

Child Profile
Willunga Primary School Vacation Care
dl.0744.oshcwillunga@schools.sa.edu.au
0438761656

Child Photo

Name: (One Profile per Child)		Date of Birth:	
Profile Creation Date:			

Interests, Strengths & Hobbies

Goals

Favourite foods

Do you have any comments about your child's development? (Optional)

Social, emotional, cognitive, language, physical?

Do you have any strategies that you use to comfort your child if they are distressed or upset? (optional)

Medical Details Form

Child's Name:		Age:	
----------------------	--	-------------	--

Medical Condition or Intolerance

--

Symptoms

--

Management

--

Name of Medication required

--

Dosage (oral/or)	Time to be administered
-------------------------	--------------------------------

--	--

Medication form completed upon administering medication
--

Any medication to be administered must be recorded by staff on the child's named and dated medication form as per procedure. Parents and guardians will not be required to sign in regular medication if it is recorded on this form however they will be required to sign to acknowledge the child has received the required dose.

I give permission for this form to be shared among Willunga OSHC/Vacation Care Staff only

I as the parent/guardian state that the information I have provided is to the best of my current knowledge.

Signature Date.....

Willunga Primary School Vacation Care
dl.0744.oshcwillunga@schools.sa.edu.au

0438761656

Vacation Care Enrolment Form 2023/24

This form is for children who will be attending the Willunga Primary School Outside School Hours Care/Vacation Care (OSHC/VAC CARE) Program. Please take the time to **complete all questions** on this form. If you have any questions about this form or the program, please contact the Director or Nominated Supervisor.

Preschool children are welcomed to start OSHC from Term 1 2023, however, cannot attend Excursion Days due to Ratio Restrictions.

Minimum age of 4 years; are independent in toileting, food choices and self-dressing are required (as per Children Enrolled in OSHC and Vacation Care Policy)

We are open from 6.30am- 6.30pm during Vacation Care.

Child Booking Fees

Vacation Care (6.30 – 6.30) (\$60.00 Early Bird - \$65.00 Standard)

Excursions \$15.00 additional

Incursions \$10.00 additional

Additional Charges for Specified Excursions

Families who have not contacted the service to book their child/ren in will not be accepted on Excursion days.

Buses supplied are for a specified number of booked in children.

Our Team is committed to creating
an exciting,
packed of adventure,
fun filled
Vacation Care Program.

**Please see School Holiday Program
for the activities, excursions and incursions that have been planned
for this School Holiday period.**

Ensure to add your child/ren's names and sign in the designated areas.

Please complete and sign all areas required before handing to OSHC Staff

Additional Charges

Where we can, Willunga Vacation Care we will keep costs at current stated charges, however, for more complex and engaging excursions, there will be a further additional fee to cover costs. Booking your child/ren into these excursions indicates your understanding of the additional fee costs for that particular excursion.

Paying Account Fees

Willunga OSHC/Vacation Care Service is a Non-For-Profit Business that is funded entirely from the fees that each family pay to use the service. We do not receive any other funding, as such, the financial viability of the service relies heavily on all OSHC/Vacation Care Users maintaining regular payments of their Account Fees for use of this service.

QKR app and online payments BSB 105108 ACC 025412940 are preferred.

It is a condition of access to the service that all account holder contributions are paid in a timely and consistent manner as outlined below to avoid possible suspension of service.

Invoices are issued weekly, typically the Monday following the week of care. This intermission allows for Centrelink to process each account's CCS (Child Care Subsidy).

Account Terms and Conditions of Service Use

- Accounts are to be paid in full, **WITHIN SEVEN (7) DAYS** of issue of each invoice.
- When the account holder uses OSHC, they are to be prepared to pay the fees of service. The account Holder can calculate expected fees if they are aware of their CCS Percentage. Please do not allow fees to accumulate.
- If for any reason, OSHC Fees remain unpaid for more than 28 days, the account holder will be sent a **reminder notice** and suspension of service may result if outstanding charges are not rectified. This will impact access to future OSHC and Vacation Care Programs.
- If fees remain outstanding after issuing a reminder, a **final notice of demand** will be issued giving the account holder Seven (7) days to settle the account.
- If the account is not settled after the conclusion of Seven (7) days' notice, the account will be handed over to the **eCollect Collection Agency**. eCollect will commence legal action to recover outstanding fees, plus expenses.
- Invoices are issued via email. It is the account holder's responsibility to check for invoices each week and contact the OSHC Director if one has not been received.

Absence Charge/Casual Surcharges & Late Collection Fees

- We strongly advise account holders to choose permanent term time bookings as it assists the OSHC/Vac Care Team in activity preparation, excursions, incursions, and the Director in Staffing.
- Permanent term time bookings are offered at a discounted rate.
- When casual bookings are made, there will be a **\$3.00 (morning) & \$5.00 (afternoon) surcharge** applied to the account.
- We require **2 weeks' (14 days) notice of cancellation of permanent bookings**. 24 hours' notice of single day absence at a minimum (**during Term Time only**). The account will be charged as per normal if notice is not given in writing (email, text message, communication booklet).
- In emergency situations, charges may be waived at the discretion of the OSHC Director
- **Centrelink offers 42 absent days to be covered with CCS, a medical certificate offers additional days over that 42.** A Medical Certificate does **not** waive the entire charge.
- A Late Collection charge of **\$15 (per ¼ hour increments)** will apply to accounts if children are collected after 6.30pm.
 - Eg; 6.31pm – 6.45pm = \$15 / 6.46 pm – 7.00 pm = \$30. (see **Collection and Delivery of Children Policy**)
 - **After 7.00 pm Authorities will be notified of abandoned child.**

If we have not had contact from you stating your reason for being late for collection, we will make every effort to contact you, followed then by your choice of Authority Collectors before calling Authorities and charging your account.

I (Full Name).....agree to the Terms and Conditions pertaining to the use of Service at Willunga OSHC/Vacation Care

Signed: Date:

This form is an annual requirement.
Please ONLY fill it in if you have not provided one this year.
Thanks OSHC/Vacation Care Management.

Child 1 Personal Details

Surname:		First Name:	
Date of Birth:		M / F / Other:	
Preferred Pronouns:		CRN:	
Immunised	Yes <input type="checkbox"/> No <input type="checkbox"/> COVID-19 <input type="checkbox"/> Yes - Date <input type="checkbox"/> No		
Residential Address:			
		Post Code:	
Postal Address:		Post Code:	

Child 2 Personal Details

Surname:		First Name:	
Date of Birth:		M / F / Other:	
Preferred Pronouns:		CRN:	
Immunised	Yes <input type="checkbox"/> No <input type="checkbox"/> COVID-19 <input type="checkbox"/> Yes - Date <input type="checkbox"/> No		
Residential Address:			
		Post Code:	
Postal Address:		Post Code:	

Child 3 Personal Details

Surname:		First Name:	
Date of Birth:		M / F / Other:	
Preferred Pronouns:		CRN:	
Immunised	Yes <input type="checkbox"/> No <input type="checkbox"/> COVID-19 <input type="checkbox"/> Yes - Date..... <input type="checkbox"/> No		
Residential Address:			
		Post Code:	
Postal Address:		Post Code:	

Parent / Guardian Information (Enrolling Parent)			
Parent/Guardian # 1 (First Contact in Emergency)			
Name:		Date of Birth:	
Relationship to Child:		CRN:	
Residential Address:			
		Post Code:	
Postal Address:			
		Post Code:	
Home Phone:		Mobile Phone:	
Work Phone:		Email Address:	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Phone call		
Parent/Guardian # 2 (Secondary Emergency Contact)			
Name:			
Relationship to Child:			
Residential Address:			
Home Phone:		Mobile Phone:	
Work Phone:		Email Address:	
Preferred Contact Method:	<input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Phone call		

Emergency Contacts/ Authorised Nominees (These people should be different to the parent/carer as they will be used in case of emergency or if we are unable to contact the parent/carer for advice) Note: Authorised nominee means a person who is 18 or over, who has been given permission by a parent or family member to collect the child from the OSHC/Vac Care service.			
Additional Emergency Contact/ Authorised Nominee # 1			
Name:		<input type="checkbox"/> Authorised to collect the child from the OSHC/Vac Care service <input type="checkbox"/> Can be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	
Relationship to Child:			
Mobile Phone:			
Additional Emergency Contact/ Authorised Nominee # 2			
Name:		<input type="checkbox"/> Authorised to collect the child from the OSHC/Vac Care service <input type="checkbox"/> Can be notified of an emergency involving the child if any parent of the child cannot be immediately contacted	
Relationship to Child:			
Mobile Phone:			

Custody Arrangements:		
Is there an Access Alert, Parenting order, Parenting plans, Court Order or other Legal Order for your child, a family member, or yourself?	Yes	No
If yes , please attach a copy of the court order, parenting order and parenting plans relating to powers, duties, responsibilities, or authorities of any person in relation to the child or access to the child.		
Medical Information:		
Please note that a current medical management plan signed by a medical practitioner will need to be provided to educators for all medical conditions prior to the child attending the service. A risk minimisation plan and communication plan will be completed by the service in consultation with you.		
Does your child have a disability/additional need?	Yes	No
If yes, please specify what they are:		
Does your child have any other medical conditions that we should know about?	Yes	No
If yes, please specify what they are:		
Does your child require any other aids (e.g. vision, hearing, mobility) etc?	Yes	No
If yes, please specify what the aids are:		
Asthma		
Does your child have asthma?	Yes	No
If yes, please confirm that you have provided an asthma management plan (attached).	Yes	No
Epilepsy		
Does your child have epilepsy or seizures?	Yes	No
If yes, please confirm that you have provided a medical management plan (attached).	Yes	No
Diabetes		
Does your child have diabetes?	Yes	No
If yes, please confirm that you have provided a diabetes management plan (attached).	Yes	No
Allergies:		
Does your child have any reactions to known allergies?	Yes	No
Please provide details of allergens:		
Does your child have Anaphylaxis?	Yes	No
Please provide details of allergens:		
If yes to either of the above, please complete an Allergy Management Plan or Anaphylaxis Management Plan (please attach)	Yes	No
Does your child have any dietary restrictions? Eg: dairy intolerance/vegan/gluten intolerance/etc	Yes	No
Please provide details:		

Medications:		
Does your child require medication assistance whilst in care?	Yes	No
Name of medication/s and what they are for:		
Does your child require the use of non-regular medication whilst in care? Please Note: Any non-regular medication must be accompanied with a doctors letter of authorisation.	Yes	No
Name of medication/s and what they are for:		
Please note: Prescribed medication must be presented in its original packaging with the child's name, doctors name and use by date clearly labelled.		
Child's Current Medical Information		
Doctor Name:		Phone No: <input type="text"/>
Practice Name:		
Address:		
Child's Medicare No:		Expiry: <input type="text"/>
Permissions/Consents		
Do you give permission for your child to watch G and PG rated movies whilst in care?	Yes	No
Do you give permission for your child to have 30+ SPF sunscreen supplied whilst in care?	Yes	No
Do you give permission for your child to have their photo taken for internal documentation purposes?	Yes	No
Do you give permission for your child to have photos taken for the purpose of posting to Willunga OSHC private Facebook page?	Yes	No
Do you give permission for your child to be taken on regular outings with the program? All excursions and regular outings will be advised in writing through the Vacation Care program	Yes	No
Do you give permission for your school to provide the following specific documents to OSHC? (Alternatively, you are welcome to provide copies of these documents to OSHC yourself).		
Copy of any Access Alert, Parenting order, Parenting plans, Court Order, or other Legal Order?	Yes	No
Copy of any Medical Management forms/plans?	Yes	No
Copy of Student Behavioural Plan?	Yes	No
To share information regarding your child's supports between the school and the OSHC?	Yes	No

Declaration

I (Print Full Name) _____ declare that the information provided for the purpose of this enrolment is true and correct and that I undertake to immediately inform the children's service in the event of any change to this information.

I agree that an arrangement for care has been made with Willunga Primary School Governing Council for Outside School Hours Care/Vacation Care

I declare that the same information has been provided to Centrelink or any other relevant Government department.

I consent to relevant records, enrolment, and attendance information to be kept in accordance with the service's records policies, and submitted to the Department of Education Skills and Employment (DESE) or Centrelink, including for the purpose of calculating Child Care Subsidy

I agree to collect or make arrangements, for the collection of the child referred to in this enrolment form if they become unwell at the service.

I authorise for the approved provider to seek emergency medical treatment for my child from a registered medical practitioner, hospital, or ambulance service and transportation of my child in an ambulance service if deemed necessary.

I consent to the staff of the children's service seeking, or where appropriate, administering such emergency medical treatment as is reasonable and necessary and that I will reimburse any necessary expenses incurred by the children's service.

I have read, understand, and agree to follow the fee payment structure and related policies (See Policies)

Signature

Date

Parental Responsibility

Parents

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. The Children's Services Regulations 2009 refer to these powers and responsibilities as "parental responsibility". It is not affected by the relationship between the parents, such as whether they have lived together or are married. A court order such as under the Family Law Act may take away the authority of a parent or may give it to another person.

Guardians

A guardian of a child has lawful authority. A legal guardian is given lawful authority by a court order. The definition of "guardian" under the Children's Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Confidentiality of enrolment records

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children Services Regulations 2009 (regulation 35(1) (d-e))

Parental Responsibility

Willunga Primary School Council, as the Provider of the service, acknowledges and respects privacy of individuals. The information that is being collected on this document is for the purposes of processing your enrolment in the provider's children's service, providing you with updated information and assisting us improve our services to you. The personal information collected is of the parents/ guardians and the child enrolled in the program. By completing this form, the provider accepts that the parents/ guardians of the child have consented for this information to be collected. The intended recipients of this information are the provider, its authorised staff and relevant Government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Commonwealth Privacy Act (Amended 2001) and the provider's Privacy Policy. As part of your enrolment with The Provider, you will receive information from time to time regarding our programs and services.

Behaviour Guidelines Policy 15c

At OSHC/Vacation Care, everyone has the right to feel safe and secure and enjoy their time in this space. It is everyone's responsibility to ensure this happens.

Within the service environment, the OSHC Team and children work collaboratively to define appropriate consequences for the actions of those who are not respectful or considerate in the safety of others.

Willunga OSHC/Vac Care Service has clear steps for unacceptable behaviours, these are in line with the school policies and procedures.

Willunga OSHC Team believes that to effectively guide behaviours, we need to ensure children and staff alike are continually guided positively and encouraged towards acceptable and inclusive behaviours in order to maintain their self-esteem, dignity, and personal integrity.

The behavioural expectations are as follows:

- We respect and care for ourselves, other children, OSHC Team and OSHC property.
- We work and play safely and cooperatively.
- We follow directions of the OSHC Team
- We stay inside the supervised boundaries.

OSHC Team are to act on any inappropriate behaviours and/or actions quickly and discreetly, while following the NQS Guidelines.

The following steps are introduced when expectations and guidelines are not being followed:

1. The person is reminded of the guideline/expectation.
2. Redirection from area of play/activity
3. If behaviour continues, there will be a loss of privileges for a short time, e.g.: iPad use, returning to activity, outside play.
4. If behaviour is continually defiant and steps 1-3 are not being adhered to, families will be notified.
5. Once behaviour becomes unsafe to self or others, families will be contacted to collect person immediately.
6. Repeated behaviour will result in consultation with families to negotiate and formulate a behavioural plan.
7. If all the above steps prove unsuccessful, the person may be asked to leave the program and further bookings cancelled.
Future bookings may be negotiated at the discretion of OSHC Director and School Leadership.

Please discuss these steps with family members to ensure they make informed choices based on the appropriate consequences mentioned.

We respect and care about your family; we work very hard to ensure their mental and physical wellbeing and for our service to remain a safe and enjoyable environment for all who attend.

Members of Willunga OSHC are reminded regularly to adhere to guidelines, policies and follow expectations promptly and without confrontation, to ensure continued use of the service.

I have read and understood the Behaviour Guidelines and Expectations:

I (Full Name)(on behalf of my family) agree to the Behaviour Guidelines and Expectations pertaining to the use of Service at Willunga OSHC/Vacation Care

Signed:.....Date:.....