

# St Mary's Bundaberg

## Outside School Hours Care - Enrolment Form- 2016



[SMBG\\_OSHC@rok.catholic.edu.au](mailto:SMBG_OSHC@rok.catholic.edu.au) – Frank Gilbert Drive, Bundaberg – 0429 415 117

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 DEEWR on 1300 363 079.

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

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

<b>PARENT/CARER</b> (Full Name)			
<b>Customer Reference Number</b>		<b>Date of Birth</b>	
Driver's Licence No.			
Relation to Child			
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**

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

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

**Please attach relevant Health Care Card &/or '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 Yes <input type="checkbox"/> No <input type="checkbox"/>
(N.B. original documents must be sighted by Nominated Supervisor <b>and copy kept at centre</b> )	
Are there any court orders affecting the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy Provided Yes <input type="checkbox"/> No <input type="checkbox"/>
(N.B. original documents must be sighted by Nominated Supervisor <b>and copy kept at centre</b> )	
Is there anyone legally denied access to the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Copy Provided Yes <input type="checkbox"/> No <input type="checkbox"/>
(N.B. original documents must be sighted by Nominated Supervisor <b>and copy kept at centre</b> )	
The following people are <u>NOT</u> authorised to collect my child:	
1. _____ 2. _____	
* Please note that parents, as identified on the child's birth certificate, are eligible to collect unless directed otherwise by a <b>Parenting Order</b> (65DA (2) 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 - breached).	

## **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.

Full Name:		Emergency Contact Signature:	
Address:			
Contact Number/s:		Relationship to Child:	
Driver's Licence number (if applicable):			
Full Name:		Emergency Contact Signature:	
Address:			
Contact Number/s:		Relationship to Child:	
Driver's Licence number (if applicable):			
Full Name:		Emergency Contact Signature:	
Address:			
Contact Number/s:		Relationship to Child:	
Driver's Licence number (if applicable):			

## **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.**

## **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: *(Attach a separate sheet if necessary)*


List any medical alerts, diseases, surgery or disorders, or recurring illnesses:

\_\_\_\_\_

Does the child suffer from any significant allergy? No  Yes  If Yes – please specify:

\_\_\_\_\_

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 authorized medical practitioner).

\_\_\_\_\_

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.

Any other medical information of which the service should be aware:

\_\_\_\_\_

Does your child have any dietary requirements?

\_\_\_\_\_

**MEDICAL CONTACT DETAILS**

<b>Child's Doctor:</b>	Phone Number:
Address:	
<b>Child's Dentist:</b>	Phone Number:
Address:	
<b>Pediatrician (if applicable):</b>	Phone Number:
Address:	

**ADDITIONAL INFORMATION**

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

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

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

Does your child have any identified needs or is there additional information we require to support your child in a smooth transition into the service?

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

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.

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

We welcome family involvement. Please indicate if you would like to contribute to our program and in what way you would like to be involved:

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

**CHILDCARE BENEFIT AND REBATE INFORMATION**

This service is required to register all children’s enrolment data, into our Child Care Management System (CCMS). Services use their Child Care Management Systems to report relevant data to the Department of Social Services via the internet to allow calculation and payment of Child Care Benefit (CCB) fee reductions to families.

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 claim and ensure the associated 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, please complete the section below and return to the Outside School Hours Care service.

<b>MULTIPLE CHILD PERCENTAGE</b>	Do you have other children who will be attending an approved service <b>other</b> than this service? <input type="checkbox"/> Yes <input type="checkbox"/> No      Number of Children in Care .....
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**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:	<input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other - <input type="checkbox"/> No of Hours
Child DOB:	___/___/___	Child CRN:	
Child 2 (Full Name):		Eligible Hours for this service:	<input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other - No of Hours:
Child DOB:	___/___/___	Child CRN:	
Child 3 (Full Name):		Eligible Hours for this service:	<input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other - No of Hours:
Child DOB:	___/___/___	Child CRN:	
Child 4 (Full Name):		Eligible Hours for this service:	<input type="checkbox"/> 24 <input type="checkbox"/> 50 <input type="checkbox"/> Other - No of Hours:
Child DOB:	___/___/___	Child CRN:	
Signature:			Date:
		___/___/___	

Option 2	
I <b>do not</b> wish to provide the above information. I understand that I must therefore pay <b>full fees</b> for care received for 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 \_\_\_/\_\_\_/\_\_\_.

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

**CONSENT STATEMENT**

The *Standard Collection Notice* is attached to this Enrolment Form and outlines the service's obligations with regard 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 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 any medical or other emergency arising in which the service staff consider it impossible or impracticable to communicate with the undersigned parents/guardians/carers, I/we accept and give consent that the service staff will take all reasonable care of my/our son/ daughter but will not be responsible for the costs of any medical or dental attention or treatment administered to my/our son/daughter in such event nor will it be responsible directly or indirectly for any act or omission of any medical or dental practitioner or medical officer attending or treating my/our son/daughter including attention provided at the service.
- ✓ This consent (refer to previous point) which I/we have given is valid at all times while the child is signed into the service, including but not limited to, such times as the child is on campus, is present at the associated school or is attending excursions or functions.
- ✓ I further authorise a qualified medical practitioner to administer anaesthetic, blood transfusions, and perform surgical operations if the emergency requires such treatment.
- ✓ I/we authorize the use of life-saving medication, by qualified personnel on my/our child in an emergency situation.

**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 centre's Authority to Administer Medication Form is completed.
- ✓ I/we understand non-prescribed medications taken orally 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 repellent 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 give permission for my/our child to access the associated school's facilities during the session.
- I/we give permission for my/our child to view PG rated programs and games whilst at the service.

### **MEDIA PERMISSION**

- ✓ I/we authorise my child's service to take (or authorise others to take) and use photographs, video or sound recordings of my 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 boxes**):
  - External Displays e.g. Schools/ Catholic Education – Diocese of Rockhampton Office and events
  - Promotional material
  - Website
  - Publicity
- ✓ I/we understand that the consent in the points above is not required for and does not apply to class photos and group photos which may be used in the service newsletter or displays and that any objection I have to these internal publications **must be specifically made in writing to the service.**

### **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 Nominated Supervisor or delegate.
- ✓ I/we will ensure that our child is signed in/out of the service as per legislative requirements (approval for educator is given to sign in my child for After School Care).
- ✓ I/we acknowledge that the service will not accept any responsibility unless a parent/carer or authorised person signs in my/our child to the session (this may be an educator in the case of After School 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/our child from any session.
- ✓ I/we understand that if my /our child is not collected from the service by closing time that I/we may incur a late fee penalty as specified in the Fee Schedule.

### **FUNDING AGREEMENTS**

- ✓ I/we understand that as the centre is a not-for-profit organisation, 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 Fee Collection/Payment Procedure, 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 acknowledge that, unless otherwise agreed in writing, as parent/parents/guardian/guardians/carer/carers, I/we are and will remain jointly and individually liable for the payment of fees and levies. Should any fees or levies not be paid by the due date and no further arrangements/adjustments are made for payment then the centre may refer my/our details to their Licensed Agent for collection which may include the commencement of legal action to recover outstanding fees and levies.
- ✓ 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**

- ✓ I/we will be respectful of the dignity, confidentiality and rights of the children, families and staff at the centre and follow the centre's Parent/Carer's Code of Conduct.
- ✓ 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 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 acknowledge the service will align to the mission, vision and values of Catholic Education – Diocese of Rockhampton.
  - ✓ I/we agree to the Priority of Access Guidelines as set out in the Enrolment & Booking Procedure.
  - ✓ 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 service's Fee Collection/Payment and Enrolment & Booking Procedures.
  - ✓ 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.
  - ✓ I/we understand that I/we are financially responsible for any wilful damage of equipment or property by my child.
  - ✓ The centre does not insure or take responsibility for loss or damage to my/our son's/daughter's property (e.g. toys, mobile phones, computers, musical equipment etc.) but will make reasonable attempts to supervise children in managing their own personal property e.g. placing items in lockers/bags.
  - ✓ I/we understand that information on this enrolment form may be provided upon request to either parent/carer detailed above or as identified on the child's birth certificate (unless supported by a Court Order or other recognised legal document indicating otherwise).
  - ✓ The Nominated Supervisor has authority to address behaviours and conduct of my/our son/daughter which may include the decision to suspend or terminate a child's enrolment for any cause judged to be sufficient. The Student Protection Procedures require the centre staff to contact State Authorities in cases of suspected harm or sexual abuse to children and the centre also apply the Law associated with Mandatory Reporting associated with the schools in our diocese.
- I/we have nominated an email address, and understand that account statements, newsletters etc. may be sent via email.

**BOOKINGS**

- ✓ I/we have completed the booking section nominating days of attendance required for my child.
- ✓ I/we understand that the request for attendance of additional days does not necessarily mean that a place will be available for my child.
- ✓ I/we agree to give the prescribed notice periods that are required for any cancellations.
- ✓ I/we understand that it is my responsibility to notify the services of any changes to booking details via the completion of a Change to OSHC Days – Booking Form.
- ✓ I/we acknowledge that full fees will be charged when my child is absent from a session for which they are permanently booked.

**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 in writing.

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

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

Nominated Supervisor Name (or delegate): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Nominated Signature (or delegate): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

PLEASE RETURN COMPLETED ENROLMENT FORM AND REQUIRED DOCUMENTATION TO:

Araluen Mitchell – coordinator

[Araluen\\_Mitchell@rok.catholic.edu.au](mailto:Araluen_Mitchell@rok.catholic.edu.au) (If emailing, we request you provide

the original enrolment form at your earliest convenience)

(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).



**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: N/A  Yes  \$ No  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 or Letter Stating Status
- Copy of CRN
- Baptism Certificate
- Visa Documentation
- Copies of Court Orders, Parenting Orders, Family Agreements etc.
- Medical Plans by Medical Practitioner (signed by medical practitioner and parent – for display in viewable area)
- Specialist information e.g. from Early Intervention Centre; Speech Pathologist