

CARAVONICA STATE SCHOOL P&C ASSOCIATION

OUTSIDE SCHOOL HOURS CARE

Phone: 4037 0500

Address: Lot 3 Kamerunga Road Smithfield

Mobile: 0417 796 517

ENROLMENT FORM - 2019

Hours of Service:

BSC: 7:00AM – 9:00 AM

ASC: 3:00PM – 6:00 PM

VAC: 7:30AM – 6:00 PM

Parent/Guardian (Claiming CCB) with whom child/ren resides ie. Child's address						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	<input type="checkbox"/>			Home Phone	<input type="checkbox"/>				
Mobile	<input type="checkbox"/>			Mobile	<input type="checkbox"/>				
Work Phone	<input type="checkbox"/>			Work Phone	<input type="checkbox"/>				
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		
Would you like your statements emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this parent/guardian responsible for the payment of accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No (Payment required weekly)				Would you like your statements emailed: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this parent/guardian responsible for the payment of accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No (Payment required weekly)					
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 (eg. Aboriginal)	Year Level	CRN			
	M / F								
	M / F								
	M / F								
	M / F								
Medical Details									
Medical	Yes	No	Child/ren name	Please provide details					
Is your child asthmatic? <input type="checkbox"/> attached action plan (action plan must be provided before care can commence)									
Is your child anaphylaxis? <input type="checkbox"/> attached medical action plan (action plan must be provided before care can commence)									
Any other known allergies: <input type="checkbox"/> Mild <input type="checkbox"/> Severe									
Dietary Restrictions or Intolerances: If yes, are these restrictions: <input type="checkbox"/> medical <input type="checkbox"/> personal choice									
Does your child/ren have any known or suspected Behavioural/ Emotional or physical needs									
Are your child/ren immunisations up to date? (Please note: children must be immunised to attend this service) <input type="checkbox"/> yes <input type="checkbox"/> no									
**Please note a copy of immunisation records must be provided before care can commence									
Has your child/ren had: <input type="checkbox"/> Measles <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Mumps <input type="checkbox"/> Asthma <input type="checkbox"/> German Measles <input type="checkbox"/> 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 <i>(Please tick days required)</i>					
After School Care <i>(Please tick days required)</i>					

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)*

How many children enrolled in **other** services do you have using a Child Care Benefit approved services each week (eg. Long Day Care Centres/ Family Day Care/ another OSHC)

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 affecting access? Yes No **If yes is a copy attached?** Yes No

Authorised person to collect child (other than parents)		Medical Details		
Contact 1		Name of Doctor		
Name				
Address				
Phone/s				
Relationship to child				
Contact 2		Cultural Connection & Family Traditions ☺		
Name				
Address				
Phone/s				
Relationship to child				
Emergency Contact (if parent cannot be immediately contacted)		How we celebrate our cultural and family traditions?		
Name				
Address				
Phone/s				
Relationship to child				
Does this person have the authority to authorise medical treatment or administration of medication for your child/ren <input type="checkbox"/> yes <input type="checkbox"/> 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 (eg. EpiPen/Ventolin)				
I give permission for staff to apply calamine or 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 that may be used in the service publications only?				
I give permission for my child/ren to participate in any newspaper article which relates to and promotes Caravonica OSHC				
I give permission for OSHC staff to liaise with school/specialist staff in regard to the wellbeing of my child/ren				
I agree if my child consistently misbehaves or causes harm to any other child 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 may result in cancellation of care) and late pick-ups will incur additional charges				

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 your child and remains a Confidential Outside School Hours Care Record.

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