



**CHRISTIAN  
BROTHERS**  
COLLEGE

# OSHC / Vacation Care Enrolment Form

Child's Name	Date of Birth	Gender	CRN (Essential for CCS)	Class Teacher

## Enrolling Parent/Guardian Information (Account Holder)

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

Gender: \_\_\_\_\_ CRN (Essential for CCS): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_

FOB Key No. (if known): \_\_\_\_\_ Email (for accounts purpose): \_\_\_\_\_

Name and address of workplace: \_\_\_\_\_

\_\_\_\_\_

## Parent/Guardian Details

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: (If different to above): \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ FOB Key Number (if known): \_\_\_\_\_

Name and address of workplace: \_\_\_\_\_

\_\_\_\_\_

### Christian Brothers College

An R-Year 12 Catholic College for Boys in the Edmund Rice Tradition  
214 & 324 Wakefield Street, Adelaide SA 5000  
P 08 8400 4200 enquiries@cbc.sa.edu.au [www.cbc.sa.edu.au](http://www.cbc.sa.edu.au)

**THE  
WORLD  
BEFORE  
US.**

## 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:

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## Emergency Contacts (if parents are not contactable) and Collection Authority

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

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

Other adults authorised to collect child			
1	Name:	Mobile:	Relationship to Child:
2	Name:	Mobile:	Relationship to Child:

## Medical Information

Child's Name:	Type	Please Provide:
<b>Allergies</b> – If your child is required to take medication in the case of an allergic reaction, please complete a Medical Management Plan. (Additional forms required) Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Disabilities</b> – Does your child have physical limitations or a medical condition. Please provide details. Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Emotional/Behavioural Problems</b> Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Special Diet</b> – foods to be avoided. Please provide detailed information. Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Asthma and use of puffers</b> – If your child is required to take medication in the case of an asthma attack, please complete a Asthma Risk Management Plan. (Additional forms required) Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Medications</b> – if your child is required to take medication at school a Medical Management plan is required before the enrolment can be processed. (Additional forms required – please see Director) Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Other Medical</b> Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> <li>• A Risk Minimisation Plan</li> <li>• Medical Conditions Communication Plan</li> </ul>
<b>Cultural/Religious Requirements</b> Yes No		<ul style="list-style-type: none"> <li>• An Action Plan</li> </ul>
<b>Immunisations up to date?</b> (Please supply a copy of immunisation records) Yes No		<ul style="list-style-type: none"> <li>• A copy of immunisation records</li> </ul>

Ambulance Cover?    Yes    No

Child's Doctor:

Phone:

## Is there anything else we need to know.

We aim to provide inclusive quality care for a range of children from differing cultures and backgrounds. Please share with us a little background information so we can do this better.

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## OSHC Fob Entry System

The cost will be \$20.00 per fob which is included in your new enrolment fee. Additional fobs can be ordered at the cost of \$20.00 each. Kindly complete the order form below. Fobs will be available for collection from the OSHC Office during College hours. When you have no further use of the fob, you can return it to the OSHC Office and \$20.00 will be refunded.

Our preferred method of payment is to have the \$20.00 per fob fee included in your OSHC account. If you happen to lose your fob, contact us and it can be replaced. You will be charged \$20.00 for the replacement.

Names of people receiving an additional fob	<i>For office use only:</i> Fob user number	<i>For office use only:</i> Fob serial number
NAME		
MOBILE NUMBER		
NAME		
MOBILE NUMBER		

## 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 at the discretion of the Director.	

## 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.

## Booking Form

Please indicate your required OSHC bookings on the table below.

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7.15am – 8.20am					
7.45am – 8.20am					
From: ...../...../..... Until: ...../...../..... Ongoing permanent booking: Yes No					

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
3.20pm – 6.00pm					
From: ...../...../..... Until: ...../...../..... Ongoing permanent booking: Yes No					

I have no regular times at this stage – I would like to use the service on a casual basis.

What date will your child commence: \_\_\_\_\_

## Enrolment Fees

<b>Yearly Enrolment Fee</b> A registration fee of \$25.00 per family will be charged to your fee account at the commencement of each year.	\$25.00
<b>FOB (Entry disc)</b> Is required by all parents/carers accessing the school grounds.	\$20.00 per unit (Refundable when no longer required)
<b>Total Enrolment Fee</b>	<b>\$45.00</b>

All New Students will be charged \$45.00 for Enrolment fee and for a Fob (entire disk).

## Payment Terms

**OSHC accounts have a 7-day payment terms and are billed separately to school fees. Payments of fees are process weekly via our automated direct debit facility by nominating either bank account or credit card details.**

Hours of Operation						
	Fees	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care Very Early Start</b>	\$16.00	7.00am - 8.20am				
<b>Before School Care Normal Start</b>	\$6.00	7.45am - 8.20am				
<b>After School Care</b>	\$22.00	3.15am - 6.00pm				
<b>Vacation Care Very Early Start</b>	\$70.00 + Excursion and Bus Fees additional	7.00am - 6.00pm				
<b>Vacation Care Early Start</b>	\$65.00 + Excursion and Bus Fees additional	8.00am - 6.00pm				
<b>Early Finish School Days</b>	\$32.00	12.45am - 6.00pm				

## Parent/Guardian

I agree to the term and conditions of the above. Please sign below.

Print Name:

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Signature:

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Date:

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## Office Use Only

1. CRN	
2. DOB	
3. Bookings	
4. Class	
5. Enrolment fee	
6. Email address	
7. FOB Number	
8. OSHC Medical Plans received	