

BIRDWOOD PRIMARY SCHOOL OSHC

Enrolment form



Email

birdwoodpsoshc@bigpond.com



Phone

0427912135



Address

Shannon Street
Birdwood SA
5234





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Student information *An enrolment form must be completed for each child individually*

Name of child:			
Date of Birth:		Gender:	
Customer Reference Number (CRN):			
Indigenous status:			
Language spoken other than English:			

Family information

Name of enrolling parent:			
Date of billing account holder:		Date of Birth:	
Customer Reference Number (CRN):			
Relationship to child:			
Language spoken other than English:			
Address:			
Email:			
Phone number:	Mobile:		Home:

Name of other Parent/Caregiver:			
Relationship to child:		Date of Birth:	
Address <i>(if different to above):</i>			
Email:			
Phone number:	Mobile:		Home:



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Family Circumstances

Are there any Parenting Plans or Court Orders in place relating to the parental responsibility for caregiver and/or otherwise relevant to the education of this student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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(If yes, please supply copies, stamped with the Seal of the Court. These will be treated in the strictest of confidence by the service).

Child lives in a two-parent family Yes No

Child lives in a single parent family With Father With Mother

(If there are court orders in place or any legal documentations relating to the custody of the children, please provide a copy of this information with your enrolment. Emergency Contacts and Collection Authority)

Emergency Contacts and Collection Authority

Emergency Contact 1

Name:				
Relationship to child:				
Phone number:	Mobile:		Home:	

Emergency Contact 2


Name:				
Relationship to child:				
Phone number:	Mobile:		Home:	

Emergency Contact 3

Name:				
Relationship to child:				
Phone number:	Mobile:		Home:	

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Medical information

Doctors name:	
Address:	
Phone number:	

Is your child under a health care plan for Asthma or Anaphylaxis? Yes No

(If yes, please provide a copy of the management plan issued by your doctor)

Severe Allergy	YES	NO	Medication usually taken at school	YES	NO
Joint disorder (e.g. Arthritis)	YES	NO	Diabetes	YES	NO
Vision Impairment	YES	NO	Heart disorder	YES	NO
Ear disorder (e.g. Drainage Tubes)	YES	NO	Hearing Impairment	YES	NO
Incontinence	YES	NO	Skin condition (e.g. Dermatitis)	YES	NO
Disabilities (e.g. ASD, ADHD etc)	YES	NO	Is your child immunised?	YES	NO
Swallowing/ choking difficulties	YES	NO			

Other *(please provide details)*

Are you aware of any medical/healthcare emergency that could arise? Yes No

(If yes, please provide the following information)

Type of emergency and how to recognise it:

Avoidance precautions:



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Personal Considerations

<p>Behavioural Challenges: <i>Please provide details so that we can better support your child:</i></p>

<p>Dietary requirements: <i>Please advise detailed information on any foods to be avoided:</i></p>

<p>Cultural/Religious Requirements: <i>Please provide some background information to support inclusivity in our learning environment:</i></p>
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<p>Is there anything else you would like to share about your child?</p>
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Booking Form

Please indicate your required OSHC bookings in the table below.

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7:00am-8:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	Until		Ongoing permanent booking: Y <input type="checkbox"/> No <input type="checkbox"/>		

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7:00am-8:30am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	Until		Ongoing permanent booking: Yes <input type="checkbox"/> No <input type="checkbox"/>		

I am booking on a casual basis: I would like my child to commence care on

Consents (please initial if you DQ consent)

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program and understand I will be notified about each excursion.	<input type="checkbox"/>										
I understand it is my responsibility to advise staff if I do not wish my child to participate in a particular activity.	<input type="checkbox"/>										
I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.	<input type="checkbox"/>										
<table border="0"> <tr> <td>OSHC ROOM/FLOOR BOOK</td> <td>SEESAW</td> <td>BPS/OSHC NEWSLETTERS</td> <td>SOCIAL MEDIA</td> <td>SPIKE APP</td> </tr> <tr> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>	OSHC ROOM/FLOOR BOOK	SEESAW	BPS/OSHC NEWSLETTERS	SOCIAL MEDIA	SPIKE APP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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I consent for Centre staff to apply sunblock to my child if required.	<input type="checkbox"/>										
I consent to my child's work being published in an OSHC newsletter and displayed in the OSHC area.	<input type="checkbox"/>										
I acknowledge and accept that any person I have named as having Collection Authority is 18 years and older.	<input type="checkbox"/>										
I give consent for my child to be taken by bus on excursions during Pupil Free Days and Vacation Care.	<input type="checkbox"/>										
I give consent for OSHC educators to provide basic first aid to my child when required.	<input type="checkbox"/>										
I give consent, in the event of an injury that requires urgent medical attention, for my child to be accompanied by an OSHC educator to the local hospital by ambulance.	<input type="checkbox"/>										
I give consent for my child to watch G/PG movies/streaming services.	<input type="checkbox"/>										

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Agreements

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service. I acknowledge that I will be liable for any medical/ hospital/ambulance expenses incurred in the treatment of my child. I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian name:

Parent / Guardian signature:

Date: __ / __ / ____

Spike App

Via the app you will be able to book your child into OSHC, view your child's bookings, health and dietary conditions as well as your invoices and statements.

Via the app we will also be able to send messages, activities (including photos), notes and alerts. You can also contact us. Use this link <https://birdwood.spike.economicoutlook.net/clients/> or you can use your phones camera app to scan the QR code below.



Your username is your email address, and your password is your PIN (automatically allocated as your phone number)

Here is the link to our tutorial for using the Spike Parent App https://youtu.be/LjeY_yM52VY