



Date received:	_____
Staff signature:	_____

St Clare of Assisi Outside School Hours Care
 In accordance with the Catholic Education Office Enrolment Policy and Regulations

2017 Booking Form

Family Name	_____
Child 1	_____
Child 2	_____
Child 3	_____
Child 4	_____

Email Information

Email address for accounts (No government email addresses)	_____
Email address for OSHC Information	_____
Email address for Story Park (Online documenting system)	_____

Australian Government Priority of Access

Please tick if any of the following apply to your current situation:

<input type="checkbox"/>	Single parent	<input type="checkbox"/>	Aboriginal or Torres Strait Islander Family	<input type="checkbox"/>	Income support family
<input type="checkbox"/>	Child in a family which includes a disabled person	<input type="checkbox"/>	Non English speaking background	<input type="checkbox"/>	Socially isolated family

OSHC often needs to give information and updates to families and ask for family feedback.
 What is the best way for OSHC to give your family information?

<input type="checkbox"/>	Email	<input type="checkbox"/>	Hand outs	<input type="checkbox"/>	Informal conversations
<input type="checkbox"/>	Signs/displays at the service	<input type="checkbox"/>	Other. <i>Please specify:</i>		

Please check that you have completed all the sections and questions you need to answer, have
 attached all additional information and have signed and dated where necessary.

If you have any questions about this form, please contact
St Clare of Assisi Outside School Hours Care
 Heidelberg Street, CONDER ACT 2906
 Ph: 6294 8004; Mobile: 0407 363 625
 Email: sca.oshc@cg.catholic.edu.au

Staff use only:

<input type="checkbox"/>	Booking form checked by educator	Signature: _____	Date: _____
<input type="checkbox"/>	Email supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorisations signed <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Emergency contacts supplied	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical action plan attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Senior staff use:

Booking form dated on receipt	Initial: _____	Date: _____	Email address added in Outlook	Initial: _____	Date: _____
Bookings on hard copy list or wait list	Initial: _____	Date: _____	Email address added to parent list	Initial: _____	Date: _____
Qikkids updated/created	Initial: _____	Date: _____	Child information added to lists	Initial: _____	Date: _____
CCMS Enrolled	Initial: _____	Date: _____	Storypark profile created	Initial: _____	Date: _____
Child's class added to Qikkids	Initial: _____	Date: _____	Child folder created	Initial: _____	Date: _____

Parent A (this person has authorisation to collect the child and consent to medical treatment)

Given name: Family name:

Date of Birth: Gender: Male Female

Relationship to child/ren: Mother Father Other (Please specify)

Are you the parent that receives the Family Assistance Office Child Care Benefit (CCB) and Child Care Rebate (CCR)?(Please tick) Yes No

Customer Reference Number (CRN):

CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements

Street address:

Suburb: State: Postcode:

Home Phone: Mobile phone:

Work Phone: Best contact number: Home Mobile Work

Work Status: (please tick)

Full time employment Part time employment Actively seeking employment

Studying full time Other (Please specify)

Country of birth: Religion:

Other languages spoken at home? (other than English)

Are you of Aboriginal or Torres Strait Islander Background? (Please tick) Yes No

Parent B (this person has authorisation to collect the child and consent to medical treatment)

Given name: Family name:

Date of Birth: Gender: Male Female

Relationship to child/ren: Mother Father Other (Please specify)

Are you the parent that receives the Family Assistance Office Child Care Benefit (CCB) and Child Care Rebate (CCR)?(Please tick) Yes No

Customer Reference Number (CRN):

CRN and DOB are essential to claim CCB and CCR. If you do not intend to claim CCB to reduce your fees, we still require your CRN to comply with government reporting requirements

Street address:

Suburb: State: Postcode:

Home Phone: Mobile phone:

Work Phone: Best contact number: Home Mobile Work

Work Status: (please tick)

Full time employment Part time employment Actively seeking employment

Studying full time Other (Please specify)

Country of birth: Religion:

Other languages spoken at home? (other than English)

Are you of Aboriginal or Torres Strait Islander Background? (Please tick) Yes No

Emergency Contacts

Emergency Contact 1: (Other than Parent's listed previously)

Given name: Family name:
Street address:
Suburb: State: Postcode:
Home Phone: Mobile Phone:
Work Phone: Relationship to child/ren:
Is this person authorised to collect the child/ren from care? (Please tick) Yes No
Is this person authorised to consent to medical treatment? Yes No

Emergency Contact 2: (Other than Parent's listed previously)

Given name: Family name:
Street address:
Suburb: State: Postcode:
Home Phone: Mobile Phone:
Work Phone: Relationship to child/ren:
Is this person authorised to collect the child/ren from care? (Please tick) Yes No
Is this person authorised to consent to medical treatment? Yes No

Other People Authorised To Collect the Child

Contact 1

Given name: Family name:
Street address:
Suburb: State: Postcode:
Home Phone: Mobile Phone:
Work Phone: Relationship to child/ren:

Contact 2

Given name: Family name:
Street address:
Suburb: State: Postcode:
Home Phone: Mobile Phone:
Work Phone: Relationship to child/ren:

Contact 3

Given name: Family name:
Street address:
Suburb: State: Postcode:
Home Phone: Mobile Phone:
Work Phone: Relationship to child/ren:

Staff use only:

Please tick if additional pages have been attached for authorisations

Doctor's Details

Doctor's name:

Street address:

Suburb: State: Postcode:

Phone: Medicare Number:

Other Children in Approved Care

Please supply details of any other children in approved care (to claim CCB & CCR) and ensure your CCB is given at the correct percentage.

Given Name	Family Name	Date of Birth	Sex

Authorisations and Conditions of Care

Medical Treatment Permission:

I/We give permission for the staff to give first aid treatment in the even of minor injuries to my child.

In the event of an accident or serious illness regarding my child I/we give permission for staff to seek medical attention or arrange ambulance transport to the hospital if considered necessary for the welfare and safety of my child. I/we understand that I/we will be required to pay for any costs associated with transport and/or treatment of my child.

I/We understand that the centre is unable to care for sick children or children with contagious illness. The centre reserves the right to exclude any child not well enough to cope with planned activities and will contact parents to arrange collection of their child.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Fees Consent:

I/We agree to pay by the due date, all fees for which an account has been rendered, and care may be cancelled if accounts are overdue according to the Centre Policy. I/we understand that in the event of financial hardship, application may be made to the Centre Finance Officer for consideration of special arrangements. Otherwise, I/we understand that the centre is entitled to the recovery of outstanding fees.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Behaviour Guidelines:

I/We have read the Behaviour Guidance policy/Code of Behaviour and agree to abide by the guidelines. I/We have informed the child/ren of the guidelines and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following these guidelines and that the strategies that are outlined in the Behaviour Management Policy will be implemented if the child/ren is in breach of the guidelines.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Parent Code of Conduct:

I/We have read the Parent Code of Conduct and agree to abide by the guidelines. I/We have informed all of the people who are authorised to collect and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following these guidelines and that the strategies that are outlined in the Parent Code of Conduct will be implemented if any parent or visitor is in breach of the guidelines.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Privacy:

I/We understand the service protects the confidentiality and privacy of individuals by ensuring records about individual children and families are kept in a secure place and only accessed by or disclosed to those people who need the information to fulfil their responsibilities at the service or have a legal right to know.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Cessation of Care:

I/We understand the service is bound by government requirements for Cessation of Care. Under Cessation of Care CCB will not be paid for absences where fees are charged to reserve a place for a child who has not yet started care or who has finished care prior to the termination notice period.

This means that if your child does not start on the start date requested, you will be required to pay full fees for the days until your child attends the service, at which point CCB will be applied. CCB will not be paid for absences once a child has stopped attending care. If your child does not attend in the 2 weeks where notice is given to terminate care, you will be required to pay full fees from the last day in which the child attended the service until the end of the termination period.

Parent 1 signature:	Date:	Parent 2 signature:	Date:
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Child 1

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: \_\_\_\_\_