



Mt Hawthorn Out of School Hours Centre Incorporated

1 Killarney Street, Mt Hawthorn, 6016

PO Box 570 Mount Hawthorn WA 6915

OSCA: 0431 815 586 / 0401 342 770

info@mtosca.com.au

2021 Before School and After School Enrolment Form and Conditions of Enrolment

Dear Parent / Guardian,

Thank you for your interest in OSCA.

We are a not for profit association licenced to provide out of school care at Mount Hawthorn Primary School. We aim to provide a safe, trusted, and enjoyable environment appropriate for school aged children progressing through the important stages of middle childhood.

More information about OSCA is included on its website at www.mthawthornosca.com.au. A copy of our Parent's Handbook and policies are available under the 'resources' tab.

Please read the Enrolment Form and Conditions of Enrolment carefully before completing and returning it to us.

In the Enrolment Form we collect important information about you and your child that we need to manage enrolment and to support the safe, trusted, and enjoyable environment we aim to provide. The Enrolment Form and Conditions of Enrolment set out your agreement with OSCA to the terms on which care is provided.

If you have any questions, please contact us.

Wilma Gouws
Centre Director

Please join us on Flexischools – Mount Hawthorn Out of School Hours Centre INC

OSCA Webpage - <http://mthawthornosca.com.au/>

Instagram – Mt Hawthorn OSCA



Conditions of Enrolment

Each parent /guardian signing this Enrolment Form and Conditions of Enrolment acknowledges and agree to the following:

Enrolment and Care of my Child

1. I understand that I must enrol/re-enrol for Before School and After School going into each new calendar year. OSCA places are allocated on a first in first serve basis. (Enrolment forms are numbered when received and placed accordingly.)
2. I understand that OSCA's priorities for accepting enrolments are as follows:
 - Priority: Children at risk of serious abuse or neglect
 - Second Priority: Children of a single parent who satisfies, or both parents who satisfy the work /training/study test. Section 14 of the Family Assistance Act. CRNs required.
 - Third Priority: Any other childI understand that if my child falls into the third priority category, I may be required to alter the days of care for my child or give up my child's place at OSCA to provide a place for a higher priority child. I understand that I will receive 14 days' notice of any such a requirement.
3. I have read OSCA's [Parent's Handbook](#) and policies available on the [OSCA website](#) and I agree to abide by the terms or them and understand that care of my child will be in accordance with them. I understand that any changes to the Parent Handbook or policies will be communicated to me via email, parent notices or posters displayed at OSCA's sites.
4. I will provide to OSCA all information regarding the health of my child and any other matter requested by OSCA. I understand that if I fail to provide requested information then OSCA may not be able to accept my child into care.
5. I agree that I must give **14 day's written notice to cancel any permanent before and after school care** OSCA booking. The 14th day will then be the last billable date for the day/day's cancelled.
6. I understand that a separate booking request form is required to be completed prior to each **Vacation Care period**.
7. Vacation Care places are allocated on a first in first serve basis. The vacation care program and booking form will be released two to three weeks before the holiday period commences. Parents will receive a confirmation email confirming the vacation care bookings.
8. Once a vacation care booking has been confirmed by OSCA in writing via email, families are eligible for the fees even if the child/ren do not attend for the session. **OSCA does do not have a separate cancellation policy for Vacation Care bookings.**

Health and Safety

9. In the case of an emergency as determined by OSCA, I authorise OSCA to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and authorise the transportation of my child by an ambulance service. I agree that I am responsible for all costs associated with such treatment and transport.
10. I agree that OSCA may administer minor first aid to my child (e.g. application of ice packs and band aids) and may apply sunscreen to my child.
11. I agree that if my child has a contagious disease or condition, they will not be accepted into OSCA's care until provision of a clearance certificate from a medical practitioner. Fees remain payable for this period.
12. I agree that if there is an outbreak of measles then, unless my child has been immunised against measles or can provide proof of earlier contact with the disease, they will not be accepted into OSCA's care until OSCA has received medical advice that the infectious period of the outbreak has passed. Fees remain payable for this period.
13. I agree that in the event of my child developing a medical illness, serious injury, disability, or abnormality they may not be accepted into OSCA's care until a medical certificate is provided. Fees remain payable for this period.

Fees and Charges

14. I agree to pay all fees through OSCA'S iPay electronic method as scheduled fortnightly.

15. **I agree to submit my payment details e.g. (bank account/credit card) on Hubhello when enrolling my child/ren. OSCA will email login details to access Hubhello. Call the office if you have difficulties. We will assist you with the iPay requirements.**
16. OSCA fees per session: BSC (\$16.00), ASC (\$24.00).
17. Vacation care fees as follow: In centre days (\$52.50), Incursions (\$64.50) Excursions (\$77.50).
18. I understand that my child must be collected from OSCA by the close of each session (6:00pm) and that after this time a late fee (currently \$2 per minute per child) is payable to compensate OSCA for staff overtime.
19. I understand that fees remain payable for days where my child is absent. Lack of notification of my child not attending an afterschool session will incur an additional administration fee (currently \$15) to compensate OSCA for the expense of managing an absence without notification.
20. I understand that any failure to pay fees and charges when due may result in OSCA taking any or all of the following actions: (a) suspending the care of my child until payment is made in full; (b) cancelling the care of my child; (c) referral of my account to a debt collection agency for recovery; (d) the charging of administration fees and any expenses associated with the management, recovery and enforcement of the unpaid amount.
21. I agree that OSCA may change its fees on reasonable notice.
22. I understand that to have access to Child Care Benefit we need to meet all current Child Care Benefit requirements and that it is my responsibility to maintain a current Family Assistance Office Income Assessment Notice for Child Care Benefit purposes.

Operations of OSCA

23. I agree that while reasonable care will be taken, OSCA and its staff exclude to the extent permitted by law all liability for any accidents or any loss of property.
24. I understand that OSCA may cancel the care of my child when, in its discretion, it considers that to do so would be in the interests of OSCA. OSCA will provide reasonable notice of any exercise of this discretion and will refund any payments made in advance.
25. I understand that OSCA may occasionally have visitors or volunteers onsite and I consent to my child being in the presence of such visitors and volunteers while under OSCA's supervision.



2021 Before School and After School Enrolment Form

We will retain your information in a secure environment. We may use your information or disclose it to our agents and service providers in accordance with our *Privacy and Confidentiality Policy*, including for the purposes of providing childcare services. A copy of our Privacy and Confidentiality Policy is available on our website

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Parent / Guardian Details

Full Name of Parent 1 / Guardian: _____ DOB: ____/____/____

Address: _____
Home Ph.: _____ Mobile: _____
Work Ph.: _____ Email: _____

Work Name & Address: _____
Occupation: _____
Language/s spoken: _____

Full Name of Parent 2 / Guardian: _____ DOB: ____/____/____

As above

Address: _____
Home Ph.: _____ Mobile: _____
Work Ph.: _____ Email: _____

Work Name & Address: _____
Occupation: _____
Language/s spoken: _____

Person Responsible for Payment of Fees/ Registered to Claim Child Care Subsidy (CCS)

Name: _____
Address: _____
Parent CRN: _____ Phone: _____

COPIES ATTACHED:

Birth Certificates Y N

Immunisation Certificates Y N

Reason for Care

- Child at risk of serious neglect or abuse
- Child of a single parent, or parents who are both undertaking work, training, or study
- Child in a family which include a disabled person
- Child in socially isolated family
- Any other child in Aboriginal and Torres Strait Islander families
- children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold or on income support
- children in families from a non-English speaking background

Child(ren) Details

Child 1: _____ DOB: ___/___/___ CRN: _____ SEX M F YEAR: ___ CLASS: ___

Child 2: _____ DOB: ___/___/___ CRN: _____ SEX M F YEAR: ___ CLASS: ___

Child 3: _____ DOB: ___/___/___ CRN: _____ SEX M F YEAR: ___ CLASS: ___

Child 4: _____ DOB: ___/___/___ CRN: _____ SEX M F YEAR: ___ CLASS: ___

For Custody Arrangements

Are there any Court orders relating to the guardianship, custody, or access to the child(ren)? Y N

If YES, please provide details and supply OSCA with copies:

Does your child(ren) have any **additional** needs, allergies, medical information, or any other special considerations (**dietary, cultural, and/or religious**)? Please provide detailed information about any needs:

Do you have any **Action Plans** which you use to deal with these? Please provide details and attach a current copy:

Name, address and telephone number of the child's registered medical practitioner or medical service:

*Please note if you wish Centre staff to administer medication you must complete an Authority to Administer Medication form.

Is your child(ren) of Aboriginal or Torres Strait Islander descent? Y N

What is the cultural background of your child(ren) and his or her parents?

Adults authorised to collect child(ren) (other than Parents/Guardians) and Contact in case of emergency
If the parent/guardians cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child (**only (tick the box)**)

Staff will not release child(ren) to persons other than those listed below, **as authorised to collect child/ren** or to persons aged under 18 years.

Name	Relationship	Contact Numbers		Authorised to collect child(ren)	Contact in Emergency?
		Home	Mobile		
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

FILL IN THE TABLE BELOW IF YOU WOULD LIKE TO REQUEST A PERMANENT PLACE IN EITHER BEFORE SCHOOL CARE (BSC) OR AFTER SCHOOL CARE (ASC)

CHILD NAME each child numbered up to four children per family		MON	TUES	WED	THU	FRI
1.	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	BSC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Consents

1. I **give** / **do not give** permission for photos of my child participating in group activities to be displayed on OSCA’s website and Instagram account.
2. I **give** / **do not give** permission for my child to be observed by students on accredited training programs within OSCA.
3. I **give** / **do not give** permission for my child to receive support from a bilingual worker if applicable.
4. I **give** / **do not give** permission for my child go to Braithwaite Park on excursions when applicable.

Parent / Guardian Declaration and Authorisation

1. I confirm that the information provided in this Enrolment Form is correct and complete.
2. I understand that it is my responsibility to update any information provided in this Enrolment Form should it change.
3. I understand that it is my responsibility to familiarise myself with and abide by the program of care provided by OSCA including as set out in the Parent’s Handbook and policies available on the OSCA website.
4. In the case of an emergency as determined by OSCA, I authorise OSCA to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service and authorise the transportation of my child by ambulance. I agree that I am responsible for all costs associated with such treatment and transport.
5. **I agree to be bound by the terms contained in this Enrolment Form and Conditions of Enrolment.**

Name of Parent 1/Guardian: _____

Signed: _____ Date: ___/___/___

Name of Parent 2/Guardian: _____

Signed: _____ Date: ___/___/___

Signature for and on behalf of OSCA: _____