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| St Joey’s OSHC Enrolment Form |

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| **CHILD’S FULL NAME** |  |
| **Name child is known by** |  |
| **Child’s Customer Reference No.** |  |
| Child’s date of birth |  |
| Child’s age on commencement day |  | Child’s Gender |  |
| Child’s address |  |
| Country of birth |  |
| Cultural background |  |
| Does your child identify as: | Aboriginal Yes 🗌 No 🗌 N/A 🗌 **and/or** Torres Strait Islander Yes 🗌 No 🗌 N/A 🗌  |
| Religion |  |
| Commencement at centre date |  |
| End date |  |
| Child’s Medicare Number (if applicable) |  |
| Health Care Card No. (if applic.) |  |
| Valid from date |  |
| Expiry date of card |  |
| Name on card |  |
| School Attending in year enrolled (including suburb) |  |
| Year level/grade in year enrolled |  |
| **PARENT/CARER**  (Full Name) |   |
| **Customer Reference Number** | Date of Birth |
| Relation to Child |  |
| Mobile Number |  |
| Email Address |  |
| Home Phone Number  |  |
| Address (include suburb & postcode) |  |
| Work Phone Number |  |
| Work Address |  |
| Occupation |  |
| Organisation/Employer |  |
| Primary Language Spoken |  |
| Cultural background |  | Nationality |  |
| Religion |  |
| **PARENT/CARER**  (Full Name) |   |
| **Customer Reference Number** |  Date of Birth |
| Relation to Child |  |
| Mobile Number |  |
| Email Address |  |
| Home Phone Number  |  |
| Address (include suburb & postcode) |  |
| Work Phone Number |  |
| Work Address |  |
| Occupation |  |
| Organisation/Employer |  |
| Primary Language Spoken |  |
| Cultural background |  | Nationality |  |
| Religion |  |

**Please attach relevant Health Care Card &/or ‘Care Arrangements’ documentation (if applicable).**

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| Are there any written arrangements? Yes 🗌 No 🗌 N/A 🗌 Copy of original provided Yes 🗌 No 🗌 (N.B.original documents must be sighted by Nominated Supervisor) |
| Are there any court orders affecting the child? Yes 🗌 No 🗌 N/A 🗌 Copy Provided Yes 🗌 No 🗌  (N.B.original documents must be sighted by Nominated Supervisor) |
| Is there anyone legally denied access to the child? Yes 🗌 No 🗌 N/A 🗌 Copy Provided Yes 🗌 No 🗌 (N.B.original documents must be sighted by Nominated Supervisor) |
| The following people are NOT authorised to collect my child:1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Authorisation to Collect/ Emergency Contacts (Other than those already listed)**

Persons authorised to collect child must be an adult. Alternatively, written authorisation must be provided for a person less than 18 years prior to that person collecting the child. Attach additional contacts as required.

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| --- | --- |
| **Full Name:**  | Emergency Contact Signature:  |
| Address: |
| Contact Number/s: | Relationship to Child: |
| **Full Name:** | Emergency Contact Signature:  |
| Address:  |
| Contact Number/s: | Relationship to Child: |
| **Full Name:** | Emergency Contact Signature:  |
| Address:  |
| Contact Number/s: | Relationship to Child: |

**Person To Receive Accounts**

Complete this section ONLY if the account is to be sent to only one of the parents/guardians/carers listed above.

|  |
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| Mrs [ ]  Miss [ ]  Ms [ ]  Mr [ ]  Rev [ ]  Dr [ ]  Other [ ] ….……… |
| Given Name/s: |
| Surname: |
| Postal Address: |
| City: |
| State: Post Code: |
| Relationship to child: |
| **I confirm that I am responsible for payment of fees and all associated costs.****Signature:** |

**Medical Information**

Does your child suffer regularly from any of the following? Please tick, and provide details in space provided below. If yes, an individual medical care plan by an authorised practitioner will be required.

* Allergies 🗌 High temperatures 🗌 Seizures 🗌 Asthma
* Diabetes 🗌 Any other illness or injury 🗌 Other (please provide details):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child have any special dietary requirements?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child take medication on a regular basis? Please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your family observe any particular religious or cultural practices that are significant to your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To support your child at our service we welcome any further information you can provide including:**

Does your child have any identified needs? Has your child attended any specialist agencies? (e.g. speech pathologist, occupational therapist, audiologist, optometrist, psychologist etc.). Please supply any supporting documentation to assist the service in supporting your child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Contact details**

|  |  |
| --- | --- |
| **Child’s Doctor:** | Phone Number: |
| Address: |
| **Child’s Dentist:** | Phone Number: |
| Address: |
| **Pediatrician** | Phone Number: |
| Address: |

**Immunisation Status**

Is your child fully immunised? Yes 🗌 No 🗌

If **YES**, please provide a copy of your child’s current immunisation record.

**If you are a conscientious objector to immunisation, please provide a signed ‘conscientious objector form” or letter notifying us of your child’s status.**

**Childcare benefit and rebate information**

This service is required to register all children enrolled and attending care, in the DEEWR Child Care Management System (CCMS). This is the system for processing Child Care Benefit and Child Care Rebate claims to ensure parents/carers receive reduced fees as well as, if eligible calculating and lodging information for the payment of the 50% Tax Rebate.

Under this system the parent/carer and child CRN (Customer Reference Number) and DOB (date of birth) are the dual validators to enable reduced fees to be charged.

It is essential that the information below precisely matches that submitted to Centrelink. Any discrepancies will lead to the outside school hours care service being unable to process the CCB & CCR claim and ensure the appropriate reduction in your fees.

Where parents/carers hold separate CRN’s, a separate form for each parent will need to be completed. To ensure that you are able to take advantage of the reduction in fees under CCMS, please complete the section below following information and return to the Outside School Hours Care service.

|  |  |
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| **Multiple Child Percentage** | Do you have other children who will be attending an approved service **other** than this service?🗌 Yes 🗌 No Number of Children in Care **……….** |

**Please complete option one or two:**

|  |
| --- |
| **Option 1:** |
| Parent/Carer Full Name |  |
| Parent/ Carer DOB: | \_\_\_/\_\_\_/\_\_\_ | Parent/Carer CRN: |  |
| Child 1 (Full Name): |  | Eligible Hours for this service: | 🞎 24 🞎 50 🞎 Other - 🞎 No of Hours |
| Child DOB: | \_\_\_/\_\_\_/\_\_\_ | Child CRN: |  |
| Child 2 (Full Name): |  | Eligible Hours for this service: | 🞎 24 🞎 50 🞎 Other - No of Hours: |
| Child DOB: | \_\_\_/\_\_\_/\_\_\_ | Child CRN: |  |
| Child 3 (Full Name): |  | Eligible Hours for this service: | 🞎 24 🞎 50 🞎 Other - No of Hours: |
| Child DOB: | \_\_\_/\_\_\_/\_\_\_ | Child CRN: |  |
| Child 4 (Full Name): |  | Eligible Hours for this service: | 🞎 24 🞎 50 🞎 Other - No of Hours: |
| Child DOB: | \_\_\_/\_\_\_/\_\_\_ | Child CRN: |  |
| Signature: |  | Date: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

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| **Option 2** |
| I **do not** wish to provide the above information. I understand that I must therefore pay **full fees** for care received by my child/children at the Outside School Hours Care service.  |
| Parent Signature: |  | Date: | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |

**Requested Days of Attendance**  🗌 Permanent Booking or 🗌 Casual Booking

🗌 I/we hereby agree to the days indicated below for my child to attend Outside School Hours

 Care for the period from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD’S NAME | MON | TUES | WED | THURS | FRI |
| BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC | BSC | ASC |
|  |  |  |  |  |  |  |  |  |  |  |

**Consent Statement**

Where the term *Nominated Supervisor* is used, this refers to the person placed in the day-to-day charge of the service or their delegate. If you require assistance in reading or interpreting any of these consent statements, please discuss this with the coordinator or Nominated Supervisor. The *Diocese of Rockhampton Privacy Statement* can be found in the centre’s *Family Handbook*. This outlines the service’s commitment to the confidentiality of records.

**Please tick the appropriate boxes where required.**

**Authorisation to Obtain Medical Attention**

* On enrolling my/our child I/we understand that the OSHC service is unable to care for children who are sick or who have a contagious illness. I/we agree to keep my/our child at home while they are suffering from any infectious or contagious illness. I/we agree to collect my/our child if he/she is unwell. I/we further acknowledge that a medical clearance may be necessary before my/our child is able to return in accordance with Queensland Health guidelines.
* In the event of an emergency, illness or accident (when unable to contact parent/ carer or authorised persons) I/we consent to my/our child being transported by ambulance to obtain medical or hospital attention. I/we agree to pay any expenses incurred for medical treatment and transport.
* I further authorise a qualified medical practitioner to administer anesthetic, blood transfusions, and perform surgical operations if the emergency requires such treatment.

**Conditions For Medication to be Administered**

* I/we understand prescribed medication will only be administered when it is accompanied by written instructions from child’s medical practitioner and/ or pharmacist and the *Services Authority to Administer Medication Form* is completed.
* I/we understand non-prescribed medications will only be given when they are in their original package with a pharmacist’s label which clearly states the child’s name, dosage, frequency of administration, date of dispensing and expiry date.
* I/we agree to advise in writing of the dose, time and date of the last dose of any medication given to my/our child so as to reduce the risk of overdosing.

**Health and Safety Permission**

* I/we agree to provide alternative care arrangements when my/our child is suffering from an infectious or contagious illness as described by the exclusion guidelines in the *Family Handbook* or child is generally unwell and/or deemed unable to cope in a group setting by staff.
* I/we give permission for first aid qualified staff to administer first aid and/or medication to my/our child as required.
* I/we give permission for staff to apply adhesive bandages e.g. band aids to my child.
* I/we give permission for my/our child to participate in face painting activities.
* I/we give permission for my/our child to have 30+ sunscreen applied as required.
* I/we give permission for my/our child to have insect repellant applied as required.

**Activities Permission**

* I/we give permission for my/our child to participate in all activities offered by the service. I/we understand it is my/our responsibility to familiarise myself/ourselves with all aspects of the displayed program and to advise the service in writing if I/we do not wish for my/our child to participate in a particular activity.
* I/ we would like my/our child to start their homework while attending the program.
* I/we give permission for my/our child to view PG rated movies, programs and games whilst at the service.
* I/we give permission for my/our child to access the associated school’s facilities during time in care.

**Media Permission**

**I/we give permission for internal displays at the centre of (please tick the relevant boxes):**

* Photographs
* Videos

**Images may also be used for:**

* External Displays e.g. Schools/ Catholic Education – Diocese of Rockhampton Office and events
* Centre Newsletter
* Promotional material
* Website
* Publicity
* Images of my child that appear in group photos and the first name of my child that is written in internal documentation.

**Delivery & Collection**

* I/we will ensure that my/our child is taken from the service by an authorized adult (18+ years) unless prior arrangements have been made with the teacher/ Nominated Supervisor.
* I/we will ensure that our child is signed in/out of the service as per legislative requirements.
* I/we acknowledge that the centre will not accept any responsibility unless a parent/carer or authorised person signs in my/our child to the session of care.
* I/we understand that I/we must **notify in writing** if a person, who is not authorised to collect my child, will be collecting my child from any session of care.
* I/we understand that if my /our child is not collected from the centre by closing time that I/we will incur a late fee penalty as specified in the *Fee Schedule.*

**Funding Agreements**

* I/we understand that as the centre is a non-for-profit organisation and that all fees received go directly into the operation of the service.
* I/we agree to pay all fees associated with the care of my/our child as per the *Fees & Payments Fact Sheet*, as I/we understand that the centre relies on these funds to remain viable.
* I/we agree to pay fees within two weeks of receiving the invoice or as negotiated with the Nominated Supervisor e.g. direct debit fortnightly payments.
* I/we confirm that the above information is correct and precisely matches that submitted to Centrelink. I/we understand that any discrepancies between the two may lead to the service being unable to claim CCB and/or CCR. In this instance I/we will be required to pay full fees.

**Policies, Procedures & Legislation**

* To support my child further whilst at the service, I/we give permission for the Nominated Supervisor or representative to liaise with specialist staff or Catholic Education – Diocese of Rockhampton support personnel.
* I/we understand that our family’s contributions, culture, traditions and religious beliefs will be respected and where possible, included in the activities of the service.
* I/we understand that as the OSHC service is part of the Catholic Education – Diocese of Rockhampton, I/we will respect the Catholic ethos of the service. I/we understand that the service will embed the Catholic tradition into its program and my/our child will be encouraged to participate.
* I/we agree to abide by the service’s policies and procedures and to comply with all regulations and laws associated with the service.
* I/we the undersigned, state that I/we have read the *Family Handbook* and agree to abide by the OSHC centre policies, procedures and mission, vision and values of Catholic Education – Diocese of Rockhampton.
* I/we agree to the Priority of Access Guidelines as set out in the DCEO Enrolment, Orientation and Booking Procedure. I/we understand that there is a Priority of Access at our services, whereby children from the service’s associated school will be given priority over neighbouring Catholic school and Non-Catholic school children.
* I/we understand that it is my/our responsibility to ensure all information associated with my/our child’s enrolment is current and notify the service of any changes to details provided.
* I/we agree to conditions outlined in the services Fee and Payment & Bookings and Cancellation Procedure.
* I/we agree, to secure a position at the OSHC service, I/we must pay a bond. I/we understand that this money will be held as a bond until such time that I/we leave the OSHC service. I/we agree that I/we will provide two weeks’ notice of intention to leave the service. Failure to do so will forfeit bond paid.
* I/we agree that fees incurred will be paid in advance as per *Booking and Payment Procedures*.
* I/we understand that I/we are financially responsible for any willful damage of equipment or property by my child/children.
* I/we have read the *Promoting Wellbeing & Positive Relationships Parent Information Fact Sheet* and should unacceptable behaviour be displayed by my/our child agree that the procedure will be followed, which in turn may lead to suspension or withdrawal of care.
* I/we understand that information on this enrolment form may be provided upon request to either parent/carer detailed above.
* I/we have nominated an email address, and understand that account statements, newsletters etc. may be sent to me/us via email.

**Bookings**

* I/we understand that the request for attendance does not necessarily mean that a place will be available for my child/ren.
* I/we acknowledge that full fees will be charged when my child is absent from either session for which they are permanently booked.
* I/we acknowledge the *Cancellation Procedures* and agree to give the prescribed notice periods that are required for any cancellations to this booking form as per the *Booking and Payment Procedure*.
* I/we agree that the information supplied on this form is current and up to date. I/we understand that it is my responsibility to notify the services of any changes to booking details.
* I/we agree to pay the scheduled fees for the bookings nominated above as per the Outside School Hours Care *Booking and Payment Procedure.*

**Declaration:**

* I have read and understood the conditions of this contract and agree to abide by the contract.
* I certify that the information contained in this Enrolment Form is correct and agree to notify the person in charge of the service of any change to any information contained therein.

**Parent/Carer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Parent/Carer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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| **Office Use ONLY** |
| Date Received: Date Entered: By Whom: |
| Health Record Sighted (staff signature): |
| CCMS Enrolment Advance Claim 🗌 BSC 🗌 ASC 🗌 VAC Date Claimed: Total Amount Claimed $  |
| Enrolment Fee Paid Yes 🗌 $20.00 Re-enrollment Fee Paid Yes 🗌 $5.00 Holding Fee Paid: N/A 🗌 Yes 🗌 $ No 🗌  |
| Original Enrolment form held at (service name and suburb):  |
| Orientation Completed: Yes 🗌 No 🗌 Date |
| Comments/ additional documentation attached as required e.g. * Copy of Birth Certificate
* Immunisation Record
* Copy of CRN
* Baptism Certificate
* Visa Documentation
* Copies of Court Orders Family Agreements etc.
* Medical Plans by Medical Practitioner (signed)
* Specialist information e.g. from Early Intervention Centre; Speech Pathologist
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