



GOODWOOD OSHC ENROLMENT FORM 2025

CHILD 1 DETAILS

Family Name:	
First Name:	
Date of Birth:	
CRN:	
Gender:	F / M
Address & Postcode:	
Primary language:	
Indigenous Status: Aboriginal	Y / N
Indigenous Status: TS Islander	Y / N

CHILD 2 DETAILS

Family Name:	
First Name:	
Date of Birth:	
CRN:	
Gender:	F / M
Address & Postcode:	
Primary language:	
Indigenous Status: Aboriginal	Y / N
Indigenous Status: TS Islander	Y / N

CHILD 3 DETAILS

Family Name:	
First Name:	
Date of Birth:	
CRN:	
Gender:	F / M
Address & Postcode:	
Primary language:	
Indigenous Status: Aboriginal	Y / N
Indigenous Status: TS Islander	Y / N



ELIGIBLE PARENT/GUARDIAN DETAILS

Name:		
Date of Birth:		
CRN:		
Relationship to Child:		
Address & Postcode:		
Primary Language:		
Phone:	M:	W:
Email:		

OTHER PARENT/GUARDIAN DETAILS (if applicable)

Name:		
Relationship to Child:		
Address & Postcode:		
Primary Language:		
Phone:	M:	W:
Email:		

PARENTING PLANS/ COURT ORDERS relating to this child/ren

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COLLECTION AUTHORITY/EMERGENCY CONTACTS

Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3,4)		
Phone:	M:	W:
Email:		

COLLECTION AUTHORITY/EMERGENCY CONTACTS

Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3,4)		
Phone:	M:	W:
Email:		

COLLECTION AUTHORITY/EMERGENCY CONTACTS

Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3,4)		
Phone:	M:	W:
Email:		

COLLECTION AUTHORITY/EMERGENCY CONTACTS

Name:		
Address & Postcode:		
Relationship to Child:		
Contact Priority: (1,2,3,4)		
Phone:	M:	W:
Email:		



MEDICAL & HEALTH INFORMATION	CHILD 1 DETAILS – NAME:
Has the child received all immunisations appropriate for their age?	YES/NO
Does your child have any conditions/medication/medical needs that may be affected by OSHC activities?	YES/NO
Does your child have any disabilities?	YES/NO
Does your child have any special needs?	YES/NO
If you answered yes to the above, please provide the service with some information on strategies to help best support your child.	
Does your child require special aids? (Glasses, hearing aids etc.)	YES/NO
Has your child suffered from any illnesses that may reoccur? (e.g. Chronic ear infections). Please provide details.	YES/NO
Does your child have any allergies/allergic responses or food intolerances? Please specify.	YES/NO
Please supply the service with any required medication in its original containers with the child's name clearly marked. Please note: we cannot administer medication unless permission has been granted by a medical practitioner.	



MEDICAL & HEALTH INFORMATION	CHILD 2 DETAILS – NAME:
Has the child received all immunisations appropriate for their age?	YES/NO
Does your child have any conditions/medication/medical needs that may be affected by OSHC activities?	YES/NO
Does your child have any disabilities?	YES/NO
Does your child have any special needs?	YES/NO
If you answered yes to the above, please provide the service with some information on strategies to help best support your child.	
Does your child require special aids? (Glasses, hearing aids etc.)	YES/NO
Has your child suffered from any illnesses that may reoccur? (e.g. Chronic ear infections). Please provide details.	YES/NO
Does your child have any allergies/allergic responses or food intolerances? Please specify.	YES/NO



MEDICAL & HEALTH INFORMATION	CHILD 3 DETAILS – NAME:
Has the child received all immunisations appropriate for their age?	YES/NO
Does your child have any conditions/medication/medical needs that may be affected by OSHC activities?	YES/NO
Does your child have any disabilities?	YES/NO
Does your child have any special needs?	YES/NO
If you answered yes to the above, please provide the service with some information on strategies to help best support your child.	
Does your child require special aids? (Glasses, hearing aids etc.)	YES/NO
Has your child suffered from any illnesses that may reoccur? (e.g. Chronic ear infections). Please provide details.	YES/NO
Does your child have any allergies/allergic responses or food intolerances? Please specify.	YES/NO



CONSENTS: please initial next to each item to which you consent	
I confirm that I have read the fees policy and agree to pay the required fees for my child/ren's booked care for OSHC.	
I give consent for my child/ren to watch G/PG rated movies/TV whilst at the service.	
I consent for my child/ren (Year 3+) to use their 1-to-1 device at OSHC. I have read and agree to the ICT User Agreement supplied to me by the service.	
I give permission for my child/ren to participate in the OSHC program. This may include supervised walking excursion within the local area (The Goody Patch).	
I consent for my child/ren to be photographed and for their image & name to be published in circumstances where the Director deems to be appropriate.	
I give permission for OSHC educator to exchange information relating to my child/ren with school staff and to the appropriate person(s).	
I give permission for my child/ren to walk indoors with bare feet.	
I consent to an educator checking my child/ren's hair if there is a possibility of head lice. I understand that I will need to collect my child/ren (or arrange for collection) if OSHC educator believe that my child/ren has headlice. I understand that any checks will be conducted sensitively.	
I consent for OSHC educator to apply sunblock to my child/ren if required.	
In the event of a medical emergency, an OSHC educator will call an ambulance, in line with standard first aid training. I understand that I am responsible/liable for the cost associated with medical care, ambulance and hospital costs incurred for the treatment of my child/ren.	
I agree that the OSHC educators are able to administer simple first aid to my child/ren if the need arises.	
I consent to my child/ren participating in water play on days of extreme heat.	
I give permission for my child/ren to participate in the Vac Care program and understand that the OSHC educator will notify parents/guardians of each individual excursion. I understand that it is my responsibility to advise educators if I do not wish for my child/ren to participate in a particular activity.	
I understand the information provided on this enrolment form is collected for the purpose of registration, program statistic, reporting and evaluation. This information may be disclosed to and used for the purpose of the Commonwealth and State government department and their agencies.	
I have read the OSHC Info booklet and agree to comply with the OSHC services policies and procedures outlined.	
I certify that the information entered upon this form is true to the best of my knowledge and that you will inform the service if any of these details change.	
Parent/Guardian signature: _____ Date: _____	



YEARLY PERMANENT BOOKING FORM

Dear Parents,

To allow the OSHC service to run smoothly and to ensure appropriate staffing **1 weeks' notice** is required for any cancellations.

The cancellation policy applies to all sessions including:

- Before/After School Care
- Sport Day
- Camps

Families will not be charged for any Pupil Free or School Closure days.

Parents are required to notify the service if their child/ren will not be attending the session. Please call the service and talk to an educator or leave a message on the answering machine.

In regards to children's absences, parents/caregivers will be charged, as you will still receive benefits for that day.

Parents Name _____ Mobile/Phone _____

Child 1 _____

Child 2 _____

Child 3 _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Session	Name of Child	Name of Child	Name of Child	Name of Child	Name of Child
Before School Care					
After School Care					

Parent signature _____

Date _____

Goodwood OSHC
140 Goodwood Road
GOODWOOD SA 5034
8373 5302

MaryAnn.Milne14@schools.sa.edu.au

Request and Authority to Debit

(to be retained by the service)

Contact Details:

Name:

Address:

Phone Number:

Email:

Direct Debit Payment Details:

I request and authorise Cloud Payments ACN 154 014 785, APCA User ID Number 450969 to arrange, through its own financial institution, a debit to the nominated account below any amount Goodwood OSHC, has deemed payable.

Bank:

BSB: -

Account Number:

Account Name:

Agreement and Authorisation:

By signing this Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements set out in this Request and in your Direct Debit Request Service Agreement.

Full Name:

Date:

Signature:

Goodwood OSHC
140 Goodwood Road
GOODWOOD SA 5034
8373 5302

MaryAnn.Milne14@schools.sa.edu.au

Direct Debit Request Service Agreement

(to be retained by the parent/guardian)

This is your Direct Debit Service Agreement with Cloud Payments ACN 154 014 785, APCA User ID Number 450969. Cloud Payments have been contracted by Goodwood OSHC to collect the Instalments due under this Agreement. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions:

account - means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

agreement - means this Direct Debit Request Service Agreement between you and us.

banking day - means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day - means the day that payment by you to us is due.

debit payment - means a particular transaction where a debit is made.

direct debit request - means the Direct Debit Request between us and you.

us or we - means Goodwood OSHC, (the Debit User) you have authorised by requesting a Direct Debit Request.

you - means the customer who has signed or authorised by other means the Direct Debit Request.

your financial institution - means the financial institution nominated by you on the Direct Debit Request at which the account is maintained.

Debiting your account:

1. By signing a Direct Debit Request or by providing us with a valid instruction, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.
2. We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request.

or

We will only arrange for funds to be debited from your account if we have sent to the address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.
3. If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

Amendments by us:

We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least fourteen (14) days written notice.

Amendments by you:

You may change, stop or defer a debit payment, or terminate this agreement by providing us with at least 14 days notification by emailing MaryAnn.Milne14@schools.sa.edu.au or arranging it through your own financial institution, which is required to act promptly on your instructions.

Your obligations:

1. It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.
2. If there are insufficient clear funds in your account to meet a debit payment:
 - a. you may be charged a fee and/or interest by your financial institution;
 - b. you may also incur fees or charges imposed or incurred by us; and
 - c. you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.
3. You should check your account statement to verify that the amounts debited from your account are correct.

Dispute:

1. If you believe that there has been an error in debiting your account, you should notify us directly on 8373 5302, or email MaryAnn.Milne14@schools.sa.edu.au as soon as possible so that we can resolve your query more quickly. Alternatively you can take it up directly with your financial institution.
2. If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.
3. If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

Accounts:**You should check:**

- a. with your financial institution whether direct debiting is available from your account as direct debiting is not available on all accounts offered by financial institutions.
- b. your account details which you have provided to us are correct by checking them against a recent account statement; and
- c. with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

Confidentiality:

1. We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.
2. We will only disclose information that we have about you:
 - a. to the extent specifically required by law; or
 - b. for the purposes of this agreement (including disclosing information in connection with any query or claim).

Notice:

1. If you wish to notify us in writing about anything relating to this agreement, please email MaryAnn.Milne14@schools.sa.edu.au.
2. We will notify you by sending a notice in the ordinary post to the address you have given us in the Direct Debit Request.
3. Any notice will be deemed to have been received on the third banking day after posting.