OSHC Programme 2014
Family Enrolment Form
Family Information - 1 form per family

Confidential: Restricted Access
(This information is confidential and will be available only to supervising staff and emergency medical personnel.)

Children’s Information
Family Name ____________________________
Children's Names registering for Out of Hours School Care ____________________________
Gender: M / F ____________________________ Class/Home Group ____________________________ Date of Birth ____________________________

Parent/Guardian’s Information (This will be used to contact you in an emergency)

Mother
Parent/Guardian Name ____________________________
Enrolling Parent’s CRN ____________________________
Date of Birth ____________________________
Address ____________________________
Home Phone ____________________________
Work Address ____________________________
Work Phone ____________________________
Email ____________________________
Mobile ____________________________

Father
Parent/Guardian Name ____________________________
Enrolling Parent’s CRN ____________________________
Date of Birth ____________________________
Address ____________________________
Home Phone ____________________________
Work Address ____________________________
Work Phone ____________________________
Email ____________________________
Mobile ____________________________

Emergency Contacts
(If parent/guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)

Name ____________________________ Address ____________________________ Home Phone ____________________________ Work Phone ____________________________ Mobile ____________________________ Relationship to the child ____________________________

Other people authorised to collect your child (eg special arrangements for social/sporting events)

Name ____________________________ Address ____________________________ Phone ____________________________

Custody/Access
Are there any Family Court Orders? ☐ No ☑ Yes (Please attach a copy of the order)
Are there any Restraining Orders in relation to your child? ☐ No ☑ Yes (Please attach a copy of the order)

Comments
It is the parent’s responsibility to inform the OSHC staff of any relevant and useful information that is in relation to your child. This allows the OSHC staff to provide informed quality care for your child.
Information for Parents

Child Participation
I give permission for my child to participate in the OSHC programme and understand that OSHC staff will notify parents/guardians of each individual excursion.
I understand it is my responsibility to advise staff if I do not wish my child to participate in a particular activity.

Child Information
I give permission for OSHC staff to exchange information relating to my child with school staff and to the appropriate person(s) (e.g., in an emergency / special needs of my child).

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.

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

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

OSHC Behaviour Management
The OSHC Programme has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours. I understand that it is the responsibility of the parent to inform the OSHC staff of the child’s behaviour needs.

(A copy of the behaviour management process is available in the OSHC Policy Folder.)

Permission to inspect for Head Lice
The South Australian Health Commission recommends that everyone checks their hair every week for head lice. Checking and treating hair is by law a parent’s responsibility. I give permission for OSHC staff to check my child’s hair for head lice, if there is a possibility of head lice.
I understand any checks will be conducted sensitively.
I understand that I will need to collect my child if OSHC supervising staff believe that my child has head lice.
I understand it is my responsibility to arrange collection of my child from OSHC, when notified.

Sun Protection
OSHC follows the guidelines of the Cancer-Council SA that recommend that children be sun smart and wear hats while outside. I understand that if my child does not have a hat he/she will spend playtime in a shaded area.
Sun block will be used in accordance with the OSHC Policies and Procedures. (OSHC Policy Folder).

Signing in and out
I understand that I must sign my children in and out of the programme each morning and evening. I am aware that I must inform OSHC staff members when I am collecting my child/children from care. School policy states that any child on school grounds prior to 8.20am and after 3.30pm will automatically be booked into the OSHC programme. Fees will apply as per fee schedule.

Fees
I agree to pay the required fees for my child booked into care at this OSHC service and have completed the direct debit form for payment. NB: Failure to provide bank account details may preclude your child from enrolment in the service.

Medical Emergency
In the event of a medical emergency, OSHC staff will call an ambulance, in line with standard first aid training. I understand that I am responsible for the cost associated with medical care, ambulance and hospital costs.

Privacy Act
I understand the information provided on this Enrolment/Medical Form:

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

Information to Parents
I have read the OSHC ‘Information for Parents’ and agree to comply with the OSHC service policies and procedures outlined.

Parent/Guardian Signature

Date ____________________________

Full information on the Out of School Hours Care Programme is available in the OSHC Policies and Guidelines, which are located in the OSHC Office area.

MC165
Direct Debit Request

Request and Authority to debit the account named to pay CCES Inc - Mercedes College

Parent Surname ___________________________ Parent Given Name/s ___________________________

I/we request and authorise CCES Inc – Mercedes College, Debit User Id 067896 to arrange, through its own financial institution, for any amount CCES Inc – Mercedes College may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below, and paid to the Debit User, subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].

Insert the name and address of financial institution at which account is held
Financial institution name ___________________________
Address ___________________________

Insert details of credit card account to be debited
Name of cardholder ___________________________ Type of credit card Mastercard / Visa ___________________________
Account number ___________________________ Expiry Date ___________________________

OR

Insert details of account to be debited
Name of account ___________________________ BSB number ___________________________
Account number ___________________________

Acknowledgment
By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and CCES Inc – Mercedes College as set out in this Request and in your Direct Debit Request Service Agreement.

Payment Details
Family Name ___________________________ Student Surname ___________________________
(if different from parent)

Please tick box/es applicable:
☐ After School Care  ☐ Before School Care  ☐ Vacation Care

I authorise for the full amount owing on my ASC/BSC/VC Account to be debited fortnightly from my above Credit Card.

Signature/s ___________________________
Address ___________________________
Date ___________________________
Direct Debit Request (DDR) Service Agreement

The following is your Direct Debit Service Agreement with CCES Inc - Mercedes College. The agreement is designed to explain 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.

We recommend you keep this agreement in a safe place 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 form.

 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 CCES Inc - Mercedes College, (the Debit User) you have authorised by signing a direct debit request.

you means the customer who signed the Direct Debit Request.

your financial institution means the financial institution nominated by you on the DDR at which the account is maintained.

1. Debiting your account

1.1 By signing a Direct Debit Request, 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.

1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

1.3 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.

2. Amendments by us

2.1 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.

3. Amendments by you

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least fourteen (14 days) notification by writing to:

Mercedes College
540 Fullarton Road
Springfield SA 5062

or by telephoning us on (08) 8372-3200 during business hours;
or arranging it through your own financial institution.

4. Your obligations

4.1 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.

4.2 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.

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

4.4 If Mercedes College is liable to pay goods and services tax (“GST”) on a supply made in connection with this agreement, then you agree to pay Mercedes College on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 Dispute

5.1 If you believe that there has been an error in debiting your account, you should notify us directly on (08) 8372-3200 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up with your financial institution direct.

5.2 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.

5.3 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.
6. 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
(c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

7. Confidentiality
7.1 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.

7.2 We will only disclose information that we have about you: (a) to the extent specifically required by law; or (b) for the purposes of this agreement (including disclosing information in connection with any query or claim).

8. Notice
8.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:
Mercedes College
540 Fullarton Road, Springfield
SA 5062.

8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.

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

Further Information
Mercedes College Vacation Care
Customer Reference Number (CRN) – 407004955C
Before School and After School Care
Customer Reference Number (CRN) – 407102786K
Health Support Planning – in schools, preschools and childcare services: Department of Education Training and Employment, 2001
DETE publishing

List of available pro formas of health care plans
General Health Care Plan Pro formas
• Medication Plan
• Medical Information (including First Aid Plan)
• General Health Information (Behaviour and / or Mental Health Issues)

Condition-specific Health Care Plan Pro formas
• Acquired brain injury care plan
• Anaphylaxis care plan (severe allergy)
• Anaphylaxis first aid plan (severe allergy)
• Asthma care plan
• Asthma first aid plan
• Cystic fibrosis care plan (CF)
• Diabetes care plan
• Epilepsy and seizure care plan
• Major generalised seizure first aid plan
• Oncology patient care plan
• Osteogenesis imperfecta care plan
• Spina Bifida and hydrocephalus care plan

Personal Health Care Planning Pro formas
Care and Learning Plans
• Hygiene
• Menstruation management
• Toileting
• Intermittent catheterisation
• Ileostomy, colostomy, urostomy

Completed by Health Professionals
• Continence
• Oral Eating and Drinking
• Transfer and Positioning
• Modified diet care plan
Mercedes College is a co-educational, Reception to Year 12 Catholic school in the Mercy tradition, providing a caring and supportive learning environment.

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