

# BLACKWOOD OSHC CHILD DETAILS FORM

Name Of Child: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Name of Parent/Guardian completing form: \_\_\_\_\_

## Language/Culture

- What language does the child speak at home? \_\_\_\_\_
- What other languages are spoken/known by the child? \_\_\_\_\_
- What is the cultural background of the child/parents? \_\_\_\_\_
- Cultural and religious events celebrated: \_\_\_\_\_
- Do you have any items you can provide from another culture (circle):  
recipes / photographs / artefacts / souvenirs / other: \_\_\_\_\_

## Photography Permission (compulsory to complete – please tick **ONE** of the four options)

I give permission for my child to be photographed or filmed by OSHC educators and give permission for photographs to be placed online (BPS website or school/OSHC newsletter emailed to school families)

**OR**

I give permission for my child to be photographed or filmed by OSHC educators for use at the service only (eg displays, OSHC Program Scrap Book, child file)

**OR**

I give permission for my child to be photographed (but not filmed) for displays at the service only

**OR**

**I DO NOT** give permission for my child to be photographed or filmed (I understand when educators take small or large group photos, my child will be asked to step aside)

## Sunscreen

**Sunscreen is provided at the service and taken on all excursions. Daily UV is checked and recorded.  
Children are encouraged to apply their own sunscreen prior to going outdoors on days when  
UV is above 3 and to reapply as deemed necessary by staff.**

I give permission for my child to use the sunscreen provided by Blackwood OSHC (circle): **YES / NO**

IF NO, tick one option below:

My child has sensitive skin and I will provide sunscreen in my child's bag (if I forget my child will not be able to play outdoors when UV is above 3).

**OR**

My child has sensitive skin and I will provide sunscreen to store at OSHC.

## Movies

I give permission for my child to watch movies rated **G and PG**, as deemed appropriate by OSHC Educators for Primary Aged Children (circle): **YES / NO**

**NOTE:** If you choose **NO** your child will be permitted to view G rated movies but they will not be allowed to go into the Hall when the service displays PG rated movies on the Big Screen.

**Dietary Requirements:** Any food your child cannot eat due to lifestyle or religious beliefs:

\_\_\_\_\_

\_\_\_\_\_

**Interests/ Hobbies / Participates in extra-curricular activities:** (e.g. sport, music, art, cooking, dance)

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**What else would you like to tell us about your child?**

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**Goals for my child at OSHC:** (e.g. social, develop life skills, foster friendships, sense of wellbeing, learning)

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*Signature of parent/guardian who completed form:* \_\_\_\_\_

**Thank you for completing this form. The OSHC educators greatly appreciate families sharing information about their child which will help us to support your child and extend their interests when participating in the program.**

**If you have any queries or wish to personally share more information, please speak to the Director or Assistant Director at the service or send an email.**

(April 2022)

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**STAFF USE ONLY:**

**Entered:**

Staff Name:

Date:

Sign: