

## Additional Child

### Details:

Child's name:  Family name:

Date of Birth:  Gender: Male  Female

Child's CRN: (to claim CCB & CCR)  Year Level in 2017:

Street address:

Suburb:  State:  Postcode:

What country was this child born in?

What languages does this child speak at home? (other than English)

Is this child of Aboriginal or Torres Strait Islander Background? (Please tick) Yes  No

Please tick if this child is:

- From a culturally and linguistically diverse background (Please specify) \_\_\_\_\_
- From a refugee background who has been subjected to trauma
- In the care of the state or other forms of out of home care
- If this place has been sought by a state or territory child protection worker

### Immunisation:

Is this child immunised? (Please tick) Yes  No

### Court Orders:

Is this child involved in a court order, residential order, parenting order or parenting plan?

*If yes, please supply a copy (to be enforced documents must be provided)* Yes  No

Please provide details: \_\_\_\_\_

\_\_\_\_\_

### Medical Information:

Has this child been diagnosed with a medical condition? Eg. Asthma, seizures, allergies, anaphylaxis, etc. (Please tick and give details) Yes  No

*If yes, please supply a current medical action plan from and (if required) a risk minimization plan from a GP. Children will not be accepted into OSHC without a current medical action plan with a photo attached.*

\_\_\_\_\_

### Dietary Requirements:

Are there any specific dietary requirements for your child? (Please tick and give details) Yes  No

\_\_\_\_\_

### Additional Needs:

Has this child been diagnosed with a disability or additional needs or is undergoing any diagnosis (Please tick and give details) Yes  No

\_\_\_\_\_

\_\_\_\_\_

### **Cultural or Religious Requirements:**

Are there any specific cultural or religious requirements for your child? Yes  No   
(Please tick and give details)

### **Family and Cultural Celebrations**

Do you have any family or cultural celebrations that you would like OSHC to share, acknowledge in our service and/or be knowledgeable about? (Please provide details)

### **Events throughout the year**

Do you have any events or special days throughout the year (eg. Red nose day, St Patrick's Day, etc) that you would like us to celebrate or acknowledge at OSHC.

### **Fears or Phobias:**

Does this child suffer from fears or phobias? (Please tick and give details) Yes  No

### **Consents**

Do you give permission for this child to have their face painted?	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for this child to have their hair sprayed?	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for OSHC to use Story Park to document this child's learning and participation in the program?	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for this child to be photographed for the purposes of documenting their and other children's learning at OSHC, available for other families to view (Displays at the service, story park learning stories involving multiple children, photos taken by children of their friends, etc)?	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for this child to watch PG rated programs (TV, DVD, movies) and play PG rated Ipad applications?	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for this child to participate in our 'Outside the Fence' program? (Where children are supervised engaging in nature play just outside our fence in the area adjacent to the school)	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date
Do you give permission for this child to participate in our 'Fire pit' experience? (A risk assessment has been completed and will be conducted with the children on each occasion that the fire pit is used. This experience will always be closely supervised by an educator).	<input type="radio"/> Yes <input type="radio"/> No	Initial	Date

### **Bookings:**

Please select the type of booking you require for this child:

<input type="checkbox"/> Casual booking	<input type="checkbox"/> Vacation Care Booking
<input type="checkbox"/> Weekly booking (regular booking each week)	<input type="checkbox"/> Fortnightly booking (regular bookings over a fortnight)

Please tick the days/sessions you would like your child to attend OSHC for a weekly or fortnightly booking

Week 1: (30/1/17-3/2/17)	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

Week 2: (6/2/17-10/2/17)					
Only fill out for a fortnightly booking					
	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					

Date of commencement for care in 2017:

**If your child does not start care on the date of commencement you will be charged full fees until they attend their first session as per Cessation of Care requirements.**

# Local Area Walk – 2017 permission

Local area walks are conducted in our local area. The local area is displayed on our parent notice board and can be accessed on the OSHC page of the SCA website.

We go on local walks to extend on the children’s interests, to learn about our local area and to engage in the local community. During the walks the children often explore the natural environment and risk assessments have been completed for these experiences.

While on the local walks there are not usually any toilet facilities, so we encourage the children to go to the toilet before leaving.

## RISK ASSESSMENTS

- A general ‘Local Walk’ risk assessment is completed at the beginning of each year, specifying general risks that may be present in the local area.
- Risk assessments are completed in the local area each year for specific areas that we regularly visit eg. Wetlands, shops, Gordon park/lake.
- Risk assessments are conducted with the children as we venture into areas that have not had a specific risk assessment completed.

## ROUTE AND DESTINATION AND DURATION OF THE EXCURSION

- Where the destination is pre-planned, a sign will be displayed at the service showing the proposed route and destination.
- Where the destination is not pre-planned, the children and educators will highlight the route and destination whilst on the walk and it will be displayed when they return to the service.
- The duration of the excursion will be determined by the following factors:
  - The children’s interest in the excursion
  - When/if children need to return to the service for school or by 4.30pm collection

## TRANSPORT

- For local area walks the children and educators will walk. There will be no alternate transport.

## ANTICIPATED NUMBER OF CHILDREN, NUMBER OF EDUCATORS AND RATIO

- The number of children will be determined by children’s interest in the experience.
- When going on local walks the ratio of educators to children will be 1:11. There will always be at least 2 educators, one of which will be first aid trained.

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## Local Area Walks Permission

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
(parent name) (child’s name)

to participate in local area walks conducted by OSHC.

I give permission for my child to participate on the following BSC and ASC days and will inform OSHC if this changes permanently or for a particular week.

|     |                                 |                                  |                                    |                                   |                                 |
|-----|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|
| BSC | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |
| ASC | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday |

Signed: \_\_\_\_\_ Date: \_\_\_\_\_