

CARAVONICA STATE SCHOOL P&C ASSOCIATION

OUTSIDE SCHOOL HOURS CARE

Phone: 4037 0500

Address: Lot 3 Kamerunga Road Smithfield

Mobile: 0417 796 517

Email: oshc@caravonica.com.au

ENROLMENT APPLICATION FORM - 2026

Hours of Service:

BSC: 7:00 AM – 9:00 AM

ASC: 3:00 PM – 6:00 PM

VAC: 7:00 AM – 5:30 PM

PFD: 7:00 AM – 5:30 PM

Parent/Guardian ONE (Claiming CCS)					Parent/Guardian (2)						
Name				M	F	Name				M	F
CRN						CRN					
D.O.B		Country of Birth				D.O.B		Country of Birth			
Address						Address					
Suburb			Postcode			Suburb			Postcode		
Postal Address						Postal Address					
Email Address						Email Address					
Please tick preferred contact method						Please tick preferred contact method					
Home Phone	☐					Home Phone	☐				
Mobile	☐					Mobile	☐				
Work Phone	☐					Work Phone	☐				
Relationship to child						Relationship to child					
Occupation						Occupation					
Organisation						Organisation					
Employment Status	Full time Part time Casual Student					Employment Status	Full time Part time Casual Student				
Only Parent 1 receives financial account information and you are liable for payment of the account. Please acknowledge you understand and agree by initialling the box. ☐ I understand & agree. Payment required weekly						Parent 2 does not receive financial account information directly from our service.					
Primary language spoken at home:						Secondary language spoken at home:					
Children's Details											
Full Name (Christian and Surname)	Gender	D.O.B	Country of Birth	Ethnic/cultural background (e.g. Aboriginal)	Year Level	CRN					
	M / F										
	M / F										
	M / F										
Medical Details											
Medical	Yes	No	Child/ren name	Please provide details							
Is your child asthmatic? ☐ attached action plan (Action plan must be provided before care can commence)											
Does your child experience anaphylaxis? ☐ attached medical action plan (Action plan must be provided before care can commence)											
Any other medical conditions, eg epilepsy? ☐ attached medical action plan (Action plan must be provided before care can commence)											
Any other known allergies: ☐ Mild ☐ Severe											
Dietary Restrictions or Intolerances: If yes, are these restrictions: ☐ medical ☐ personal choice											
Does your child have any known or suspected Behavioural/ Emotional or physical needs?											
Are your child's immunisations up to date? (Please note - children must be immunised to attend this service) ☐ yes ☐ no **Please note a copy of immunisation records must be provided before care can commence											
Has your child had: ☐ Measles ☐ Chicken Pox ☐ Mumps ☐ Asthma ☐ German Measles ☐ None of these to date											

BOOKINGS

☐ **Permanent** (Regular weekly booking)

Commencement date of care: _____

☐ **Casual** (As required and dependent on availability, prior discussion with co-ordinator required)

As discussed with co-ordinator	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care (Please tick days required)					
After School Care (Please tick days required)					

Will you be seeking Vacation Care/Pupil Free Days? ☐ Yes ☐ No

Are your children registered with Centrelink for this service? ☐ Yes. *If in doubt, please contact Centrelink Ph. 136150 (8am-8pm)*

Do you have other children enrolled in different **approved Child Care** services who receive a Child Care Benefit each week (e.g., Long Day Care Centres/ Family Day Care/ another OSHC) ? Number of children:

Collection and Emergency details

Are both parents/guardians authorised to collect children? ☐ Yes ☐ No

If no, which parent/guardian is authorised to collect the child/ren: Note.....

Court orders/parent orders/parenting plans affecting access? ☐ Yes ☐ No **If yes is a copy attached?** ☐ Yes ☐ No

Authorised person to collect child (Other than parents) Phone number & Email address must be provided		Medical Details		
Contact 1				
Name		Name of Doctor		
Address		Address		
Phone & Email		Phone		
Relationship to child		Medicare No.		
Contact 2				
Name		Cultural Connection & Family Traditions Family traditions we celebrate together (eg. Camping on long weekends, family dinners, favourite foods)		
Address				
Phone & Email				
Relationship to child				
Emergency Contact (if parent cannot be immediately contacted)				
Name		How we celebrate our cultural and family traditions?		
Address				
Phone & Email				
Relationship to child				
Does this person have the authority to authorise medical treatment or administration of medication for your child/ren ☐ YES ☐ NO				
Authorisation			Yes	No
I hereby authorise OSHC staff to administer First Aid and seek medical treatment for my child/ren in case of an emergency from a registered medical practitioner, hospital, or ambulance and to be transported in an ambulance				
I give permission for OSHC staff to administer lifesaving medication in case of emergency (e.g. Epipen/Ventolin)				
I give permission for staff to apply calamine, Stingose to my child/ren if required				
I give OSHC staff permission to apply and reapply sunscreen and insect repellent during the day. (If no, please provide reason in writing and provide alternative) Remember NO hat, NO sunscreen = NO play!!				
I give permission for my child/ren to be photographed for the service publications only				
I give permission for my child/ren to participate in any newspaper article which relates to and promotes Caravonica OSHC (Parent permission will be obtained prior to this happening)				
I give permission for OSHC staff to liaise with school/specialist staff, in regard to the wellbeing of my child/ren				
I agree that, if my child consistently misbehaves or causes harm to any other child or staff member, he/she may be dismissed immediately, and no refund of money will be given. The child will not be allowed to return to the service until such time as appropriate behaviour management plans have been negotiated				
I acknowledge that appropriate G & PG videos/videogames may be included in the programme				
I acknowledge that accounts are payable weekly (failure to do so will result in cancellation of care) and late pick-ups will incur additional charges (see Parent Handbook)				

I certify that the above information is true and correct: I understand all paperwork is completed in its entirety and returned before care can commence. I certify that I have read, understand and agree to the Parent Handbook terms and conditions. On acceptance of enrolment, this form becomes the Official Statement regarding my child and remains a Confidential Outside School Hours Care Record.

Parent Signature: _____ **Date:** _____ **Co-ordinator:** _____ **Date:** _____