

# Christian Brothers College OSHC/Vacation Care Enrolment Form 2017



**CHRISTIAN  
BROTHERS  
COLLEGE**

Child's Name	Date of Birth	Gender	Class Teacher	CRN (Essential for CCB and CCR)

Enrolling Parent Name	Date of Birth	Gender	N/A	CRN (Essential for CCB and CCR)

## Enrolling Parent/Guardian Information (Account Holder)

Name: ..... Relationship to Child: ..... D.O.B. ....

Address: ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work: .....

Name and address of workplace: .....

## Parent/Guardian Details

Name: ..... Relationship to Child: .....

Address: (If different to above): ..... Postcode: .....

Home Phone: ..... Mobile Phone: ..... Work: .....

Name and address of workplace: .....

## Custody Issues/Court Orders (if applicable)

If parents are separated or divorced: Does the child have contact with both parents?  Yes  No

Is anyone legally denied access to the child?  Yes  No

## If there are court orders in place or any legal documentations relating to the custody of the children please provide a copy of this information with your enrolment.

Indigenous Status: Aboriginal  Yes  No Torres Strait Islander  Yes  No

Languages spoken other than English: .....

# Emergency Contacts (if parents are un-contactable) and Collection Authority

<b>Contact 1</b>		
Name:	Male/Female:	Relationship to Child:
Address:		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Name and address of workplace:		

<b>Contact 2</b>		
Name:	Male/Female:	Relationship to Child:
Address (If different to above):		Postcode:
Home Phone:	Work Phone:	Mobile Phone:
Name and address of workplace:		

<b>Other adults authorised to collect child:</b>		
<b>1</b>	Name:	Relationship to Child:
<b>2</b>	Name:	Relationship to Child:

## Medical Information

Child's Name:	Type	
Allergies (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Disabilities <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Emotional/Behavioural Problems <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Special Diet <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Asthma and use of puffers (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Medications (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Other Medical <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Cultural/Religious Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No		Please provide an action plan
Immunisations up to date? (Please supply a copy of immunisation records) <input type="checkbox"/> Yes <input type="checkbox"/> No		

Ambulance Cover?  Yes  No

Child's Doctor..... Phone.....

## Parent Declaration

I understand that:

- I agree to pay the required fee for my child's booked OSHC/Vacation Care hours and accept the policies and rules of the service.
- A current notice from Family Assistance Office stating eligibility for child care benefits is required, or the standard fee will apply.
- Each child must be signed in and out each day on the Attendance Sheet.

If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child requiring urgent medical treatment, I authorise the care providers and staff

- to obtain appropriate medical assistance and agree to pay all medical and transport costs incurred on behalf of my child.

We endeavour to keep the Christian Brothers College OSHC/Vacation Care a happy and safe environment for children. To do so we ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.

- The supervision and care of children is strictly limited to the hours care is provided. See handbook for operating hours.
- The OSHC/Vacation Care service must be notified if my child/ren are to be collected by someone that is not nominated on this form.
- Cancellation or changes to permanent/casual bookings require 1 weeks' notice to be given.
- The OSHC/Vacation Care Service will refuse a child/ren access to the service on the basis of outstanding accounts or longer than 2 weeks.
- I will undertake to notify the service of any changes to details on this form.
- The Applicant hereby acknowledge and agrees that the College is entitled to undertake all and any necessary enquiries, investigations and assessments to ensure the accuracy of the information provided above: and further, that such information as verified, may be used by the College and any authorised agent, employee, or subcontractor engaged by the College for the [purpose of reviewing. Vetting, monitoring, and if necessary, actioning the applicants use and performance in the operation of the account/ credit facility, including recovery of any outstanding account balance.

I certify that all the information given on this form is true, accurate and correct. I further certify that I have read and agree to adhere to the policies, guidelines and rules regarding Christian Brothers College OSHC/Vacation Care Service.

Print Name: .....

Signature: .....

Date: .....

## Consents

Please initial box

I consent for my child to take part in supervised walking excursions within the local area as part of the Centres After School Care program.	
I give permission for my child to participate in Vacation Care excursions and travel by school bus and/or public transport.	
I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.	
I consent for OSHC staff to apply sunblock to my child if required.	
I consent for OSHC staff to apply insect repellent to my child if required.	
I consent for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury.	
I consent for my child to watch PG-rated movies/videos/DVDs in OSHC/Vacation Care	

## Care under the supervision of staff at the centre

Please initial box

I consent for my child/ren to utilise the facilities at Christian Brothers College, including playgrounds, outside courts, ovals etc.	
I consent for OSHC educators to administer simple first aid to my child/ren if the need arises.	
I consent for an OSHC educator to give my child/ren assistance to change soiled/wet clothing if needed.	

## Is there anything more we need to know?

e.g. Any personal, religious or cultural practices/prohibitions that you would like the service to know or comments on homework, behaviour management etc.

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## Email

Email address: .....

I would like my OSHC accounts emailed:  Yes  No

# Booking Form

Please indicate your required OSHC bookings on the table below.

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7.15am – 8.15am					
7.45am – 8.15am					
7.45am					
From: ...../...../..... Until: ...../...../..... Ongoing permanent booking: <input type="checkbox"/> Yes <input type="checkbox"/> No					

After School Care	Monday (Early finish 2.20pm)	Tuesday	Wednesday	Thursday	Friday
3.30pm					
6.00pm					
From: ...../...../..... Until: ...../...../..... Ongoing permanent booking: <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Office Use Only

**Parent/Guardian**

Name: .....

Signed:.....

Date: .....

A registration fee of \$25.00 per family will be charged to your fee account at the commencement of each year.

Your child will also be required to wear a CBC OSHC broad brimmed hat which can be purchased from our service at the cost of \$16.00 (available Jan 2017). We use these hats whilst on excursions and they are Sun Smart.

1. CRN	
2. DOB	
3. Bookings	
4. Class	
5. Registration fee	
6. Email address	
7. OSHC Medical Plan received	