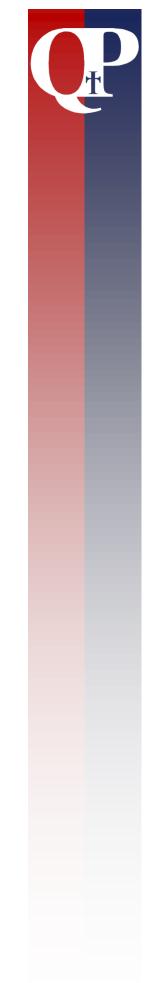
Our Lady Queen of Peace School

Outside School Hours Care (OSHC)





Student Details					
Family Name	Given Name	s			
☐ Male ☐ Female	Date of Birth// \$		Student CRN	Student CRN	
Address					
			Postcode		
Is the student of Aboriginal or To	rres Strait Islan	der Origin?			
☐ No ☐ Yes, Aboriginal	☐ Yes, Torres	☐ Yes, both Ab	original and Torres Str	ait Islander	
Country of Birth	Main Language Spoken		Religion		
Sibling 1 Name	1	Sibling 2 Name			
Sibling 3 Name		Sibling 4 Name			
Family Details	Parent/Guardian 1		Parent/Guardian	Parent/Guardian 2 (if applicable)	
Title	Mr Mrs Ms Miss	Dr (please circle)	Mr Mrs Ms Miss Di	(please Circle)	
Surname					
Given Name					
Usual Occupation					
Employer					
Date of Birth					
CRN					
If not employed, do you receive a gover	rnment benefit	Yes N	lo (circle one)		
Telephone numbers	Н	W	Н	W	
Mobile					
Relationship to child (Father, Mother Foster Parent etc)					
Residential Address					
Email Address					
Child Resides with					
Family Court or other relevant Court Orders: Yes No If yes, please provide a current copy of that order					
If parents are separated / divorced: Does the child have contact with the other parent? ☐ Yes ☐ No					
Is anyone legally denied access to your child? ☐ Yes ☐ No					
Who?					

(Please tick) Days Requiring Care or Indicated Casual booking: Casual □					
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Emergency Contact 1	(other than Mother	/Father/Guardian)			
Name:		Relatio	nship to child:		
Phone Home:	Wor	k:	Mobile:		
Emergency Contact 2	(other than Mother	/Father/Guardian)			
Name:		Relatio	nship to child:		
Phone Home:	Wor	k:	Mobile:		
People Authorised to C	ollect Child:				
1		2:			
3		4:			
Medical Health Info	rmation				
General Medical Infor	mation				
Doctor / Medical Centre	e:				
Address::					
Phone					
Private Health Cover:	□ Yes □	No Cover with:			
Has your child any aller	raies? Mosauito's	Bees Food		Yes □ No	
Has your child any phys				Yes □ No	
Has your child suffered		-		Yes □ No	
Is there any other medi		-		∕es □ No	
Does your child have an If "yes" to any of the abo				∕es □ No	
Child Taking Medicati Does your child take an		ation including inh	alers?	☐ Yes [□ No
Medication		Dose		& How Taken	Side Effects?

Has your child received the following immunisations?			□ Yes □ No		
	2mths:Triple Antigen/Polio/Hib (abc)		4mths: Triple Antigen/Polio/HIB (abc)		
	6mths:Triple Antigen/Polio/Hib (abc)		12mths: Measles/Mumps/Rubel/HIB (a)		
	18mths:Triple Antigen Booster/Hib (bc)		4-8 yrs: Diphtheria/Tetanus/Polio Booster		
Triple Antigen consists of Immunisation against Whooping Cough, Diphtheria and Tetanus). I accept full responsibility if my child is not immunised. I agree that the staff at the centre may administer simple first aid to my child if the need arises. In case of an accident or emergency, every effort will be made to contact parents/caregivers prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment I authorise the care providers and staff to obtain medical assistance, Ambulance/Medical cover is provided for all enrolled OLQP children. Children with pre-existing conditions i.e Asthma, Anaphylaxis, Diabetes are not covered by the schools ambulance cover. Parent/Caregiver Signature:					
Consents (please initial next to each line to which you consent)					
 ☐ I consent to my child to take part in supervised walking excursions within the local area as part of the centre's program. ☐ I consent to my child to be photographed to record an OSHC timeline of activities, for display internally. ☐ I consent to a staff member to supervise application of sun block and or insect repellent to my child if required. ☐ I consent to a staff member to collect information about my child's strengths and interests as part of the National Quality Accreditation process only. ☐ I consent to my child viewing PG movies at the discretion of the Director 					
Respectful Relationships Policy Out of School Hours Care follows guidelines consistent with the School's document of Respectful Relationships Policy Regarding – Rights and Responsibility- Harassment- Personal Safety- Resilience. Children will be expected to act in accordance with these. Parents are expected to support the School's Policies.					
Childcare Assistance					

Assistance with the cost of OSHC fees is available from the Commonwealth Family Assistance Office. It is the parent's responsibility to have their eligibility for Childcare assistance assessed, by contacting Family Assistance Centrelink. You can also do your assessment through myGov website using your Centrelink online account. Childcare Assistance will be deducted from weekly fees. Accounts will show the percentage of Childcare Assistance, which is claimed from the full fees.

Families will only be eligible for Childcare assistance if:

- Attendance records are accurately completed and signed by Parent/Guardian on a daily basis.
- Full fees will apply until OSHC Service receives notification from Family Assistance Office.

Childcare Cash Rebate Scheme

The Family Assistance rebate Scheme is available to **all** families paying childcare fees. Families who do not qualify for Childcare Assistance may still be eligible for the Cash Rebate. This can be claimed when you do a Tax return.

OSHC Fee Agreement				
Name:				
 I have read and understood the Fee Policy and am aware of the procedur agreed. 				
 I am aware that further Policies and Procedures for OSHC are available u I am aware of the Complying Written Arrangement. CWA is an ongoing age Parent/Guardian, to provide care in return for fees. 				
Signed:	Date:			
For special considerations with your payment of fees, please see the Director, Prin A written agreement will be signed and kept on record.	cipal or Bursar.			
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