

OUT OF SCHOOL HOURS CARE ENROLMENT FORM

STUDENT DETAILS

Family Name _____ Given Name _____ Preferred Name _____

Date of Birth _____ Year Level _____

Customer Reference Number (CRN) for Child Care Subsidy (CCS) _____

PARENT / GUARDIAN DETAILS

Family Name _____ Given name _____

Relationship to Child _____

Phone: Work _____ Home _____ Mobile _____

Customer Reference Number (CRN) of parent assessed for Child Care Subsidy _____

Parent's Date of Birth (for Child Care Subsidy purposes) _____

ADDRESS DETAILS

Residential Address: _____

Email Address for Invoicing: _____

MEDICAL AND HEALTH DETAILS

If your child has any medical or dietary needs, please note as much detail about the condition as possible. Medical plans (e.g. Asthma Care Plans) must be provided to OSHC each year.

Ambulance:

Can the child be transported by ambulance service in the event of an emergency? ☐ Yes ☐ No

Has the child received all immunisations appropriate for his/her age? ☐ Yes ☐ No

If no, please give details: _____

I accept full responsibility if my child is not immunised:-

Parent/Guardian signature: _____

Does the child have any allergy or sensitivity to food or hygiene products? ☐ Yes ☐ No

If yes, is the condition - mild, moderate, or severe? (Please circle)

If yes, a copy of the management plan or a doctor's letter indicating the correct procedure to follow should be provided.

Does the child have any medical conditions and needs (eg epilepsy, diabetes, etc), which are relevant to the children's service? ☐ Yes ☐ No

If yes, is the condition - mild, moderate, or severe? (Please circle)

If yes, a copy of the management plan needs to be provided.

Does the child have any dietary restriction? ☐ Yes ☐ No

If yes, the following restrictions apply:-

Restrictions: _____

COLLECTION AUTHORITY

Details of people who can collect the child in the event that the child is not collected by the parent. Identification must be produced upon request from staff.

Name: _____

Address: _____

Telephone: H _____ W _____ M _____

Name: _____

Address: _____

Telephone: H _____ W _____ M _____

BOOKINGS

Families can nominate permanent booking days for their children to attend the program. OSHC educators will have an attendance sheet listing the children who are permanently booked for each day. Each child is to be signed in by the parent or guardian for Before School Care and by OSHC educators for After School Care. When children are collected from After School Care, they must be signed out by a person authorised to collect the child. Before School Care bookings must be cancelled before 6:00pm before the day of care. After School Care bookings must be cancelled before 10:00am on the day of care. Failure to cancel prior to these times will result in a cancellation fee.

Please tick ✓ the appropriate box (PERMANENT BOOKINGS ONLY)

BEFORE SCHOOL CARE (Commencement date)

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am – 8.30am					

AFTER SCHOOL CARE (Commencement date)

	Monday	Tuesday	Wednesday	Thursday	Friday
3:10pm – 6:00pm					

Permanent bookings have priority of place. Casual bookings (and changes to existing) can be made by emailing vwilson@stjk.catholic.edu.au or call/text 0418 443 956. If we are booked out, we will let you know.

Please tick if you would like to ONLY use the service casually ☐

IN CARE ELSEWHERE

To get the right amount of CCB, we need to know how many children from your family attend this or other childcare services (including vacation care, LDC, OSHC, FDC, IHC and OCC).

Please write the number of children attending any of the above care.....

CONSENTS

I consent for Centre staff to apply sunblock to my child if required

I consent to my child watching PG movies that the Director deems to be appropriate
e.g. Shrek

I consent to my child using computers for personal use/homework

AGREEMENTS

Provision of Care is on a flexible basis

I agree to pay the required fees for my child's booking childcare hours and accept the policies and rules of the Service.

Fees are as per St Joseph's Kingswood SZapp which may change from time-to-time.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service considers that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent/Guardian signature_____ Date_____