency Response plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare#			
Medic Alert#			
Family Doctor:			
Address:			

If requiring medication, a Medication Permission form is required before the enrolment can be processed. In case of ACCIDENT or EMERGENCY every effort will be made to contact parents prior to taking medical action or seeking treatment. In the event of your child/ren requiring urgent medical treatment, OSHC staff will obtain medical assistance deemed necessary and you will be liable for any medical costs incurred (the service has Ambulance Cover for accidents).

Permission

Do you give permission for the following:		
Short supervised walking excursions within the local area as part of the service's program:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sunscreen to be applied:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your child/ren to watch carefully selected family movies which may be rated PG?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Your child/ren to be photographed and/or videoed for the purpose of their OSHC learning plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

We aim to provide inclusive quality care for a range of children from differing cultures and backgrounds. Please share any additional information with us to assist our Educators.

What cultural backgrounds would you like us to recognise/celebrate with your child/ren?	
Additional Information:	

Fees and Account Information

Before School Care \$12.00	After School Care \$21.00	Vacation Care/Student Free Days \$60.00
Late Collection Fee after 6.00pm - \$10.00 each 10 minutes over		
Name of parent/guardian claiming Child Care Benefit/Rebate:		Date of Birth ___/___/___
Customer Reference # (CRN):	Email:	
Other children in care	Are you claiming CCS* for other children at another approved Child Care Service? If so, for how many children?	

Direct Debit is the College's preferred payment option, please email finance@portside.sa.edu.au or phone 8341 5133 to arrange

Parent/Guardian to sign

Name:	Signed:	Date:
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* For more information on CCS, please visit www.my.gov.au