



OSHC and Vacation Care

Our Commitment

At St Joseph's Memorial School Outside School Hours Care and Vacation Care we aim to:

- Provide a safe, stimulating and relaxed environment.
- Develop a programme based on the needs of the students, parents and staff.
- Provide opportunities for students to flourish and reach their developmental potential physically, mentally and socially.
- Promote positive communication with students as well as respect for other's feelings and property.
- Foster and enhance students' decision making, problem solving and self-help skills.

St Joseph's Memorial School OSHC and Vacation Care service complies with the requirements of the National Quality Framework, including the learning framework 'My Time, Our Place for School Age Children in Education and Care Settings'.

Operating Hours

Bridge Street Campus:

Before School Care (BSC) 7am – 8:30am
After School Care (ASC) 3pm – 6pm
Vacation Care 7am – 6pm

William Street Campus:

Before School Care (BSC) 7am – 8:30am
After School Care (ASC) 3pm – 6pm

Enrolment Process

An enrolment form is required for every child and is available online or from the front office of either campus.

All families who wish to use the program are required to complete an Enrolment Form prior to commencement. As we are a school age service, we can only accept children who are between 4 years and 12 years old.

All bookings for OSHC and Vacation Care can be made online through the iParent Portal. Please note, bookings are essential to ensure child safety and adequate supervision are maintained, educator to child ratios and educator qualifications are adhered to and our service licence is not exceeded.

SunSmart Policy

OSHC and Vacation Care students and staff are required to wear sunscreen and a hat when outside and the UV rating is forecast for 3 or above. This adheres to the School's SunSmart Policy and procedure.

OSHC and Vacation Care Fees (updated 5 September 2022)

Before School Care \$15 per child per session
After School Care \$30 per child per session (+\$5 fee if no booking or booking after 12pm on the day of session)
Vacation Care \$75
Late Pick Up Fee \$30 for each block of 10 minutes (per child).
Resource Fee \$35 per family per year (payable with the first OSHC bill for the year)

Cancellations

BSC and ASC

Cancellations made after 6pm the day prior to the pre-booked OSHC session will be charged full sessional fees per child for the cancelled session (if eligible CCS applies). Non-attendance at a pre-booked OSHC session – full sessional fees per child apply (if eligible CCS applies). Cancellations made before 6pm the day prior to the pre-booked OSHC session incur no fee.

Vacation Care

All bookings during Vacation Care are final. All absences from the program will be charged full fees (if eligible CCS applies) unless cancelled in writing before 6pm the Friday prior to the booked week.

Accounts

All accounts are to be paid strictly within 7 days of the account being emailed. Failure to settle accounts promptly will result in a friendly reminder. Accounts that remain outstanding will result in the withdrawal of your child's enrolment to the OSHC service until payment has been received, as well as prepayment arrangements for future service.

Child Care Subsidy

The Child Care Subsidy is organised through Centrelink. Please note: to be eligible to receive the Child Care Subsidy, we require a completed enrolment form including the full name, date of birth and Customer Reference Number (CRN) for each child, and the registered parent. We also require a signed Complying Written Agreement contact (for each child).

More information about the Child Care Subsidy can be found here:

<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

Service Approval Numbers

William Street SE-00011717 Bridge Street SE-40000520

Contact Information

Nominated Supervisors	Grace Vassallo-Wakefield and Franco Canil		
OSHC Director	Jessica Nelson	Educational Leader	Jessica Nelson
Email Address	oshc@sjms.catholic.edu.au	Mobile Phone Number	0421107321
Bridge Street Campus	46 Bridge Street, Kensington 5068	Office Phone	0881307777
William Street Campus	139 William Street, Norwood 5067		
Postal Address	PO Box 4023 Norwood South SA 5067		

OSHC and Vacation Care Enrolment Form

	Student	Parent Caregiver 1	Parent Caregiver 2	Emergency Contact 1	Emergency Contact 2
Full Name					
Date of Birth					
Relationship to the child					
Phone Number					
Email Address					
Gender					
Aboriginal or Torres Strait Islander	Y / N	Y / N	Y / N		
Centrelink Reference Number (CRN)					
I am eligible for CCS	Y / N	Y / N	Y / N		

Family Address					
Are there any Court Orders, Custody Orders or Restraining Orders in relation to your child?	Y / N	If yes, please provide copies.			
Does your child have any allergies or intolerances?	Y / N	If yes, please explain			
Does your child have any medical conditions that could affect their safety at OSHC?	Y / N	If yes, please explain			
Are there any special dietary requirements relating to your child?	Y / N	If yes, please explain			
Does your child need any special aids or equipment?	Y / N	If yes, please explain			
Private Health Insurance	Y / N	If yes, provider name		If yes, membership no.	
Ambulance Cover	Y / N	Child's regular doctor		Doctor's phone no.	

Permission Advice

Please complete table below to give your permission to:

In case of an accident or emergency, every effort will be made to contact the parents and/or emergency contacts prior to taking action or seeking treatment. In the event of my/our child/ren sustaining injuries that require urgent medical treatment, I/we authorise the care providers and staff to obtain medical assistance, which they deem necessary.

I/we agree to pay all medical costs incurred on behalf of my/our child/ren.

	Print Full Name	Signature	Date
Parent/Caregiver 1			
Parent/Caregiver 2			

General Consent

Please complete table below to give your consent to:

I/we consent for my/our child/ren to be photographed and their image/name used in the OSHC documentation.

I/we consent for the OSHC staff to apply sunblock to my/our child/ren when required.

I/we give permission for the OSHC staff to check my/our child/ren's hair for head lice, if there is a possibility of head lice.

	Print Full Name	Signature	Date
Parent/Caregiver 1			
Parent/Caregiver 2			

Parent/Guardian Declaration

Please read the table below and sign to give your permission to the following:

While my/our child/ren are enrolled in the St. Joseph's Memorial Outside School Care Hours Care, I/we will abide by the conditions of enrolment.

In particular, I/we accept that:

- OSHC reserves the right to suspend or exclude a student for serious or continual breaches of the OSHC Behaviour Management Policy.
- OSHC reserves the right to exclude a family from the service for breaches of this agreement, or for default in the payment of fees. Once payment has been received the exclusion will be lifted with the mutual agreement of credit card details being kept by the Bridge Street Administration for payment processing, or a prepayment agreement a week in advance of the service date.
- Information is shared between OSHC and St Joseph's Memorial School.
- I understand my responsibilities in relation to the Child Care Subsidy.
- I understand my responsibilities in relation to booking sessions for my child.
- I/we accept responsibility for payment of fees as determined and amended by this OSHC as they become due and payable. In the event of default in the payment of fees, this OSHC may refer the matter to a debt collection agency and I/we accept that my/our personal information may be disclosed and I/we accept responsibility for collection costs.
- I/we understand that the information provided to the OSHC service:
 - Is collected for the purpose of registration, program planning, reporting and evaluation.
 - May be disclosed to and used for the purposes by the Commonwealth and State Government departments and their agencies.
 - May otherwise be disclosed without consent where authorised or required by law.

	Print Full Name	Signature	Date
Parent/Caregiver 1			
Parent/Caregiver 2			

Please return this completed form to the OSHC service.

Thank you.