

Catholic Education - Diocese of Rockhampton OSHC Enrolment Form



If you seek support in completing this Enrolment Form, please contact the Nominated Supervisor or the *Translating and Interpreting service* (TIS National) on **131 450** and ask the TIS to telephone DET on 1300 363 079.

Please use **BLOCK LETTERS** and sign each page.

CHILD'S FULL NAME			
Name child is known by			
Child's date of birth			
Customer Reference Number			
Child's age on commencement day		Child's Gender	
Child's address			
Country of birth			
Relevant cultural information to support your child			
Primary Language Spoken			
Does your child identify as:	Aboriginal Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> and/or Torres Strait Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> and/or South Sea Islander Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Religion			
Commencement at service date			
End date			
Child's Medicare No. (if applic.)		Expiry Date	
School your child attends		Year Level	
PARENT/CARER (Full Name)			
Customer Reference Number		Date of Birth	
Relation to Child			
Driver's Lic. No. (if applic.)			
Home Phone Number			
Mobile Number			
Email Address			
Address (include suburb & postcode)			
Work Phone Number			
Work Address			
Occupation			
Organisation/Employer			
Primary Language Spoken			
Nationality			
Religion			

PARENT/CARER (Full Name)			
Customer Reference Number		Date of Birth	
Relation to Child			
Driver's Lic. No. (if applic.)			
Home Phone Number			
Mobile Number			
Email Address			
Address (include suburb & postcode)			
Work Phone Number			
Work Address			
Occupation			
Organisation/Employer			
Primary Language Spoken			
Nationality			
Religion			

PERSON TO RECEIVE ACCOUNTS

Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mr <input type="checkbox"/>	Rev <input type="checkbox"/>	Dr <input type="checkbox"/>	Other
Given Name/s:						
Surname:						
Postal Address:						
City:						
State:			Post Code:			
Relationship to child:						
The signatories on this Enrolment Form will be responsible for any fees associated with this contractual agreement.						

CARE ARRANGEMENTS Please attach relevant 'Care Arrangements' documentation (if applicable).

Are there any written arrangements?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy of original provided (N.B. original documents must be sighted by Nominated Supervisor and copy kept at centre)
Are there any parent orders affecting the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy of original provided (N.B. original documents must be sighted by Nominated Supervisor and copy kept at centre)
Is there anyone legally denied access to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy of original provided (N.B. original documents must be sighted by Nominated Supervisor and copy kept at centre)

* The following people are **NOT** authorised to collect my child (please attach additional names if required):

1. _____ 2. _____

* **Please note that parents, as identified on the child's birth certificate, are eligible to collect unless directed otherwise by a Parenting Order** (65DA of the Family Law Act 1975, defines the legal obligations created by a parenting order and the consequences that may follow if it is contravened).

AUTHORISED NOMINEES Persons authorised to collect your 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.

Please tick the relevant boxes to authorise consent for your authorised nominees outlined below:

Authorised Nominee's Name: _____ Address: _____ Ph No: _____ Alternate Ph No: _____ (Authorised nominee who will be able to authorise or in an emergency situation given verbally)	✓
<ul style="list-style-type: none"> • Authorised to collect your child from the service and to be contact in an emergency situation. 	
<ul style="list-style-type: none"> • Administration of medication to your child at the service, by completing and signing a medical consent form. 	
<ul style="list-style-type: none"> • Medical treatment or emergency treatment that may be required for your child (in the Terms and Conditions section below you will authorise medical treatment being sought in situations which the service staff consider it impossible or impracticable to communicate with you). 	
<ul style="list-style-type: none"> • An educator taking your child outside the premises on an excursion (permission forms will be provided for consent for every excursion outside the school campus). 	
Authorised Nominee's Name: _____ Address: _____ Ph No: _____ Alternate Ph No: _____ (Authorised nominee who will be able to authorise or in an emergency situation given verbally)	✓
<ul style="list-style-type: none"> • Authorised to collect your child from the service and to be contact in an emergency situation. 	
<ul style="list-style-type: none"> • Administration of medication to your child at the service, by completing and signing a medical consent form. 	
<ul style="list-style-type: none"> • Medical treatment or emergency treatment that may be required for your child (in the Terms and Conditions section below you will authorise medical treatment being sought in situations which the service staff consider it impossible or impracticable to communicate with you). 	
<ul style="list-style-type: none"> • An educator taking your child outside the premises on an excursion (permission forms will be provided for consent for every excursion outside the school campus). 	
Authorised Nominee's Name: _____ Address: _____ Ph No: _____ Alternate Ph No: _____ (Authorised nominee who will be able to authorise or in an emergency situation given verbally)	✓
<ul style="list-style-type: none"> • Authorised to collect your child from the service and to be contact in an emergency situation. 	
<ul style="list-style-type: none"> • Administration of medication to your child at the service, by completing and signing a medical consent form. 	
<ul style="list-style-type: none"> • Medical treatment or emergency treatment that may be required for your child (in the Terms and Conditions section below you will authorise medical treatment being sought in situations which the service staff consider it impossible or impracticable to communicate with you). 	
<ul style="list-style-type: none"> • An educator taking your child outside the premises on an excursion (permission forms will be provided for consent for every excursion outside the school campus). 	

IMMUNISATION STATUS (Children attending our OSHC are not required to be immunised to enrol. However, please be aware that if directed by Government Authorities, including Queensland Health, to exclude those children who are unimmunised, full fees will still be incurred during this exclusion period).

Is your child fully immunised? Yes No

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

MEDICAL INFORMATION

Indicate if your child has been affected by or suffers from any of the following? (*Please circle Yes or No*)

Prenatal concerns	Yes / No	Asthma	Yes / No	Stomach complaints	Yes / No
Birth concerns	Yes / No	Headaches	Yes / No	Very high temperatures	Yes / No
Postnatal concerns	Yes / No	Head injury	Yes / No	Glandular fever	Yes / No
Vision concerns	Yes / No	Frequent colds	Yes / No	Ross River Virus	Yes / No
Hearing concerns	Yes / No	Ear infections	Yes / No	Rheumatic fever	Yes / No
Speech concerns	Yes / No	Epilepsy	Yes / No	Anorexia nervosa	Yes / No
Allergies	Yes / No	Diabetes	Yes / No	Bulimia	Yes / No
Anaphylaxis	Yes / No	Specific learning difficulty	Yes / No	Other (state below)	Yes / No
Knocked unconscious	Yes / No	Mental Health Issues	Yes / No		
If Yes to any of the above please provide necessary medical information: (<i>Attach a separate sheet if necessary</i>)					

MEDICAL CONSIDERATIONS List any medical alerts, diseases, surgery, or recurring illnesses etc.:

ALLERGIES/ANAPHLAXIS Does your child suffer from any significant allergy? No Yes If **Yes** – please specify:

INDIVIDUAL ACTION PLAN Does your child require an individual health or action plan for their medical condition? No Yes

(If yes, then the family and service must negotiate what is practicable. The individual action plan must be signed by an authorised medical practitioner and provided by the family. Otherwise, normal first aid practices will be applied).

MEDICATION Is your child taking any medication regularly? No Yes If **Yes** – please specify, and request the *Medication Consent Form* at interview. All medication is to be supplied by the family and authorized with labeling on all original packaging from a medical practitioner or pharmacist.

MEDICATION INFORMATION (OTHER) Any other medical information of which the service should be aware:

DIETRY CONSIDERATIONS Does your child have any dietary requirements?

MEDICAL CONTACT DETAILS

Child's Doctor:	Phone Number:
Address:	
Child's Dentist:	Phone Number:
Address:	
Paediatrician	Phone Number:
Address:	

ADDITIONAL INFORMATION

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

RELIGIOUS OR CULTURAL CONSIDERATIONS Does your family observe any particular religious or cultural practices (including special celebrations/ traditions) that are significant to your child?

SUPPORT INFORMATION Does your child have any identified needs or is there additional information we require to support your child in a smooth transition to OSHC and access to the curriculum (e.g. toileting, special comforters etc.)?

SPECIALIST AGENCIES (e.g. speech pathologist, occupational therapist, audiologist, optometrist, psychologist etc.) If your child is accessing a specialist agency, please supply any supporting documentation to assist the service in supporting your child to access the curriculum.

FAMILY ENGAGEMENT Please indicate if you would like to contribute to our program and in what way you would like to be involved:

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

REQUESTED DAYS OF ATTENDANCE

Permanent Booking

Requested days of attendance Outside School Hours Care for the period from ___/___/___.

Requested attendance - standard week

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

(Optional) Requested attendance - alternate week

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

OR

Casual Booking

TERMS & CONDITIONS

1. Media Consent

- a. You give consent for the service to take (or authorise others to take) group photos which may be used in the service newsletter or displays and that any objection you have to these internal publications must be specifically made in writing to the service.
- b. You give consent for the service to take (or authorise others to take) and use photographs, video or sound recordings of your child and any other reproductions or adaptations of my child's likeness ("the material"), either in full or part, in conjunction with any wording or drawings in the following (please tick the relevant sections, providing consent):
 - EXTERNAL DISPLAYS e.g. for Schools/ Catholic Education – Diocese of Rockhampton and events
 - PROMOTIONAL MATERIAL
 - WEBSITE
 - PUBLICITY
- c. You may withdraw this consent at any time by providing a notice in writing to the service. However, no compensation will be given for any use of the material prior to withdrawal of the consent and the service will not be required to withdraw or cease any active marketing campaign using the material, or recall or remove any of the material from any other document, location or instrument where the material is published.
- d. You release and indemnify the service from all liability, loss, damage or injury that you or your child may sustain as a result of the publication by the service of any of the material.

2. Applications Consent

- a. You give consent for the Nominated Supervisor or delegate to apply the following:
 - BANDAGES: You give permission for the Nominated Supervisor or delegate to apply adhesive bandages (e.g. band aids) to your child.
 - FACE PAINTING: You give permission for your child to participate in face painting activities.
 - SUNSCREEN: You give permission for the Nominated Supervisor or delegate to apply any SPF 30+ sunscreen to your child.
 - INSECT REPELLENT: You give permission for the Nominated Supervisor or delegate to apply any insect repellent to your child.

3. Ethos & Governance

- a. You seek a Catholic Education program for your child. You support the Christian values of the service, and the program that actively espouses and promotes Christian values.
- b. You understand that your child is reasonably expected to participate in, and support the service's faith experiences and respect the religious principles and practices of the service.
- c. The service is operated by the Roman Catholic Trust Corporation for the Diocese of Rockhampton represented by Catholic Education - Diocese of Rockhampton as the Approved Provider. The service Nominated Supervisor has delegated authority by the Approved Provider to accept or reject this enrolment. If accepted, these Terms and Conditions constitute the Terms and Conditions of the child's enrolment.
- d. OSHC services are required to have a separate enrolment process to schools.

4. Delivery & Collection

- a. You will ensure that you or your Authorised Delegate:
 - i. collect your child from the service premises unless prior written arrangements have been made with the Nominated Supervisor.
 - i. Sign the child in and out of the service premises in accordance with service legislative requirements.
 - ii. The Nominated Supervisor or delegate is authorised to sign your child into the service and sign the child out of the service as necessary to give effect to this Agreement.

b. You acknowledge and confirm that:

- i. The service is not responsible for the child until the child is delivered to and is signed into the service premises in accordance with service's legislative requirements.
- ii. Only you may appoint your Authorised Delegate and such appointments must be made in writing. You will ensure the Authorised Delegate is an authorised adult (18+ years) unless prior written arrangements have been made with the Coordinator/Nominated Supervisor.
- iii. You are responsible for ensuring that your Authorised Delegate list is current and complete. You must immediately notify the service in writing if any Authorised Delegate is no longer your Authorised Delegate.
- iv. The service may refuse to allow any person who is not you or your Authorised Delegates to collect your child.
- v. If your child is not collected from the service premises before closing time, the service may require you to pay the late fee as specified in the Fee Schedule.

5. Applicant's Obligations

a. You agree:

- i. to notify the service if there is any change in the particulars on the Enrolment Form or any other information that you have supplied to the service;
- ii. if there is a change in your role as the child's parent, carer or legal guardian, then you must notify the service as soon as possible and provide any documentation evidencing the change;
- iii. to inform and keep the service informed of any additional needs of your child including any assistance requirements, learning support requirements, dietary or health requirements;
- iv. if you are more than one person; to not, unnecessarily involve the service in disputes between yourselves;
- v. to communicate with the service, its staff, children, parents and other stakeholders in a respectful and courteous manner using appropriate methods of communication; to respect the dignity, confidentiality and rights of the children, families and staff at the service and follow the service's Parents/Carer's Code of Conduct.
- vi. to support and encourage your child to abide by the service's Policies and Procedures and all legislative requirements;
- vii. to support and abide by the service's Policies and Procedures and the and relevant legislative requirements
- viii. that the service determines when (within normal service hours), how and who provides the education and care services to your child;
- ix. to support and encourage your child to take part in the service's Catholic faith based activities and to respect the religious principles and practices of the service;
- x. to pay for any damage that you or your child may cause on the service premises or service property.

6. Attendance

a. You agree:

- i. that these days and any additional days specified on the Enrolment Form, may not be able to be honoured by the service and that the service is not required to honour the request.
- ii. to comply with the Enrolment and Booking Procedure with respect to cancellations and variations to your child's enrolment, as nominated in the booking section of the Enrolment Form.
- iii. to pay the fees for your child's enrolled days and any additional sessions commencing on the commencement date and finishing on the expiry date or earlier termination of this Agreement, as per your *Complying Written Agreement* (Commonwealth Government).

- iv. as part of your enrolment, to confirm acceptance of the items on the *Complying Written Agreement* in order for the service to be able to receive Government funding on your behalf.
- v. that it is your responsibility to complete the registration requirements for Child Care Subsidy through your MyGov account and provide Centrelink with the relevant information. If this information is not provided by you, full fees will be incurred.
- vi. fees are payable for the child's permanently booked sessions even if the child is absent, for whatever reason (including sickness, pupil free or public holidays).
- vii. to notify the service of care required for your child to attend Outside School Hours Care before it is required.
- viii. that casual bookings are only offered where places are available on a session by session basis.
- ix. the service respects a family decision not to immunise their child. However, in the event of authorised Government Agencies (e.g. Queensland Health) excluding unimmunised children from the service, full fees will be charged to the family of the unimmunised child for the duration of the period of exclusion for permanently booked sessions.

7. Term, suspension and termination of this Agreement

- a. This Agreement commences on the commencement date specified in the Application.
- b. You may terminate this Agreement by:
 - i. Providing two weeks' advance written notice (signed by the parent or carer).
- c. The service may terminate this Agreement immediately if:
 - i. You or your child seriously breach this Agreement. OR
 - ii. You or your child are in breach of this Agreement and do not fix the breach of the Agreement within 14 days of receiving a written notice of the breach from the service requiring the breach to be fixed; OR
 - iii. The service first gives you 14 days written notice to terminate the Agreement without cause. OR
 - iv. The Nominated Supervisor, in consultation with the Approved Provider or delegate, deems it necessary, in circumstances including but not limited to, that you or your child harm or have the potential to harm another child or staff member, behaviour that causes offence.
- d. Termination of this Agreement does not affect any rights accrued before termination.

8. Security & Safety

- a. You acknowledge, understand and agree that:
 - i. the service seeks to maintain a safe learning environment for all children and staff;
 - ii. the Nominated Supervisor or delegate, may at any time and without any reason, inspect your child's possessions including, but not limited to, any bag, electronic device, lunch box;
 - iii. the Nominated Supervisor or delegate, may confiscate and retain (and pass to the relevant authorities if necessary) from your child any articles, materials or personal property that is determined to be illegal, forbidden or dangerous;
 - iv. the child's personal property is not insured by the service;
 - v. the service is not liable for, and you release the service from, any liability, loss or damage to the child's personal property; and
 - vi. the service may use security/monitoring devices, including sound recording devices, image recording devices and security software on service electronic devices and on the service premises;

- vii. in accordance with Privacy Laws, the information on the Application or regarding the child's enrolment may be supplied to you or any parent described on the child's birth certificate (or relevant Government documentation) unless a court order or agreement is provided requiring otherwise.

9. Fees

- a. You acknowledge that:
 - i. This service is required to register all children enrolled and attending care, through the Department of Education and Training (DET) Child Care Management System (CCMS).
 - ii. 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.
- b. You agree to:
 - i. provide information to the service for a fee subsidy from the Commonwealth Government that precisely matches the information submitted to Centrelink. Any discrepancies will lead to the service being unable to process the CCS claim and ensure the appropriate reduction in your fees.
 - ii. supply separate CRNs on this Application where there is more than one of 'you'. 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 service.
 - iii. it is your responsibility to obtain and update this information.
- c. You acknowledge that the service is a not-for-profit organisation. All fees are required to be paid on time to ensure the ongoing viability and operation of the service.
- d. You must pay the fees using the service's approved automatic payment system.
- e. Fees means all fees and levies charged by the service pursuant to the Schedule of Fees and any fees charged pursuant to any other agreement in place between the service and you and any fees charged otherwise pursuant to this Agreement.
- f. The service may vary the fees provided that:
 - i. any change in fees will be notified to you in writing via a method determined by the service acting reasonably, providing 14 days' notice of any change.
- g. If fees are not paid by the due date for payment, the service (at its election and subject to any debt collection procedures, the service may choose to activate):
 - i. may suspend or terminate this Agreement;
 - ii. may charge default interest on the outstanding amount at the rate of 10% per annum;
 - iii. may charge a reasonable additional fee where fees are paid after the due date to compensate the service for the loss that it has suffered because the fees were not paid by the due date; and
 - iv. may charge any legal fees or other costs on a complete indemnity basis incurred by the service in any action taken to recover the fees.
- h. Without creating an obligation for the service to do or not do anything, the service acknowledges that the above steps are applied with Christian values, as far as is reasonably viable for the service.

10. Activities

- a. Regular On-Site Activities
 - i. You authorise and give permission for your child to participate in any and all activities provided in the service program.
 - ii. You acknowledge that:
 - 1. the service's educational program is displayed at the service and you may request a

copy be sent to you when it is reasonable for the Educators to do so.

2. it is your responsibility to be familiar with the educational program.
- iii. You acknowledge that it is your responsibility to advise the service in writing if you do not wish for your child to participate in any activity nominated on the program and in this respect:
 1. the Educator may offer an alternative activity for your child but is not required to do so;
 2. if it is not reasonable for the Educator to accommodate the request, the Educator may require you to keep your child at home or make alternative care arrangements for your child.
- iv. Off-Site Activities
 1. You consent to and authorise your child to participate in all regular excursions. You acknowledge that the service will ask you to renew this consent annually. If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12-month period.
 2. You acknowledge that an excursion does not include an outing organised by the service on a school site and do not leave the school site. In this case, you acknowledge there will not be a requirement for specific authorisation from you for your child to access the school where the OSHC is co-located on the site.
 3. For any off-site excursion that is not a regular outing, you acknowledge that the service will seek a specific authorisation from you.
 4. If you do not provide a consent prior to any requested date, your child may be excluded from participating in an off-site excursion and there may not be provisions for alternative educational programs during the off-site excursion.

11. Consent from Parents or Carers (as per Court Order/Parenting Order)

- a. This clause 11 applies only if there is more than one of you.
- b. You agree that the service may act upon the instruction, direction or authority of either of you in regard to any issue regarding your child without obtaining the consent of both of you unless, and to the satisfaction of, the Nominated Supervisor:
 - i. A written consent to do otherwise is provided by both parents; or
 - ii. You both provide conflicting instructions (in which case the Nominated Supervisor in consultation with the Approved Provider or delegate will take no action until a decision is made); or
 - iii. A court order directing otherwise is provided to the Nominated Supervisor or delegate.

12. Medical

- a. You acknowledge, state and agree:
 - i. That the service will observe the exclusion period that meets the intent of the *Public Health Act 2005* for a child to be non-infectious. The service will also adhere to any direction given by the *Queensland Public Health Unit* with regard to exclusion periods.
 - ii. To collect the child, keep the child at home, or provide alternative care arrangements while your child is suffering from any infectious or contagious illness or is deemed unable to cope in a group setting as determined by the Nominated Supervisor or delegate.
 - iii. If your child does not have 'Acceptable evidence for specified vaccine preventable diseases', as outlined by *Queensland Health*, and is directed by the *Queensland Public Health Unit*, or the Nominated Supervisor, under the direction of *Queensland Health* to exclude your child, then all associated service fees will continue to be accrued during this period of exclusion for permanently booked sessions.

- iv. That the service may require a medical clearance or other reasonable evidence be provided before your child is permitted to return to the service.
 - v. That, if applicable, your child's Individual Action Plan or Medical Plan, as issued and signed by a medical practitioner or authorised person, will be displayed within the service in order that it can be viewed easily in the event of an emergency.
- b. With respect to medications provided on the Authorisation to Administer Medication Form:
- i. You authorise the Nominated Supervisor or delegate to administer all medications as provided and directed on the 'Authorisation to Administer Medication Form'.
 - ii. You state that the information and directions on the 'Authorisation to Administer Medication Form' is current and complete.
 - iii. If there are any changes to your child's medications or the Medication Form, you will immediately advise us of the changes, and the nature of the changes, in writing on the service's 'Authorisation to Administer Medication Form'.
 - iv. You will only provide medications, and the Nominated Supervisor or delegate will only administer medications to your child, which are in their original packaging with a pharmacist's label, which clearly states the child's name, dosage, frequency of administration, date of dispensing and expiry date.
 - v. You will advise us, in writing, of the date and time of the child's last dosage to avoid accidental overdosing.
- c. You agree that your child (if over preschool age) is permitted to self-administer medication under the following circumstances:
- i. Written authorisation is provided by you;
 - ii. The Nominated Supervisor provides authorisation for your child to self-administer medication (this will be done in consultation with you and the service Educators);
 - iii. Your child is supervised by an Educator whilst administering the medication unless otherwise stated by the medical practitioner on your child's action plan;
 - iv. Your child is required to notify an Educator when medication has been self-administered;
 - v. The Educator will record your child's self-administration of medication on the service's Medical Administration Form and you will be informed within a reasonable period.
- d. If a medical emergency exists, then you consent to and authorise the Nominated Supervisor or delegate, as may be reasonably required, having regard to the nature of the medical emergency, to:
- i. Direct a registered medical practitioner, hospital or ambulance to provide any medical treatment, procedure or assistance (including the provision of any anaesthetic or blood transfusion) to your child;
 - ii. Arrange transportation of your child by an ambulance service;
 - iii. To administer any medication as directed by you and if you cannot reasonably be contacted having regard to the circumstances of the medical emergency, as directed by a registered medical practitioner or emergency service;
 - iv. If the medical emergency is an anaphylaxis or asthma emergency, to administer medication for treatment of the anaphylaxis or asthma emergency without seeking direction from you or any medical practitioner or emergency service;
 - v. The Nominated Supervisor or delegate will, if reasonably possible, attempt to contact you to discuss the medical emergency but you acknowledge that this may not be reasonably possible having regard to the nature of the medical emergency or your availability. In any case, the Nominated Supervisor or delegate will attempt to contact you within a reasonable time following the occurrence of the medical emergency.

- e. The consents and authorisations provided in this clause are current at all times your child is at the service, as well as all times that your child is in attendance on the service site or adjoining school premises or participating in an excursion.
- f. You agree:
 - i. to immediately pay all costs and expenses incurred by the service or any other person as a result of taking any action pursuant to this clause 12;
 - ii. to be solely responsible for any dental, medical, hospital and other expenses that arise as a result of a medical emergency, injury or illness sustained by your child while he or she participates in any activity at the service or organised by the service except to the extent that the service is negligent.
 - iii. you are responsible for obtaining your own health insurances with respect to your child.

13. Privacy

- a. The service collects and manages personal information (as defined in the Privacy Laws) about children at the service in accordance with the Catholic Education - Diocese of Rockhampton Privacy Policy. The primary purpose of collecting the information is to enable the service to use it for all actions connected with educating and caring for your child.
- b. You agree that your personal information and your child's personal information may be used by the service for educational, care and ancillary purposes, unless otherwise reasonably requested by you in writing. This may include disclosure reasonably required to facilitate the purpose of this Agreement by the service to other people including people within Catholic Education - Diocese of Rockhampton and associated regulatory and government agencies.
- c. The **Standard Collection Notice** is available at the service and outlines the service's obligations with regard to the confidentiality of records. Your child's information may be stored on a portal accessible to relevant personnel within the Catholic Education - Diocese of Rockhampton organisation. This enables relevant school or Catholic Education Office personnel to discuss information pertaining to your child's development and learning.

14. Indemnity

- a. You indemnify the service against:
 - i. any claim for loss or damage (including legal expenses on a complete indemnity basis) made in connection with this Agreement for breach of contract, tort (including negligence), under statute, in equity or otherwise;
 - ii. loss of or damage to the service site or the service's property;
 - iii. claims in respect of personal injury or death or loss of, or damage to, any other property, arising out of or as a consequence of the service's performance of this Agreement;
- b. However, this indemnity shall be reduced proportionally to the extent that a negligent act or omission of the service or its consultants, agents or other service providers (not being employed by the service) contributed to the injury, death, loss or damage.

15. General Matters

- a. Except for the express warranties set out in this Agreement and except to the extent that applicable law provides otherwise, the service disclaims all warranties. To the maximum extent permitted by applicable law, all conditions and warranties that would be implied (by statute, general law, custom or otherwise) are expressly excluded.
- b. If any condition or warranty is implied into this *Agreement under the Competition and Consumer Act (Cth)*, or under any equivalent legislation; and cannot be excluded; the liability of the service for breach of the condition or warranty is limited to one or more of the following, at the option of service:
 - i. the supplying of the services again; or
 - ii. the payment of the cost of having the services supplied again.

- c. The service may change these conditions, provided it gives you written notice and that the new conditions take effect at the end of the Term in which the notice is provided, or if notice of the change is provided during a service holiday period, then the new conditions will take effect after the end of the Term following the service holiday period.
- d. If you decide to change the terms of the enrolment, including particularly, the parties to the Enrolment Contract, you understand that those changes may only be agreed with the written consent of the service.
- e. You agree that:
 - i. this is an Application for Enrolment that must be signed by you (and if more than one of you, by each of you);
 - ii. The service will follow the associated Acts in the placement of children at the service. The Approved Provider has the discretion, in reasonable circumstances, to give priority of access to a child if necessary.
- f. You consent to the use of electronic communication with relation to this Agreement, including the submission of this document as an offer, any acceptance by the service of this offer and the performance of any subsequent agreement.
- g. This Agreement is governed by the laws of the State of Queensland and the Commonwealth of Australia.

16. Words defined in this Agreement

- a. The following words are defined in this Agreement:
 - i. **You/your** means the person/people named as Applicants in the Application.
 - ii. **Your Authorised Delegate** means a person who is 18 years or older and who is appointed by you in writing to the satisfaction of the service to carry out the matters that you authorise under this Agreement. In some circumstances, the Authorised Delegate may be a person under 18 years but this will only be in negotiation with the Nominated Supervisor and at their discretion e.g. an older sibling of the child.
 - iii. **Application** means the Application for Enrolment accompanying these Conditions.
 - iv. **Agreement** means these Conditions, the Application and any schedules and annexures.
 - v. **Service** means the OSHC service or service named on the Application.
 - vi. **Nominated Supervisor** means the persons responsible for the day-to-day management of an approved service. Nominated supervisors have a range of responsibilities under the National Law and National Regulations to carry out obligations under this Agreement.
 - vii. **Service Premises** means the certified site of the approved service under the National Law and National Regulations, as described on the Application.
 - viii. **Conditions** means these Enrolment Agreement conditions.
 - ix. **Policies and Procedures** means the service's policies, procedures which are written, or verbal and are published and varied where a requirement arises. Policies and procedures have been informed by latest research, legislation, Government and Regulatory Authority requirements, Catholic Education – Diocese of Rockhampton Policies and Procedures, quality practices in the sector and approved Australian Children's Education and Care Quality Authority (ACECQA) documentation (including Approved Learning Frameworks). **Privacy Laws** means the *Privacy Act 1988 (Cth)*, the Australian Privacy Principles and any other applicable privacy legislation.
 - x. **Personal Information** means personal information as defined by the Privacy Laws.
 - xi. **Term** means annually gazetted Catholic Education - Diocese of Rockhampton School Terms.
 - xii. **Child** means the person named as the child in the Application.

17. Reading this Agreement

- a. Unless the context requires otherwise, these provisions apply when reading this Agreement:
 - i. A reference to a party or a person includes that party's or person's executors, legal personal representatives, successors, liquidators, administrators, trustees in bankruptcy and similar officers and, where permitted under this Agreement, their substitutes and assigns;
 - ii. An Agreement on the part of, or in favour of, two or more persons binds, or is for the benefit of and binds them both jointly and severally,
 - iii. Where a word or expression has a defined meaning, its other grammatical forms have a corresponding meaning,
 - iv. A reference to the plural includes a reference to the singular and vice versa, and
 - v. A reference to a party means a person who is named as a party to this Agreement.

Parent/Carer Signature: _____	Date: ____ / ____ / ____
Parent/Carer Signature: _____	Date: ____ / ____ / ____
Nominated Supervisor Name (or delegate): _____	Date: ____ / ____ / ____
Nominated Supervisor Signature (or delegate): _____	Date: ____ / ____ / ____

We welcome your child and family to our Approved OSHC service as part of the Catholic Education – Diocese of Rockhampton. We are committed to providing a quality education in a caring environment. The OSHC is a community of faith and the Gospel values are essential to the life of our Diocese. Each student is important and the curriculum is directed at the total formation of the individual.

ASSISTANCE WITH COMPLETING THE FORM

If you require assistance completing this form, including translation services, please contact your service.



WHO SHOULD COMPLETE THIS FORM?

Parents/guardians/carers of children enrolling in OSHC services within Catholic Education - Diocese of Rockhampton.

KEEPING STUDENT RECORDS UP-TO-DATE

Please inform the service if any information provided on this form (such as contact details, address, and medical information) needs to be changed at a later date.

PLEASE RETURN COMPLETED ENROLMENT FORM AND REQUIRED DOCUMENTATION TO THE:

Outside School Hours Care Coordinator

St Patrick's Primary School
 35 Mulgrave St, Bundaberg West
 Ph 0417 199 586

OFFICE USE ONLY		
Date Received:	Date Entered:	By Whom:
Orientation Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date:
Documentation (tick where applicable):		
<input type="checkbox"/> Signed copy of Complying Written Agreement for the child		
<input type="checkbox"/> Immunisation Record or letter stating status (not mandatory)		
<input type="checkbox"/> Baptism Certificate		
<input type="checkbox"/> Visa Documentation		
<input type="checkbox"/> Copies of Court/Parenting/Consent Orders, Family Agreements etc. (if applic.)		
<input type="checkbox"/> Medical/Individual Action Plans by Medical Practitioner (signed)		
<input type="checkbox"/> Specialist information e.g. from Early Intervention service; Speech Pathologist		
<u>Comments/Family Interview Notes for Consideration in Supporting Enrolment:</u>		

