



*Outside School Hours Care  
(OSHC)  
Registration Form 2022*



ST ANDREWS  
CHRISTIAN COLLEGE

# Outside School Hours Care (OSHC) 2022 Program



OSHC service is available to anyone who needs regular, occasional or emergency care for their children. The OSHC Program will commence on Monday 31<sup>st</sup> January 2022. At the end of the school day any student that has not been collected by 3:50pm will be sent to OSHC where they will be registered by the OSHC Coordinator. An account will be issued fortnightly for time spent in the program.

All children must be signed out of the program by a parent or guardian.

## PROGRAM

An activity program is supervised by qualified and experience staff, between 7:15am to 8:25am and 3:30pm to 6:30pm each school day.

The children experience a range of creative activities such as crafts, music, games and videos when time permits. Homework and/or readers are supervised each day from Monday to Thursday.

Afternoon tea is provided each day.

## OSHC HANDBOOK

Please refer to the OSHC Handbook for further details. The handbook includes details about fees, afternoon tea, late collection of students, late pick up, booking requirements and other relevant information.

## HOLIDAY PROGRAMS

All day care will be offered on the following dates:

### STUDENT FREE DAYS

Thursday 31<sup>st</sup> March  
Friday 10<sup>th</sup> June  
Friday 24<sup>th</sup> June  
Friday 18<sup>th</sup> November

### DURING TERM BREAKS

Monday 11<sup>th</sup> – Thursday 14<sup>th</sup> April  
Tuesday 26<sup>th</sup> April  
Monday 27<sup>th</sup> June – Friday 1<sup>st</sup> July  
Monday 11<sup>th</sup> – Wednesday 13<sup>th</sup> July  
Monday 19<sup>th</sup> – Friday 23<sup>rd</sup> September  
Wednesday 7<sup>th</sup> – Friday 16<sup>th</sup> December

### PREP CARE

Tuesday 1<sup>st</sup> – Friday 4<sup>th</sup> February (12–3:30pm)  
Wednesdays on 9<sup>th</sup>, 16<sup>th</sup> and 23<sup>rd</sup> February  
Wednesday 2<sup>nd</sup> March

## OSHC CO-ORDINATOR

Mrs Sally Wade | Phone: +61 3 8847 8399 | Email: [oshc@standrews.vic.edu.au](mailto:oshc@standrews.vic.edu.au)



CHILD'S INFORMATION	
<b>CHILD 1</b>	
Family Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Year level:	Child's Centrelink CRN:
Residential Address:	
Suburb:	Postcode:
<b>CHILD 2</b>	
Family Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Year level:	Child's Centrelink CRN:
Residential Address: tick if same as above	
Suburb:	Postcode:
<b>CHILD 3</b>	
Family Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Year level:	Child's Centrelink CRN:
Residential Address: tick if same as above	
Suburb:	Postcode:
<b>INFORMATION ACCOUNT HOLDER OSHC</b> Please tick the parent linked to child for CCS	
<b>MOTHER/GUARDIAN</b> <input type="checkbox"/> Statement will be sent to email address	
Family Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile Number:	Centrelink CRN:
Residential Address: tick if same as above	Email Address:
Suburb:	Postcode:
<b>FATHER/GUARDIAN 2</b> <input type="checkbox"/>	
Family Name:	First Name:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile Number:	Centrelink CRN:
Residential Address: tick if same as above	Email Address:
Suburb:	Postcode:
Cultural Background/s:	



BACKGROUND INFORMATION		
Are any of the children you are enrolling of Aboriginal and Torres Strait Island background <input type="checkbox"/> Aboriginal NOT Torrens Strait Islander <input type="checkbox"/> Torrens Strait Islander NOT Aboriginal <input type="checkbox"/> BOTH Aboriginal and Torrens Strait Islander <input type="checkbox"/> NOT Aboriginal and Torrens Strait Islander		
CHILD 1 <input type="checkbox"/>	CHILD 2 <input type="checkbox"/>	CHILD 3 <input type="checkbox"/>
Are any of the children you are enrolling of Non-English Speaking Background?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
CHILD 1 <input type="checkbox"/> Nationally	CHILD 2 <input type="checkbox"/> Nationally	CHILD 3 <input type="checkbox"/> Nationally

COURT ORDERS RELATING TO THE CHILD/REN:	
Are there any court orders relating to the powers, duties, responsibilities or authorities of any persons in relation to the child or access to the child?	
No <input type="checkbox"/> Go to the next section	Yes <input type="checkbox"/> please outline the details of the court order:

EMERGENCY CONTACTS	
PLEASE LIST THE DETAILS OF ALL PERSONS, OTHER THAN PARENT/GUARDIAN	
In case of an accident or injury and the parent/s or guardian/s cannot be contacted, we will notify one of the following people who are authorized to collect and care for the child.	
EMERGENCY CONTACT 1	EMERGENCY CONTACT 2
Name:	Name:
Address:	Address:
Suburb:	Suburb:
Mobile:	Mobile:
Phone:	Phone:
Relationship to child/ren:	Relationship to child/ren:
Is this person authorised to collect your child/ren from care? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:	Is this person authorised to collect your child/ren from care? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:
Is this person authorised to consent to medical treatment/administration of medication to your child/ren? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:	Is this person authorised to consent to medical treatment/administration of medication to your child/ren? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:
Is this person authorised to book your child/ren into BSC/ASC on your behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:	Is this person authorised to book your child/ren into BSC/ASC on your behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Parent Initial:



## DAYS OF WEEK YOUR CHILD/REN WILL BE ATTENDING

Please tick which day/s you will be using the Outside School Hours Care service and whether you expect it to be **weekly or casually**. These instructions can be changed at any time.

To use the service the best procedure is to write in your child/ren's diary when it is required, so their teacher can remind them to attend at the end of day. Changes to your child's OSHC attendance days may be notified by sending an email to [oshc@standrews.vic.edu.au](mailto:oshc@standrews.vic.edu.au) or use the diary at OSHC reception desk. If a child does not attend but has been booked in, a 1 hour absent fee will be charged. A child who attends without booking and stays longer than 30 minutes will incur an extra fee of \$3.00.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<b>AM</b> 7.15-8.30am	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>
<b>PM</b> 3.30-6.30pm	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>	Weekly <input type="checkbox"/> Casual <input type="checkbox"/>

First date required:

## HEALTH/MEDICAL INFORMATION

Out of School Hours Care staff need a health care plan from your child's doctor/treating health professional to plan for any special health needs. **Have you registered your child's health care plans on the College's Care Monkey program?** No  Yes

Are the children you are enrolling immunized?  
If your child's immunization status is not up to date, your eligibility to receive Child Care Subsidy may be affected.

CHILD 1  YES  NO  
CHILD 2  YES  NO  
CHILD 3  YES  NO

Have any of the child/ren you are enrolling been diagnosed with a medical condition or disability?  
 YES  NO

CHILD 1

CHILD 2

CHILD 3

If yes, please provide details:

Does your child/ren require regular medication?  YES  NO

CHILD 1

CHILD 2

CHILD 3

Please note, if staff are 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/ren's name and dosage.

Does your child/ren have any allergies or food intolerances?  YES  NO

If YES, please indicate severity:

CHILD 1	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE	<input type="checkbox"/> ANAPHYLAXIS
CHILD 2	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE	<input type="checkbox"/> ANAPHYLAXIS
CHILD 3	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE	<input type="checkbox"/> ANAPHYLAXIS

Please give details and supply a copy of plan:



**HEALTH/MEDICAL INFORMATION**

Does your child/ren experience Asthma?  YES  NO

If YES, please indicate severity	CHILD 1	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE
	CHILD 2	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE
	CHILD 3	<input type="checkbox"/> MILD	<input type="checkbox"/> SEVERE

Please give details and supply a copy of the Asthma Management plan:

Does your child/ren have a special dietary requirement?  YES  NO

CHILD 1 <input type="checkbox"/>	CHILD 2 <input type="checkbox"/>	CHILD 3 <input type="checkbox"/>
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Please specify:

Does your child/ren require special aids or equipment (e.g. glasses, hearing aid, callipers)  YES  NO

CHILD 1 <input type="checkbox"/>	CHILD 2 <input type="checkbox"/>	CHILD 3 <input type="checkbox"/>
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Please specify:

**MEDICAL PRACTITIONER DETAILS**

Doctor 1 Name:

Doctor 2 Name:

Surgery/Practice Name:

Surgery/Practice Name:

Address:

Address:

Suburb:

Suburb:

Phone Number:

Phone Number:



## CONSENT FORM

I GIVE THE FOLLOWING CONSENTS FOR MY CHILDREN:

CHILD 1 FULL NAME:

CHILD 2 FULL NAME:

CHILD 3 FULL NAME:

Photo consent: I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and to be displayed around the OSHC site on display boards and in the College newsletter.  YES  NO

Art Work Consent: I consent to my child's art work being published in any OSHC/College newsletter and displayed in the OSHC area.  YES  NO

OSHC Relationships and Interactions with Children (Behaviour Management)  
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.)  YES  NO

Sun Protection: OSHC follows the Cancer Council Sun Smart guidelines which recommend children wear appropriate hats while outside. OSHC program has caps/hats for the students to wear for easy recognition while in the playground. Hats are required to be worn all year.  YES  NO

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.  YES  NO

Movies: I allow my child/ren to watch movies deemed appropriate by staff, with a rating of either "G" or "PG", within the service and on excursions.  YES  NO

## PRIVACY ACT

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

- Is collected for the purpose of registration, program planning, preparing statistics, 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 authorized or required by law.

### Fees Policy

I have read the OSHC Fees policy and understand the late fee charges and management of overdue accounts, which may include an exclusion from using the service if unpaid.

### Information to Parents

I understand that a handbook of OSHC policies, procedures and guidelines is located in OSHC and may be requested to be seen at any time.

Parent/Guardian Signature

Date:



# *Outside School Hours Care*

## *For Preps February/March 2022*

We are happy to be able to offer extra care for Prep children during the February/March start to school. Please complete OSHC registration form along with this confirmation of days that will be required.

Payments will be processed fortnightly using the completed direct debit authority with the OSHC registration form. Statements will be emailed on a Monday with the deduction taking place on the following Thursday. All pricing listed below is before CCS.

	Please tick when your child needs to attend after the class time has ended	Please tick when your child needs all day care for any/all Wednesdays	Please tick when your child needs to stay for after school care
<b>TIME FRAME</b>	12.30pm -3.30pm	7.15am-3.30pm	3.30pm-6.30pm
<b>COSTS</b>	\$34.50	\$68.50	<b>Normal OSHC charges</b>
<b>Tue 1<sup>st</sup> Feb</b>			
<b>Wed 2<sup>nd</sup> Feb</b>			
<b>Thu 3<sup>rd</sup> Feb</b>			
<b>Fri 4<sup>th</sup> Feb</b>			
<b>Wed 9<sup>th</sup> Feb</b>			
<b>Wed 16<sup>th</sup> Feb</b>			
<b>Wed 23<sup>rd</sup> Feb</b>			
<b>Wed 2<sup>nd</sup> Mar</b>			

I give permission for (Child Name) \_\_\_\_\_ to participate in this Program.

If I cannot be contacted, I authorize any medical treatment deemed necessary, to be administered.

Parent/Guardian Signature \_\_\_\_\_