

2025 OSHC & VACATION CARE ENROLMENT FORM

CHILD INFORMATION **COMPULSORY**

Family Name:	<input style="width: 95%;" type="text"/>	Year Level in 2025 <input style="width: 90%;" type="text"/>
First Name:	<input style="width: 95%;" type="text"/>	Other: <input style="width: 95%;" type="text"/>
Known as:	<input style="width: 95%;" type="text"/>	Gender: <input style="width: 90%;" type="text" value="F / M"/>
Date of Birth:	<input style="width: 95%;" type="text" value=" / /"/>	CRN: <input style="width: 95%;" type="text"/>
Indigenous Status:	<input style="width: 45%;" type="text" value="Aboriginal: Yes / No"/> <input style="width: 45%;" type="text" value="TS Islander: Yes / No"/>	

BILLING INFORMATION FOR ENROLLING PARENT: *(all accounts will be emailed)* **COMPULSORY**

Name:	<input style="width: 95%;" type="text"/>		
Date of Birth:	<input style="width: 95%;" type="text" value=" / /"/>	CRN:	<input style="width: 95%;" type="text"/>
Relationship to Child:	<input style="width: 95%;" type="text"/>		
Address: (number, street)	<input style="width: 95%;" type="text"/>		
Suburb:	<input style="width: 95%;" type="text"/>	Postcode:	<input style="width: 95%;" type="text"/>
Email Address for Accounts:	<input style="width: 95%;" type="text"/>		
Phone:	<input style="width: 95%;" type="text" value="(M)"/>	<input style="width: 95%;" type="text" value="(W)"/>	<input style="width: 95%;" type="text" value="(H)"/>

REBATES

To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling **parent's** CRN number and date of birth, together with the **child's** CRN number and date of birth to our service. **PLEASE BE AWARE** – If your child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to be re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGov.

COLLECTION AUTHORITIES *(Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent/s or Guardian)* **ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM**

Name:	<input style="width: 95%;" type="text"/>	Relationship to Child: <input style="width: 95%;" type="text"/>
Phone:	<input style="width: 95%;" type="text" value="(M)"/>	<input style="width: 95%;" type="text" value="(W)"/>
Address:	<input style="width: 95%;" type="text"/>	
Name:	<input style="width: 95%;" type="text"/>	Relationship to Child: <input style="width: 95%;" type="text"/>
Phone:	<input style="width: 95%;" type="text" value="(M)"/>	<input style="width: 95%;" type="text" value="(W)"/>
Address:	<input style="width: 95%;" type="text"/>	

PARENTING PLANS / ORDERS relating to this child

Are parents separated or divorced?	YES / NO
Does the child have contact with the other parent?	YES / NO
Is the child under the Guardianship of the Ministry?	YES / NO
Is anyone legally denied access to the child?	YES / NO
If Yes, please provide copies of court documents.	
Any other details:	

EMERGENCY CONTACTS: (other than Enrolling Parent)**ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM****(1) Name:****Address:****Relationship to Child****Phone:**

(M)	(W)	(H)
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(2) Name**Address:****Relationship to Child****Phone:**

(M)	(W)	(H)
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MEDICAL AND HEALTH INFORMATION**COMPULSORY****Has your child any conditions/medications?** YES / NO**If Yes, please give specifics and any related medication: (Eg: Asthma – Ventilin):****Has your Child any additional/special needs?** YES / NO**If Yes, please give specifics and any related medication:****Has your child any special dietary needs not related to allergies?** YES / NO**If Yes, please give specifics:****Has your child any kind of allergic reactions?** YES / NO**Foods:** Reaction / Medication:**Penicillin/Other:** Reaction / Medication:**Has your child received all immunisations appropriate for her/his age?** YES / NO**If No, please give details:****Has your child any disabilities?** YES / NO**If yes, please record specifics:****Doctor's Name/Medical Centre:****Telephone:****Address:**

SPIKE CHILDCARE APP

To book into OSHC and Vacation care please use the Spike Parent App, allowing you to view your child's bookings, immunisation status, health and dietary conditions as well as your invoices and statements.

Use your phones camera app to scan the QR code below.



Your username is your email address and your password is your PIN. If you do not know your PIN, or your PIN is not working click on 'reset your password'. You will receive an email from Economic Outlook with the subject 'reset password'. Resetting your password does not change your PIN for the electronic attendance system.

You will be guided to install the App.

CONSENTS & AGREEMENT COMPULSORY

I give consent for my child to be taken to the local hospital or doctor's surgery in the event of an injury.

YES / NO

I consent for my child to be photographed and for their image or name to be published in circumstances the Director deems to be appropriate such as photobooks, wall displays, SeeSaw and the School Newsletter, Facebook and Instagram pages.

YES / NO

I give consent for sunscreen to be applied to my child when the UV rating is 3 or above, if they do not have their own personal sunscreen.

YES / NO

I have provided the School with a copy of my child's Medication Management Plan. I agree to update this annually by a Medical Professional or as required when the medical needs of my child changes.

YES / NO

- I agree to pay current OSHC fees within seven days and in accordance with the OSHC Parents and Caregivers Handbook.
- I have read and accept the Policies and Rules of the Service, as set out in the OSHC Parent and Caregivers Handbook.
- I certify that the information entered upon this form is true to the best of my knowledge, and I undertake to inform the OSHC Service if any of these details change.

Signature of Parent/Guardian

Date

A \$30.00 Annual Registration Fee per family applies and will be invoiced

OFFICE USE ONLY:

Details updated on Spike:

☐

Emergency Updates Phone:

☐

Communication:

SeeSaw

☐

Email

☐

Director Signature

Date