



St Francis Outside of School Hours Care

458 Henley Beach Road
Lockleys 5032
Phone (08) 8150 2400 (Extn 2)

Child 1 Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

Child 2 Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

Child 3 Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

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OSHC Information

OSHC information can be found on our school website -
<https://www.sflockleys.catholic.edu.au/community/oshc>

Please ensure that you have read our OSHC Parents/Carers Handbook, located on the school website and in the OSHC Room.

Once your child/ren are enrolled at St Francis OSHC, you will be provided with a login to make bookings and cancellations through our SPIKE App.

Your child/ren will be automatically added to our OSHC Seesaw Group.

Contact Us:

Ph: 08 8150 2400 (Extn 2)

Mob: 0418 800 419

Email: oshcbookings@sflockleys.catholic.edu.au

Email: OSHC Director, Alexandra Curtis – acurtis@sflockleys.catholic.edu.au

Bookings

Please indicate required sessions below. A wait list may apply; please check with our OSHC Director.

Before School Care 7:00 AM till 8:45 AM

Monday	Tuesday	Wednesday	Thursday	Friday
Child 1	Child 1	Child 1	Child 1	Child 1
Child 2	Child 2	Child2	Child 2	Child 2
Child 3	Child3	Child 3	Child 3	Child 3

After School Care 3:15 PM till 6:00 PM

Monday	Tuesday	Wednesday	Thursday	Friday
Child 1	Child 1	Child 1	Child 1	Child 1
Child 2	Child 2	Child2	Child 2	Child 2
Child 3	Child3	Child 3	Child 3	Child 3

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Parent/Carer 1

Details

(Please tick the appropriate answers.)

Relationship to Child	Mother	Father	Other (Please specify)
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?	Yes	No	
Family CRN Number		Date of Birth	
Surname		First Name	
Address			
Suburb		Post code	
Home Phone		Mobile Number	
Email Address			

Parent/Carer 2

Details

(Please tick the appropriate answers.)

Relationship to Child	Mother	Father	Other (Please specify)
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?	Yes	No	
Family CRN Number		Date of Birth	
Surname		First Name	
Address			
Suburb		Post code	
Home Phone		Mobile Number	
Email Address			

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Emergency Contacts:

The emergency contact person should be someone other than the parent.

Emergency Contact 1 **Full Name**

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?		Yes	No

Emergency Contact 2 **Full Name**

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?		Yes	No

Emergency Contact 3 **Full Name**

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?		Yes	No

Medical Details – Child 1

Does your child have a diagnosed medical condition which might need first aid? *If yes, please circle conditions: relevant* **Yes** **No**

Severe allergies Anaphylaxis Food Asthma Joint condition
Intolerance

Heart condition Seizures Diabetes Visual Impairment Hearing Impairment

Other *(Please specify)* _____

Does your child have any known food intolerances?
(e.g. lactose intolerance, gluten intolerance)

Yes **No**

If yes, please provide details:

Medical Details – Child 2

Does your child have a diagnosed medical condition which might need first aid? *If yes, please circle conditions: relevant* Yes No

Severe allergies Anaphylaxis Food Asthma Joint condition
Intolerance

Heart condition Seizures Diabetes Visual Impairment Hearing Impairment

Other (Please specify) _____

Does your child have any known food intolerances?
(e.g. lactose intolerance, gluten intolerance) Yes No

If yes, please provide details:

Medical Details – Child 3

Does your child have a diagnosed medical condition which might need first aid? *If yes, please circle conditions: relevant* Yes No

Severe allergies Anaphylaxis Food Asthma Joint condition
Intolerance

Heart condition Seizures Diabetes Visual Impairment Hearing Impairment

Other (Please specify) _____

Does your child have any known food intolerances?
(e.g. lactose intolerance, gluten intolerance) Yes No

If yes, please provide details:

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Doctor Details – All Children

Doctor's Name			
Street Address			
Suburb	Postcode		
Telephone Number			

Medication

For students with medical conditions requiring potential administration of medication in OSHC, labelled and in-date medication, along with a current hard copy Action Plan, must be supplied prior to your child/ren's attendance. The medication is required to be labelled by the pharmacist with your child's full name and dosage requirement. Failure to provide the required medication and requested documentation by the first attendance, will results in OSHC being unable to care for your child/ren, as advised by CESA (Catholic Education South Australia). Session fees will still apply, if you cancel due to not supplying the above. Please note that OSHC does not have access to medication stored in the school office).

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Consents – All Children

Please read each statement carefully and circle the appropriate answer.

Movie Watching Consent	I consent for my child/ren to watch movies evaluated by our staff as appropriate and of an Australia Censorship Rating of either 'G' or 'PG' in OSHC.
	Yes No
Observation Consent "SeeSaw"	I consent for staff to take notes of individual observations to document their learning.
	Yes No
Face Painting	I consent for my child/ren to having their face painted during programmed activities.
	Yes No
Sunscreen	I consent for my child/ren to use OSHC sunscreen on their face. (If not provide your own)
	Yes No
Privacy Acknowledgement	I acknowledge the information provided herein by me is to be used by St. Francis School OSHC for the sole purpose of OSHC services, and that the information will only be released when legally required to do so,
	Yes No
Medical Consent	I give consent for my child/ren to receive attention only when necessary and I agree to meet any expenses incurred.
	Yes No

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I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS FORM AND AS STATED ABOVE IS CORRECT. I DECLARE THAT I HAVE READ THE PARENTS/CARERS HANDBOOK AND WILL ADHERE TO OUR POLICIES AND PROCEDURES.

Signature of Parent/Carer 1 _____

Date __/__/__

Signature of Parent/Carer 2 _____

Date __/__/__

Thank you, St Francis OSHC

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ALL ABOUT ME, When I Am At St Francis OSHC

At St Francis School Lockleys OSHC we value the children's input into all aspects of our OSHC every day being. Planning activities, improving our environment, designing after school menu. Please complete this information sheet with your child/ren. This will help us to plan our program and include the individual needs of your child/ren.



My Name	My Age
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My favourite food :

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My favourite fruit :

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My favourite vegetable:

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Foods that I do not like:

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Things we should know about your culture:

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I like to: (please circle)

Dance	Play music	Listen to music	Make instruments
Read	Do word games	Dressing up	Write stories & letters
Cook	Do experiments	Play Sports	Fixing things
Knitting	Do crosswords	Clay play	Making up movies
Acting	Play outside	Helping others	Solving problems
Do Art	Computer games	Sand play	Drawing & painting

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Do craft	Jigsaws & puzzles	Puzzle Solving	Construction Making
	Making new friends	Do activities by myself	

I like to learn:

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I want to know:

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To relax, I like to:

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Thank you,

OSHC Team