

SEYMOUR OSHC ENROLMENT FORM



Please return your completed form, to:
The Manager, Seymour OSHC
Seymour College, 546 Portrush Road, Glen Osmond, South Australia 5064
oshc@seymour.sa.edu.au

SEYMOUR OSHC ENROLMENT FORM – CONFIDENTIAL INFORMATION

Please use block letters and complete all details when filling out this form

CHILD DETAILS

(if you have more than one child please complete the Child Details and Medical Information section for each child.)

Surname: _____ Date of Birth: _____

Given Names: _____ Female Male

Preferred Name: _____ Country of Birth: _____

Customer Reference Number (CRN): _____

Child lives with: Parents Mother Father Guardian

Are there any custody orders, parenting orders or parenting plans in relation to the aforementioned child? No Yes (If yes, please attached a copy of the current parenting order.)

School currently attending (if not Seymour): _____

CHILD'S MEDICAL INFORMATION

ALLERGIES

Does your child have any allergies? No Yes

Please provide details of any allergies your child has: _____

Does your child suffer an EXTREME allergic reaction (anaphylaxis) Yes No

Please provide details of any extreme allergies your child has: _____

Does your child have an EPIPEN? Yes No

If yes to either extreme allergic reaction or epipen, please provide an Allergy Action Plan completed by your GP or Specialist. You will be contacted by the Seymour OSHC Manager to discuss details of an extreme condition.

ASTHMA

Does your child suffer from asthma? Yes No

If YES, please tick: Mild Moderate Extreme

Triggers: _____

Asthma medication required: Yes No

Type: _____

All Asthma attacks will be managed by our 4x4 National Standard Protocol

Please provide an Asthma Action Plan completed by your GP or specialist.

MEDICATION

Please supply the service with required medication in original containers with child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

HEARING/EYES

Does your child use: Glasses? A hearing aid?

IMMUNISATION

Has your child received the relevant immunisation for their age? Yes No

GENERAL

Does your child suffer from any of the following conditions? If so, please provide current management details.

Haemophilia _____

Nose Bleeds _____

Hay Fever _____

Eczema _____

Heart Condition _____

Diabetes _____

Other (please specify) _____

If your child requires special consideration for any of the following, please advise and give details below:

Family Background: _____

Emotional Problems: _____

Religious Requirements: _____

Dietary Requirements: _____

Disabilities: _____

Miscellaneous: _____

PARENT/GUARDIAN DETAILS

PRIMARY ACCOUNT HOLDER

This is the person registered for Approved Care to receive the Child Care Benefit (CCB) and/or Child Care Rebate (CCR).

Title: _____

Surname: _____

Given Names: _____

Date of Birth: _____

CRN: _____

Home Address: _____

_____ Postcode: _____

Home Telephone: _____

Email: _____

Mobile Telephone: _____

Marital Status: Married De Facto Sole Parent

Divorced Separated Widowed

Language spoken at home: _____

Occupation: _____

Employer: _____

Business Address: _____

_____ Postcode: _____

Business Telephone: _____

PRIMARY ACCOUNT HOLDER

Title: _____

Surname: _____

Given Names: _____

Date of Birth: _____

CRN: _____

Home Address: _____

_____ Postcode: _____

Home Telephone: _____

Email: _____

Mobile Telephone: _____

Marital Status: Married De Facto Sole Parent

Divorced Separated Widowed

Language spoken at home: _____

Occupation: _____

Employer: _____

Business Address: _____

_____ Postcode: _____

Business Telephone: _____

EMERGENCY CONTACT DETAILS

Please include names, address and telephone numbers of persons to be notified in the event of an accident, injury or trauma and those who are authorised to collect your child from the centre.

EMERGENCY CONTACT 1

Relationship to child: _____

Surname: _____

Given Names: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Preferred number for emergency contact:

Mobile Home Work

EMERGENCY CONTACT 3

Relationship to child: _____

Surname: _____

Given Names: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Preferred number for emergency contact:

Mobile Home Work

EMERGENCY CONTACT 2

Relationship to child: _____

Surname: _____

Given Names: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Preferred number for emergency contact:

Mobile Home Work

EMERGENCY CONTACT 4

Relationship to child: _____

Surname: _____

Given Names: _____

Mobile Telephone: _____

Home Telephone: _____

Work Telephone: _____

Preferred number for emergency contact:

Mobile Home Work

EXCLUSIONS

Is there anyone who should not be allowed to collect your child at any time?

Please name: _____

If you are a single parent is access available at the centre to the other parent? Yes No

(For the centre to adhere to your request in relation to access arrangement at the centre, we must have a current copy of any relevant court orders.)

MEDICAL PRACTITIONERS

DOCTOR

Practice name: _____

Practitioner's name: _____

Practitioner's name: _____

Address: _____

Postcode: _____

Telephone: _____

DENTIST

Practice name: _____

Practitioner's name: _____

Practitioner's name: _____

Address: _____

Postcode: _____

Telephone: _____

GENERAL CONSENT

I agree to notify the OSHC Manager of any changes to information provided on the enrolment form.

Yes No

I have read and understand the Seymour OSHC Fee Schedule and agree to pay all OSHC fees incurred.

Yes No

I have read and signed a photo permission form for each child.

Yes No

I consent for OSHC staff to apply sun block to my child if required. Yes No

I understand that if at any time Seymour OSHC staff considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child/ren. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child/ren. Yes No

I give permission for my child/ren to watch PG rated movies. Yes No

Mother/Guardians' name: _____

Mother/Guardians' signature: _____ Date: _____

Father/Guardians' name: _____

Father/Guardians' signature: _____ Date: _____

ENROLMENT REQUIREMENTS

Before School Care Permanent

Before School Care Casual

After School Care Permanent

After School Care Casual

Vacation Care

BEFORE AND AFTER SCHOOL CARE

If you required a permanent BSC or ASC booking please complete the following

BEFORE SCHOOL CARE

CHILD'S NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1.					
2.					
3.					

AFTER SCHOOL CARE

CHILD'S NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1.					
2.					
3.					



COLLEGE INC

PGC/SEYMOUR

CRICOS No. 00628G



Photo Permission Form for photography, electronic recording and/or publishing. Please complete a form for each of your children and return.

As part of daily life at Seymour OSHC, photographs and recordings are taken of the many activities, projects and works in which your child and other children, including those attending Seymour OSHC, are involved.

Photographs are taken for archival purposes, for promoting Seymour College and Seymour OSHC in publications.

Photographs, videos, audio and/or other recordings are taken for the purpose of building an image and media library to showcase Seymour OSHC and Seymour College and may be used in marketing and communication initiatives including exhibitions and show displays, printed material, outdoor advertising campaigns, website and e-marketing promotions, the College website, social media and advertisements. All photo shoots are fully supervised by a Seymour College staff member and students are not identified in publicity photographs.

The College respects your privacy and therefore requests your permission to photograph and/or video your daughter(s) and/or son(s) and authored works for possible inclusion in our image library. The image(s) and recordings will remain the property of Seymour College. It will be assumed that your consent is given for an indefinite period of time or until you withdraw your authorisation.

It is important that this consent for publication is informed consent.

The usual reasons for use of student images/recording/work by schools include:

- Recording of student participation in Seymour OSHC events; Celebrating student effort and achievement; and Promoting Seymour OSHC and events held by the College It should be understood that material published on the Web and via social media will be accessible to people worldwide and that the information can be copied and used by any internet user. The College and Seymour OSHC has no control over the subsequent use and disclosure of information on its website or social media once that information is published.

A student's intellectual property may include, but is not limited to, written work, artwork, photographs, videos, films, choreography, music, performance, recordings, made by them or to which they contributed. It includes, but is not limited to, work created during the course of their enrolment in Seymour OSHC. These materials may attract copyright.

The College and Seymour OSHC understands that:

- students generally own the intellectual property rights in the material they create; any consent is not meant to transfer the students' ownership; and consent gives the College permission to use the student's material for the purposes mentioned.

Your permission to the recording, use and disclosure of the individual work is required in accordance with the Copyright Act 1968 (Cth) and the Education (General Provisions) Act 2006. Personal information will be stored securely.

Parents/caregivers and students will be asked to sign this form as part of the enrolments process. The consent will be deemed indefinite until revoked. Should you wish to alter your permission status at any stage, please notify Seymour OSHC in writing at oshc@seymour.sa.edu.au.

Photo Permission Consent Form

I, the undersigned person, agree to and provide permission for the photography, video, audio or any other form of electronic recording of me and/or my child, for and on behalf of, Seymour OSHC.

I authorise and consent to the collection, storage, use and reproduction of any image or recording referred to above for the purposes of publishing materials related to the activities, programs and services of Seymour OSHC without acknowledgment and without being entitled to remuneration or compensation.

I grant permission to Seymour OSHC to distribute, communicate to the public, publicly perform or display, modify, adapt, translate, upload, download in any form or manner, and incorporate any photograph/recording into other materials or works in any format or medium for any non-commercial purpose.

I also provide permission to Seymour College and Seymour OSHC to archive my child's authored work(s), make copies of and/or publish the authored work in any form, in whole or in part. I understand that my child holds the intellectual property rights of work photographed/recorded, but grant Seymour College and Seymour OSHC license to use them at no cost.

I understand that the image/recording may appear in print, electronic, or video media, and may be available to a global audience through the Internet. Images/recordings may also be provided to government departments for use in related publications.

I acknowledge that ownership of any image/recording will be retained by Seymour College and Seymour OSHC and that this consent is for an indefinite period of time. I also acknowledge that this consent form revokes and replaces all previous photography consent forms.

If published, reproduced and communicated, I acknowledge that for privacy purposes my work may be identified using the title of the work, my first name only, my year level and school.

I understand and agree that I can withdraw my consent at any time but I must do so in writing to Seymour OSHC, Seymour College, 546 Portrush Road, Glen Osmond SA 5064 or oshc@seymour.sa.edu.au.

This Consent Form must be signed by the parent/caregiver.

To assist us in our planning, please complete one form per student and return to Seymour OSHC, Seymour College, 546 Portrush Road, Glen Osmond SA 5064 or oshc@seymour.sa.edu.au as soon as possible:

- I consent to my daughter/son being photographed for publications and publicity material of Seymour College. I consent to my daughter/son being photographed or recorded on video for uploading via social media for Seymour College.

Name of student:

2017 year level:

Parent/Caregiver name:

Relationship to the above student:

Signature:

Date:

Seymour College

Seymour OSHC Enrolment Form

Seymour inspires within each student
a passion for life-long learning,
a celebration of community and
a quest for personal excellence.

546 Portrush Road, Glen Osmond SA 5064

Telephone: 08 8303 9000

Facsimile: 08 8303 9010

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www.seymour.sa.edu.au

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