



OSHC & Vacation Care Enrolment Form

Our Commitment

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

- Provide a safe, stimulating, and relaxed environment.
- Develop a programme based on the needs of 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. Josephs 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 (Kensington)		William Street (Norwood)	
Before School Care (BSC)	7am – 8:30am	Before School Care (BSC)	7am – 8:30am
After School Care (ASC)	3pm – 6pm	After School Care (ASC)	3pm – 6pm
Vacation Care (VAC)	7am – 6pm		

Service Fees

Before School Care (BSC)	\$15 per child, per session
After School Care (ASC)	\$30 per child, per session
Vacation Care (VAC)	\$75 per child, per session
Late Pickup 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)

*All prices are before CCS (if eligible)

Bookings

Before School Care (BSC) & After School Care (ASC)

Bookings for OSHC can be made online through the iParent Portal. Once your enrolment is processed, you will receive an invitation to register via email.

Vacation Care (VAC)

All Vacation Care bookings can be made via the booking form sent out to parents 4 weeks prior to the school holidays. This form can also be collected from the front office. Please note, the attached permission slips for excursions must be completed when you return the booking form, otherwise your child will not be able to attend or participate in scheduled activities.

(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. For last minute bookings, please email or call to ensure your child's place in the service.)

Cancellations

Before School Care (BSC) & After School Care (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 will be charged full sessional fees per child (if eligible, CCS applies). Cancellations made before 6pm the day prior to the pre-booked OSHC session will incur no fee.

Vacation Care (VAC)

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.

Sun Smart

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.

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 services.

Child Care Subsidy (CCS)

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

Service Approval Numbers

Bridge Street (Kensington): SE - 40000520
William Street (Norwood): SE – 00011717

Nominated Supervisors Adam Slater & Grace Vassallo-Wakefield
Acting OSHC Director & Educational Leader Isabella Vassallo-Wakefield (ivassallo@sjms.catholic.edu.au)

Email Address: oshc@sjms.catholic.edu.au
Phone Number: 0432 829 979
Office Phone: 08 8130 7777

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

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	
		If yes, is your child an epi pen carrier?	Y / N
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	
Child's regular doctor	Y / N	If yes, name	
		If yes, phone number	
Private Health Insurance	Y / N	If yes, provider name	
		If yes, membership number	
Ambulance Cover	Y / N		

	Emergency Contact 1	Emergency Contact 2
Full Name		
Phone Number		
Relationship to child		
Can pick up/collect students from OSHC	Y / N	Y / N

Emergency Medical Treatment Permission

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:

1. I/we consent for my/our child/ren to be photographed and their image/name used in the OSHC documentation.
2. I/we consent for the OSHC staff to apply sunblock to my/our child/ren when required.
3. 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			

Social Media Photography

Please complete table below to give your consent to:

I/we consent for my/our child/ren to be photographed and their image shared on OSHC social media platforms (Instagram: @sjmsoshc, Facebook: St. Josephs Memorial School OSHC)

	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/we understand my responsibilities in relation to the Child Care Subsidy.
- I/we 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:
 1. Is collected for the purpose of registration, program planning, reporting and evaluation.
 2. May be disclosed to and used for the purposes by the Commonwealth and State Government departments and their agencies.
 3. 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.