

**CARAVONICA STATE SCHOOL P&C ASSOCIATION  
OUTSIDE SCHOOL HOURS CARE**

Phone: 4037 0500

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**ENROLMENT FORM - 2023**

**Hours of Service:**

BSC: 7:00AM – 9:00 AM

ASC: 3:00PM – 6:00 PM

VAC: 7:30AM – 6:00 PM

| Parent/Guardian (Claiming CCS) with whom child/ren resides i.e., 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:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this parent/guardian responsible for the payment of accounts?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Payment required weekly)          |                          |                  |                  |  | Would you like your statements emailed:<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>Is this parent/guardian responsible for the payment of accounts?<br><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 (e.g. 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<br>(Action plan must be provided before care can commence)  |                          |                  |                  |  |   |                  |                |  |  |
| Is your child anaphylactic? <input type="checkbox"/> attached medical action plan<br>(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:<br>If yes, are these restrictions: <input type="checkbox"/> medical <input type="checkbox"/> 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) <input type="checkbox"/> yes <input type="checkbox"/> no<br><b>**Please note a copy of immunisation records must be provided before care can commence</b> |                          |                  |                  |  |   |                  |                |  |  |
| Has your child 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<br><i>(Please tick days required)</i> |        |         |           |          |        |
| After School Care<br><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)*

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<br>(Other than parents)  |   | Medical Details                                      |            |           |
|---|---|--|------------|-----------|
| Contact 1   |   | Name of Doctor                                       |            |           |
| Name  |   |  |            |           |
| Address   |   |  |            |           |
| Phone/Email address   | / |  |            |           |
| Relationship to child   |   |  |            |           |
| Contact 2   |   | <b>Cultural Connection &amp; Family Traditions ☺</b> |            |           |
| Name  |   |  |            |           |
| Address   |   |  |            |           |
| Phone/Email address   | / |  |            |           |
| Relationship to child   |   |  |            |           |
| <b>Emergency Contact (if parent cannot be immediately contacted)</b>  |   | How we celebrate our cultural and family traditions? |            |           |
| Name  |   |  |            |           |
| Address   |   |  |            |           |
| Phone/Email address   | / |  |            |           |
| Relationship to child   |   |  |            |           |
| <b>Does this person have the authority to authorise medical treatment or administration of medication for your child/ren</b> <input type="checkbox"/> yes <input type="checkbox"/> no   |   |  |            |           |
| <b>Authorisation</b>  |   |  | <b>Yes</b> | <b>No</b> |
| 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) <b>Remember NO hat, NO sunscreen = NO play!!</b>   |   |  |            |           |
| I give permission for my child/ren to be photographed for the <b>service publications only</b>  |   |  |            |           |
| I give permission for my child/ren to participate in any newspaper article which relates to and promotes Caravonica OSHC ( <b>Parent permission will always be obtained prior to this happening</b> )   |   |  |            |           |
| 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 member of staff, 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 <b>weekly</b> (failure to do so may 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:** \_\_\_\_\_