



**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

A Co-Ed ELC and R-Year 12 Catholic College
for Boys in the Edmund Rice Tradition

214 & 324 Wakefield Street and 178 East Terrace, Adelaide SA 5000
T 08 8400 4200 enquiries@cbc.sa.edu.au 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:

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: |
|--|------|---|
| Allergies – If your child is required to take medication in the case of an allergic reaction, please complete a Medical Management Plan. (Additional forms required) <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Disabilities – Does your child have physical limitations or a medical condition. Please provide details. <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Emotional/Behavioural Problems <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Special Diet – foods to be avoided. Please provide detailed information. <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Asthma and use of puffers – 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) <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Medications – 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) <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Other Medical <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan • A Risk Minimisation Plan • Medical Conditions Communication Plan |
| Cultural/Religious Requirements <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • An Action Plan |
| Immunisations up to date? (Please supply a copy of immunisation records) <input type="checkbox"/> Yes <input type="checkbox"/> No | | <ul style="list-style-type: none"> • A copy of immunisation records |

Ambulance Cover? Yes No

Child's Doctor:

Phone:

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.

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.

Direct Debit Request & Authority

Parent/Caregiver(s) Full Name: _____

Child(s) Name: _____

Direct Debit Agreement and Acknowledgement

I/we request Christian Brothers College Adelaide to Direct Debit our OSHC Fees either via Credit Card or Bank Account (provided below) for my child/ren booked into care at Christian Brothers College OSHC Service ID 190016886K.

I understand that it is my responsibility to ensure all Child Care Benefit requirements are fulfilled with Centrelink and if I fail to do so I will be responsible for paying full OSHC Fees.

I/we understand that payment of our account is my/our responsibility and payment terms of fees are 7 days.

I/we understand it is the account holder responsibility to ensure that financial institution details provided are current and to inform Christian Brothers College Adelaide of any changes.

Dishonour Fees

In the event your Direct Debit is dishonoured Christian Brothers College Adelaide will charge a dishonour fee to your account.

Default Payment

In the event of default payment of OSHC Fees, Christian Brothers College Adelaide reserves the right to disclose your personal information to a debt collection agency.

Should my/our account be placed with a debt collection agency, then I/we agree to pay all collection and legal expenses relating to the recovery of my/our account, and any default debt may be reported to a credit reporting agency.

I/we request and authorise Christian Brothers College Adelaide to arrange through its own financial institution, for any amount Christian Brothers College Adelaide may charge you to be debited through the Bulk Electronic Clearing System from a nominated Credit Card and/or Bank Account as provided below.

I authorise for the full amount owing on my OSHC Fee Account to be debited weekly from my Credit Card and/or Bank Account provided.

Signature: _____

Date: / / _____

Office Use Only

Date Received: / / _____

Initials: _____

Direct Debit Payment Details

Credit Card

VISA MasterCard

Name on Card: _____

Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry Date: _ _ / _ _ CW: _ _ / _ _

Bank Account

Account Name: _____

BSB: Account Number: _____

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

| | |
|---|--|
| Yearly Enrolment Fee A registration fee of \$25.00 per family will be charged to your fee account at the commencement of each year. | \$25.00 |
| FOB (Entry disc) Is required by all parents/carers accessing the school grounds. | \$20.00 per unit (Refundable when no longer required) |
| OSHC Hat Required by all students who attend OSHC or Vacation Care. | \$18.00 |
| Total Enrolment Fee | \$63.00 |

All New Students will be charged \$63.00 for Enrolment fee, FOB and OSHC Hat.

Parent/Guardian

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

Print Name: _____

Signature: _____

Date: _____

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 | |