



Outside School Hours Care (OSHC)

Application for Enrolment

Student Name:

Family name

Given name

Today's date

School year

Student Details			
Family Name		Given Names	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth ___/___/___	Student CRN _____
Address _____ _____ Postcode _____			
Is the student of Aboriginal or Torres Strait Islander Origin?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
Country of Birth		Main Language Spoken	Religion
Sibling 1 Name		Sibling 2 Name	
Sibling 3 Name		Sibling 4 Name	
Family Details		Parent/Guardian 1	Parent/Guardian 2 (if applicable)
Title		Mr Mrs Ms Miss Dr (please circle)	Mr Mrs Ms Miss Dr (please Circle)
Surname			
Given Name			
Usual Occupation			
Employer			
Date of Birth			
CRN			
If not employed, do you receive a government benefit Yes No (circle one)			
Telephone numbers		H W	H W
Mobile			
Relationship to child (Father, Mother Foster Parent etc)			
Residential Address			
Email Address			
Child Resides with			
Family Court or other relevant Court Orders: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Is anyone legally denied access to your child? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____			

(Please tick)	Days Requiring Care or Indicated Casual booking:				Casual <input type="checkbox"/>
	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Emergency Contact 1 (other than Mother/Father/Guardian)

Name: _____ Relationship to child: _____

Phone Home: _____ Work: _____ Mobile: _____

Emergency Contact 2 (other than Mother/Father/Guardian)

Name: _____ Relationship to child: _____

Phone Home: _____ Work: _____ Mobile: _____

People Authorised to Collect Child:

1 _____ 2: _____

3 _____ 4: _____

Medical Health Information

General Medical Information

Doctor / Medical Centre: _____

Address:: _____

Phone _____ Medicare No: _____

Private Health Cover: Yes No Cover with: _____

Has your child any allergies? Mosquito's Bees Food Yes No

Has your child any physical limitation or medical conditions? Yes No

Has your child suffered any illness that may re-occur? Yes No

Is there any other medical information we might need to know? Yes No

Does your child have any dietary needs? (Religious) Yes No

If "yes" to any of the above please give details below.

Child Taking Medication

Does your child take any prescribed medication, including inhalers? Yes No

Medication	Dose	When & How Taken	Side Effects?

Has your child received the following immunisations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	2mths:Triple Antigen/Polio/Hib (abc)	<input type="checkbox"/>	4mths: Triple Antigen/Polio/HIB (abc)
<input type="checkbox"/>	6mths:Triple Antigen/Polio/Hib (abc)	<input type="checkbox"/>	12mths: Measles/Mumps/Rubel/HIB (a)
<input type="checkbox"/>	18mths:Triple Antigen Booster/Hib (bc)	<input type="checkbox"/>	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 procedure/process for the non-payment of fees as agreed.
- I am aware that further Policies and Procedures for OSHC are available upon request.
- I am aware of the Complying Written Arrangement. CWA is an ongoing agreement between a service provider and a Parent/Guardian, to provide care in return for fees.

Signed: _____ Date: _____

For special considerations with your payment of fees, please see the Director, Principal or Bursar.

A written agreement will be signed and kept on record.