



MERCEDES COLLEGE

Out of School Hours Care (OSHC) Enrolment Form



General Consents

In order to finalise and confirm your child's enrolment, you are required to read and respond to the permission and consent statements below by ticking the boxes. I understand and acknowledge the following:

Support/Communication

- I understand that it is necessary to personally sign children in and out as required for the various care sessions. If any person apart from those listed on the enrolment form is to collect and sign out my/child/ren, I agree to notify the Director in advance and in writing to this effect.
- I agree to inform the Director of any absence of my child/ren as soon as possible and understand that there may be fees associated with changing bookings.
- I give permission for OSHC staff to liaise with my child/ren's teacher when relevant to the well-being of my child/ren.

Activities/Permission

- I give permission for my child/ren to participate in the OSHC programme and understand that it is my responsibility to advise staff if I do not wish my child to participate in a particular activity.
- I give permission for staff to observe my child/ren to assist in developing activity programmes.
- I encourage my child/children to start their homework while attending the programme.
- I give permission for my child/ren to view age appropriate PG rated movies, programs and games while at the service.

Health and Safety

- I agree to keep my child/ren from attending the Programme should he/she be suffering from any infectious or contagious disease as recognised by the National Health and Medical Research Council (NHMRC) and I accept that the Director will enforce recommendations by this body.
- I give permission for staff to assist with the application of 30+ sunscreen to my child/ren prior to outdoor play.

Medical Consent

- I authorise the nominated supervisor, educator or approved provider to provide any required first aid and to facilitate medical attention in the event of an emergency in line with first aid training. I give permission for staff to obtain any medical, hospital and ambulance service in the case of an accident or emergency involving my child/ren and accept responsibility for payment of all expenses associated with such treatment. I understand every effort will be made to contact me in the event of any illness or accident (Reg. 161).

Media

- I understand that photos, videos and digital images are an integral part of the service's programme and that my child/ren's surname will not be displayed.
- I consent for my child/ren to be photographed and for their image, name and work to be published in OSHC booklets, learning journals, digital frames and on the OSHC blog.
- Electronic devices - personal phones, iPods, iPads, tbalets and game devices are not permitted at OSHC. Any item found in OSHC will be kept in a locked drawer until home time.

Fees/Payments

- I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled and if I fail to do so I will be responsible for paying full fees.
- I agree to pay the required fees for my child/ren booked into care at Mercedes College OSHC and have completed the Direct Debit form to enable processing of account payments or I have made alternative payment arrangements with the OSHC Director.

Behaviour Guidance

- The OSHC Programme has a Behaviour Guidance 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 guidance process is available in the OSHC Policy Folder).
- I understand the information provided on this Enrolment Form is collected for the purpose of registration, planning, reporting and evaluating; that the information may be disclosed to and used for the purposes by Commonwealth and State government departments and their agencies, and may otherwise be disclosed with consent where required by law.

I certify that the information contained on these forms is true to the best of my knowledge and I undertake to inform the OSHC Director if any details change.

Parent/Caregiver Signature: _____

Date: _____

Student Information

Please complete a separate Enrolment Form for each child.

A \$20 Annual Registration Fee is payable per family upon enrolment.

Child Details

Child's Full Name: _____

DOB: _____ Male Female

Home Address: _____

Child's Centrelink Reference Number (CRN): _____ School Attending (if not Mercedes): _____

Is your child of Aboriginal or Torres Strait Islander descent? No Yes

Is your child from a non-English speaking background? No Yes Nationality: _____

Parent/Guardian Details

Parent/Guardian 1 – Account Holder

Full Name: _____ DOB: _____

Home Address (If different to child) _____

Email Address: _____ Family CRN*: _____

Phone: (H) _____ (WK) _____ (M) _____

* The date of birth and Centrelink reference numbers (CRN) for the account holder and each child (please also include children at other day care providers) are required for the purposes of linking for Child Care Benefits (CCB) and the 50% Child Care Rebate. Families MUST be assessed as eligible for Child Care Benefit, please contact the Family Assistance Office on 13 61 50 for further information.

Parent/Guardian 2

Full Name: _____ DOB: _____

Home Address (If different to child) _____

Email Address: _____ Family CRN*: _____

Phone: (H) _____ (WK) _____ (M) _____

Are there any custody orders relating to your child? No Yes

Has a copy of the relevant documentation been provided? No Yes

Is there additional information regarding separation or custody that OSHC staff should be aware of? _____

Emergency Contacts/Collection Details

Please list the details of all persons, other than parents/guardians nominated in Section 2, who are authorised to collect your child and/or can be contacted in case of emergency.

Name: _____ **Name:** _____

Address: _____ Address: _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(M) _____ (M) _____

Relationship to child: _____ Relationship to child: _____

Name: _____ **Name:** _____

Address: _____ Address: _____

Phone: (H) _____ Phone: (H) _____

(W) _____ (W) _____

(M) _____ (M) _____

Relationship to child: _____ Relationship to child: _____

Health/Medical Details

Does your child have any medical conditions that may be affected by OSHC activities? No Yes If yes, please provide details:

Health Support

Has your child received all scheduled immunisations? No Yes

(Please note: if not, your child may need to be excluded from OSHC during outbreaks of some infectious diseases)

Do you have an Exemption letter? No Yes

Does your child require regular medication? No Yes

If staff will be required to administer medication, a separate medication authority form is to be completed by the parent/guardian. All medication is to be provided in the original packaging with the child's name and dosage.

Does your child have any allergies? No Yes If yes, please provide details below _____

Are the allergies Mild Severe Anaphylaxis

Please provide details of the allergy management plan relating to your child

Does your child experience asthma? No Yes If yes, indicate severity: Mild Severe

Please provide details of the asthma management plan relating to your child.

Does your child have any specific dietary requirements? No Yes

Does your child have any food intolerances or allergies? No Yes

Please provide details of any food intolerance/allergy management plan relating to your child _____

Medical Practitioner Details

Doctor 1 Name: _____

Surgery/Practice Name: _____

Address: _____

Phone number: _____

Doctor 2 Name: _____

Surgery/Practice Name: _____

Address: _____

Phone number: _____

Family Medicare No: _____

Additional Information

Does your child have any religious/cultural needs? No Yes _____

Does your child have any dislikes, fears or phobias? No Yes _____

Behaviour Information

Are there any particular behaviours that staff should be aware of? No Yes _____

Are there any identifiable triggers to the behaviour? No Yes _____

I would like to meet with OSHC staff to discuss support for my child? No Yes _____

Permanent Booking Form

(Confidential: Restricted Access)

February 2016 brings a change in the booking system for places in our OSHC service and we are now requesting the support of parents to make permanent bookings for Before and After School Care. To ensure the safety and wellbeing of the children in our care we must arrange staffing so that child:staff ratios are in accordance with National Standards. Bookings therefore, whether permanent or casual are essential.

A permanent booking will ensure your child's booking and will attract a discount (please refer to our Fee Schedule 2016), whereas casual bookings will only be accepted if there is a place available. We do understand that there may be occasions when parents will need to take advantage of our casual spaces and we will do our best to accommodate.

Out of School Hours and Vacation Care times 7:20am to 6:00pm.

Please note collection of your child after 6:00pm incurs a late fee. Please refer to our Fee Schedule on the college website.

Before School Care

	Mon	Tue	Wed	Thu	Fri
Arrive:					
Depart:					
From:	_____ for: _____ weeks / or until: _____ or Ongoing (tick) <input type="checkbox"/>				

After School Care

	Mon	Tue	Wed	Thu	Fri
Arrive:					
Depart:					
From:	_____ for: _____ weeks / or until: _____ or Ongoing (tick) <input type="checkbox"/>				

Vacation Care programs and booking forms are available at least 2 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days. Bookings are essential by return the booking form sent out with the vacation care programs.

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.

DDR Service continued...

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 proformas of health care plans

General Health Care Plan Proformas

- Medication Plan
- Medical Information (including First Aid Plan)
- General Health Information (Behaviour and / or Mental Health Issues)

Condition-specific Health Care Plan Proformas

- 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 Proformas

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