

Family Name:

2024

OSHC Enrolment Form



Our Lady of Hope School
Cnr Golden Way & Golden Grove Rd ,
GREENWITH SA 5125

Phone: 8289 9751
Vacation Care Mobile: 0499 012 814

Website: www.goshc.org.au

Email: oshc@goshc.org.au

CHECKLIST FOR FAMILIES

To enrol your child you must ensure the following:

- You have thoroughly read and understood the information booklet.
- Completed the enrolment package.
 - Supply Medical Health Plans if applicable
 - Supply Dietary Plans if applicable
 - Supply Official Diagnosis if applicable
 - Completed Direct Debit Authority
 - Signed Written Agreement
 - Completed All About Me
- Contacted Centrelink if you wish to apply for Child Care Subsidy on **(13 61 50)**.
- Arranged with the Director or Assistant Director to have an interview where you will submit your enrolment forms to apply for a position for your child/ren.
- Advised our service if you have another child in care elsewhere.
- Pay the \$75 Application Fee and \$10.00 hat per child fee when you attend the interview.
- Attached a photo for each child

Provider ID: 4-2QNRNVY

Organisation ID: 4-3V97OG3

Child Details

Family Name	Family Name	Family Name	Family Name
Child's Name	Child's Name	Child's Name	Child's Name
Preferred Name	Preferred Name	Preferred Name	Preferred Name
Birth Date M / F			
Do you speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you speak a language other than English at home? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, which language/s?			
Room Number/Class Teacher	Room Number/Class Teacher	Room Number/Class Teacher	Room Number/Class Teacher
School	School	School	School
Child CRN:	Child CRN:	Child CRN:	Child CRN:

Family Details

Parent CRN: How many CCS children do you have in care:	Please Note: Parent 1 is claiming CCS from Centrelink & child will come under parent 1 CRN Please note parent and child have their own individual CRN number
Enrolling Parent/Guardian Name Date of Birth	Parent/Guardian Name Date of Birth
Address	Address
Phone (Home) Phone (Work) Mobile	Phone (Home) Phone (Work) Mobile
Employer's Name Occupation	Employer's Name Occupation
Email	Email
Main language/s Spoken at Home	Main language/s Spoken at Home
Cultural Background	Cultural Background

Emergency Contacts (also authorised to collect the child)

1. Name	2. Name	3. Name
Landline Mobile Address	Landline Mobile Address	Landline Mobile Address
Relationship to child	Relationship to child	Relationship to child

Authorised To Collect Child

1. Name	2. Name	3. Name
Landline Mobile Address	Landline Mobile Address	Landline Mobile Address
Relationship to child	Relationship to child	Relationship to child

Indigenous Status

Is your child/ren of Aboriginal or Torres Strait Islander origin? Any Comments:	No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>
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Custody Access

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 <input type="checkbox"/> No <input type="checkbox"/>
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Cultural or Religious Considerations

<i>Please comment if any:</i>

Confidential Medical and Health Information (Per Child)

Family Name _____ Childs Name _____ Date Of Birth _____

Medical Diagnosis

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

Condition	Yes	No	Condition	Yes	No
Anaphylaxis			Heart Disorder		
Seizures/Convulsions			Allergies		
Diabetes			Other		
Asthma					

Comments: _____

Health Support

* Does your child have:

Condition	Yes	No	Condition	Yes	No
Vision Impairment			Skin conditions (eg dermatitis)		
Joint Disorder (eg arthritis)			Incontinence		
Ear Disorder (eg drainage tubes)			Other		
Hearing Impairment					

Comments: _____

Medication

* Does your child have any routine health care needs (eg: medication)?

- NO
 YES, please attach a **medication plan** from your doctor or treating health care professional.

Dietary Requirements

* Are there any special dietary requirements relating to your child?

Condition	Yes	No	Condition	Yes	No
Lactose Intolerant			Cultural		
Gluten Intolerant			Other		
Fructose Intolerant					

Comments: _____

Additional Support

* Has your child been diagnosed with:

Condition	Yes	No	Condition	Yes	No
ADHD			Communication Difficulties		
Autism			Other		
Sensory Processing Disorder					

Comments: _____

Special Aids

* Does your child need special aids or equipment? (eg glasses, hearing aids, callipers)

Comments: _____

Parent/Guardian/ Approved Person
Signature _____

Date _____

2024 Out of school hours care booking form

Family Name _____

Child's Name _____

Start Date: _____

Regular days to be booked in for the year:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 7:00 8:45					
PM 3:00 6:15					

Casual Flexible Care Required- I will advise when needed.

Family Name _____

Child's Name _____

Start Date: _____

Regular days to be booked in for the year:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 7:00 8:45					
PM 3:00 6:15					

Casual Flexible Care Required- I will advise when needed.

Family Name _____

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Family Name _____

Child's Name _____

Start Date: _____

Regular days to be booked in for the year:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 7:00 8:45					
PM 3:00 6:15					

Casual Flexible Care Required- I will advise when needed.

Comments:

I understand that I am Financially Responsible for the sessions booked unless I give 1 week notice of cancellation

Name: _____ Date: _____ Sign: _____

Child Information

I give permission for school staff to exchange information relating to my child with OSHC staff and to the appropriate person(s.) (e.g. Child's absenteeism, classrooms and teachers, illness, behavioural issues, support plans & strategies and school photos for identification purposes)

Child Participation

I give permission for my child to participate in the OSHC program and understand that OSHC staff will notify families of each individual excursion. I understand it is my responsibility to advise staff if I do not wish my child to participate in an activity.

Family Information

I declare that all information regarding my child has been disclosed. I am aware that if I have not disclosed all information then that is regarded as a breach of the Conditions of Enrolment and may initiate the procedure for termination.

Family Information Booklet

I have read the OSHC 'Family Handbook' and agree to comply with the OSHC services policies and procedures outlined.

Fees

I have read the Fees Policy (located on our website) and agree to abide by the terms and conditions. I will pay my fees through the Paystream payment system and ensure that I have sufficient funds in my account for the balance of my fees to be deducted from my nominated account on the dates specified. I realise that if I fail to meet this commitment my child will be suspended from the program and I will incur a bank fee as well as a late payment fee. I understand that I will be charged sessions booked for my child whether they attend or not unless a 1-week notice of cancellation of is given in writing.

The current fee structure can be found on the OSHC website and the Family Handbook.

First Aid

I agree that the OSHC staff may administer simple first aid to my child if the need arises

Late Collection of Children

I understand that I must collect my child by 6.15pm and if I do not collect my child by this time then I will be charged \$3 per minute per child as a late pick-up fee, and \$5 per minute per child if this reoccurs. I am aware that if I continually pick up my child late then my child's enrolment will be terminated. I also understand that staff cannot care for my child beyond 6.45pm and after this time the Police will be called to take responsibility of my child.

Behaviour Management

I have read the Interactions with Children Policy and agree to abide by the terms and condition and that it is the responsibility of the family to inform the OSHC staff of any support my child may require. I understand that I will be contacted and asked to collect my child if they are displaying disruptive behaviour or jeopardising the welfare and safety of themselves or others.

Medical Emergency

In the event of a medical emergency, I understand that OSHC staff will seek medical treatment for the child and call an ambulance, in line with standard first aid training and that I am responsible for any costs associated with the treatment of my child.

Permission to inspect for Head Lice

I give permission for OSHC staff to check my child's hair for head lice in a sensitive manner, if there is a possibility of head lice. I understand I need to arrange collection of my child from OSHC when notified that my child has a case of head lice.

Photo consent

I consent to photographs (still or video) being taken of my child, as part of the OSHC program and to be displayed around the OSHC site on display boards, in the OSHC newsletters and on the OSHC website.

Policies

I understand it is my responsibility to become familiar with the policies and procedures of the OSHC Service. All policies are available for viewing on the OSHC website www.goshc.org.au

Privacy Act

I understand the information provided on this Enrolment Form:

- *Is collected for the purpose of registration, program planning, preparing statistic, reporting and evaluation.
- *May be disclosed to and used purposes by Commonwealth and State government departments and their agencies.
- *May otherwise be disclosed without consent where authorised or required by law.

Signing in and out

I understand that I must sign my child in and out of the service each morning and afternoon they attend. I am aware that I must inform OSHC educators when I am collecting my child from OSHC, and I may be asked to show ID upon collection.

Sun Protection

I understand OSHC supports the "No Hat No Play" Policy and that my child will receive a OSHC hat that needs to be stored in their bag. I understand sun block will be used in accordance with the OSHC Policies and procedures. I consent for staff to help my child apply sunscreen if my child is having difficulty applying it themselves to ensure that all exposed skin is protected adequately with sunscreen.

Written permission

I understand that OSHC staff require written permission, for my child to travel alone, to and from the OSHC service. I am aware that the Director/Qualified staff will sign my child in and out of the service and the arrival and departure times will be noted.

Work Consent

I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.

I, _____, understand the above mentioned and agree to comply with the terms and conditions. I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any details change.

Signature _____ Date _____

Paystream Payment System for OSHC Fees

Fees Payment Procedure

We will use the Paystream Payment System for collection of fees, this is an automated payment system that works in conjunction with our software. Families will be able to choose either their credit card or debit card to have their fees deducted from. If you choose the credit card option only VISA and Mastercard are accepted. **Please note that this payment method is the only payment option for families to pay their fees.**

Accounts will be sent out once a fortnight on a Monday showing the amount that is due. Deductions will occur on the following day, Tuesday. This payment schedule will be the same when a public holiday occurs on the Monday. Families need to ensure that they have sufficient funds in their account to cover the amount due on their invoice. A payment schedule is available on our website.

Families are required to fill out a deduction authority at the beginning of each new year allowing the balance to be debited from their account/card. If excess money is taken due to CCS not being deducted from the account prior to the balance being debited, then the excess will be credited to the family's account.

If families have a query with their account, they can raise their issues with the OSHC office either by phone, in person or email.

All accounts need to be brought to a nil balance by the end of the year. Enrolment and bookings will be cancelled for families with outstanding amounts being carried over to the new calendar year.

Overdue Payment of Accounts Fees and Procedure

Families that have their **deduction declined** will be charged a **\$2.75 bank fee** and an **administration fee of \$10** for accounts under \$100 or an **administration fee of \$25** for accounts \$100 and over. Families will then be contacted to arrange settlement of their account. If payment is not received by Friday being the last day of the week the child's place will be suspended until payment has been made in full.

Families that have their deduction declined 3 times in a calendar year will be required to go on a **\$200 bond** to continue to use the Service. **This bond does not offset any future fees.**

Families that do not pay their Vacation Care Fees by the due date will be required to prepay their fees for subsequent bookings for Vacation Care. Families that do not attend the campus are required to pay their Vacation Care Fees in advance.

Families are encouraged to discuss any difficulties that they may have in paying fees with the Director, who will discuss and make suitable arrangements for payment of fees as well as informing them of other avenues of financial support if required.

If you need further clarification, please do not hesitate to ask.

Direct Debit Request Service Agreement (to be retained by family)

This is your direct debit service agreement with cloud payments CAN 154 014 785, APCA user ID. Number 450969. Cloud Payments have been contracted by SA Commission for Catholic Schools Inc (Greenwith) to collect the Instalments due under this Agreement. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider. Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions:

Account - means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement - means this Direct Debit Request Service Agreement between you and us.

Banking day - means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia
debit day - means the day that payment by you to us is due.

Debit payment - means a particular transaction where a debit is made.

Direct debit request means the Direct Debit Request between us and you.

Us or we - means SA Commission for Catholic Schools Inc (Greenwith), (the Debit User) you have authorised by requesting a Direct Debit Request.

You means the customer who has signed or authorised by other means the Direct Debit Request.

Your financial institution means the financial institution nominated by you on the Direct Debit Request at which the account is maintained.

Debiting your account:

1. By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
2. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

or

We Will only arrange for funds to be debited from your account If we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.

If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Amendments by us:

We may vary any details of this agreement or a direct debit request at any time by giving you at least fourteen (14) days written notice.

Your obligations:

1. It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
2. If there are insufficient clear funds In your account to meet a debit payment:
 - a. you may be charged a fee and/or interest by your financial institution;
 - b. you may also incur fees or charges imposed or incurred by us; and

- c. you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

You should check your account statement to verify that the amounts debited from your account are correct.

Dispute:

1. If you believe that there has been an error in debiting your account, you should notify us directly on 8289 9751, or email oshc@goshc.org.au as soon as possible so that we can resolve your query more quickly. Alternatively, you can take it up directly with your financial institution.
2. If we conclude as a result of our investigations that your account has been incorrectly debited, we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

If we conclude as a result of our investigations that your account has not been incorrectly debited, we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Accounts:

You should check:

- a. with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- b. your account details which you have provided to us are correct by checking them against a recent account statement; and

with your financial institution before completing the Direct Debit Request If you have any queries about how to complete the Direct Debit Request

Confidentiality:

1. We will keep any information (Including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
2. We will only disclose information that we have about you:
 - a to the extent specifically required by law; or

for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice:

If you wish to notify us in writing about anything relating to this agreement, please email OSHC@goshc.org.au

Amendments by you:

You may change, stop or defer payment, or terminate this agreement by providing us with at least 14 days notification by emailing oshc@goshc.org.au or arranging it through your own financial institution, which is required to act promptly on your instructions.

SA Commission for Catholic Schools Inc (Greenwith) Our Lady of Hope School cnr The Golden Way & Golden Grove Rd GREENWITH SA 5125 8289 9751 or 0417809641 oshc@goshc.org.au

We will notify you by sending a notice in the ordinary post to the address you have given us in the direct debit request.

Any notice will be deemed to have been received on the third banking day after posting

Credit Debit Card Authority

Name On Card:

Master Card Visa Debit Card

Card Number:

Expiry:
M M Y Y

CVV Number:

Signature:

Date: ____/____/____

Payment Schedule Dates Please Keep This Page

16/01/2024	Week 1 December Vac-Week 1 Jan
30/01/2024	Week 2 Jan Vac-Week 3 Jan Vac
13/02/2024	Week 1 Term 1- Week 2 Term 1
27/02/2024	Week 3 Term 1- Week 4 Term 1
12/03/2024	Week 5 Term 1- Week 6 Term 1
26/03/2024	Week 7 Term 1- Week 8 Term 1
09/04/2024	Week 9 Term 1- Week 10 Term 1
23/04/2024	Week 11 Term 1- Week 1 April Vac
07/05/2024	Week 2 April Vac- Week 1 Term 2
21/05/2024	Week 2 Term 2- Week 3 Term 2
04/06/2024	Week 4 Term 2- Week 5 Term 2
18/06/2024	Week 6 Term 2- Week 7 Term 2
02/07/2024	Week 8 Term 2- Week 9 Term 2
16/07/2024	Week 10 Term 2- Week 1 July Vac
30/07/2024	Week 2 July Vac- Week 1 Term 3
13/08/2024	Week 2 Term 3- Week 3 Term 3
27/08/2024	Week 4 Term 3- Week 5 Term 3
10/09/2024	Week 6 Term 3- Week 7 Term 3
24/09/2024	Week 8 Term 3- Week 9 Term 3
08/10/2024	Week 10 Term 3 -Week 1 October Vac
24/10/2024	Week 2 Oct Vac- Week 1 Term 4
05/11/2024	Week 2 Term 4- Week 3 Term 4
19/11/2024	Week 4 Term 4- Week 5 Term 4
03/12/2024	Week 6 Term 4- Week 7 Term 4
17/12/2024	Week 8 Term 4- Week 9 Term 4
24/12/2024	Week 1 December Vac

All About Me

Name:

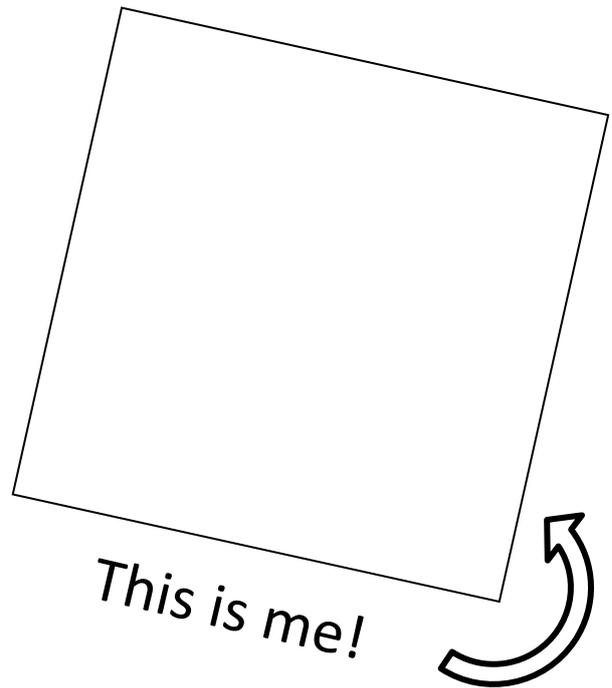
Age:

2024

Cultural Background:

Foods I like to eat:

Things I like to do:



What I would like to do at OSHC:

Excursions I would like to go on:

To relax, I like to: