P&C ASSOCIATION

BELONGING BEING BECOMING

OUTSIDE SCHOOL HOURS CARE

ENROLMENT FORM 2023

Email: mtcrosbyoshc@bigpond.com
Phone: 07 3201 1673

Staff use only:

All information is filled out correctly (circle) YES/NO action required: _____

Court orders have been provided YES/NO action required: _____

Medical action/management plan has been provided: YES/NO action required: _____

Name of staff member accepting enrolment form: _____ Date: _____

Entered onto Qikkids by: _____ Date: _____ Signed: _____

541-561 Mount Crosby Road
Karana Downs Qld 4306
Phone: 07 3201 1673
mtcrosbyoshc@bigpond.com
ABN: 70 478 813 938

Welcome to Mount Crosby State School P & C OSHC. To assist us in providing your family with the best possible care, we would appreciate if you could complete the following forms as accurately as possible. All of your information collected will be treated confidentially and used in accordance with our service policies on privacy and confidentiality. These are available upon request.

Upon completion, please return the forms to the Service Manager or send via email. This form must be returned fully completed before your child/children can attend OSHC. In addition to this enrolment form we must also receive a child details form for each child and in some cases may require medical management plans.

PARENT/GUARDIAN 1 (CCS Guardian) (The Person who child resides with and who is responsible for the account)	
Name: MR/MRS/MISS/MS First Name:	Last Name:
Street Address:	
Suburb:	Postcode:
Home Phone:	Mobile:
Email:	Employer:
DATE OF BIRTH:	Occupation:
Customer Reference Number (Centrelink):	Work Phone:
Relationship to Child:	Country of Birth:
Accounts are issued weekly. Our policy states all accounts must be paid within one week of using care. You will receive your account by email unless otherwise requested.	

PARENT/GUARDIAN 2 (This Person is automatically authorised to collect child)	
Name: MR/MRS/MISS/MS First Name:	Last Name:
Street Address:	
Suburb:	Postcode:
Home Phone:	Mobile:
Email:	Employer:
DATE OF BIRTH:	Occupation:
Customer Reference Number (Centrelink):	Work Phone:
Relationship to Child:	Country of Birth:
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Please provide 3 emergency additional contacts **(other than listed above)**. If you are unable to provide 3, please speak to the Service Manager.

Please note the following applies to Emergency Contacts:
1. Only the people noted below may pick up your child unless otherwise arranged.
2. These people are required to produce photo identification when picking up your child at their first visit to the service and subsequently by staff request.
3. Authorised Nominees/Emergency Contacts must be over the age of 18. No person under the age of 18 years will be allowed to drop off or pick up your child unless he/she is authorised by you to do so. In this case, you will be requested to complete a separate authorisation
4. In an emergency, and/or if your child is not collected at closing time, the centre staff will contact the emergency contacts

Authorised Nominee/Emergency Contact 1	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): ☐ Collect the child from the education and care service ☐ Consent to medical treatment and authorised to administration of medication. ☐ Authorise an educator to take the child outside of the education and care services premises e.g excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
Authorised Nominee/Emergency Contact 2	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): ☐ Collect the child from the education and care service ☐ Consent to medical treatment and authorised to administration of medication. ☐ Authorise an educator to take the child outside of the education and care services premises e.g excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	
Authorised Nominee/Emergency Contact 3	
Full Name:	This person is authorised to carry out the following responsibilities for my child/children (please tick appropriate authorities): ☐ Collect the child from the education and care service ☐ Consent to medical treatment and authorised to administration of medication. ☐ Authorise an educator to take the child outside of the education and care services premises e.g excursion.
Relationship to Child:	
Address:	
Home Phone:	
Work Phone:	
Mobile:	

Please ensure you have ticked the appropriate authorities for each of your nominated emergency contacts.

Parent/Carer 1 Signature: _____ Date: _____ Parent/Carer 2 Signature: _____ Date: _____

MOUNT CROSBY STATE SCHOOL
P&C ASSOCIATION

OUTSIDE SCHOOL HOURS CARE

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CHILD DETAILS AND BOOKING FORMS

PLEASE COMPLETE A SEPARATE ENROLMENT FORM FOR EACH CHILD

First Name:	**Date of Birth:**
Surname:	**Gender (Please circle): Male / Female**
Child CRN:	**Class/Grade:**
Cultural Background	
Country of Birth:	
Language Spoken at Home (Other than English) Please specify	
Immunisation Status: ☐ IMMUNISED ☐ NOT IMMUNISED (PLEASE CONTACT CENTRELINK IF YOU HAVE ANY CONCERNS REGARDING CCS)	

Bookings;

Please tick ☐ for a **Casual Booking** and advise by email what care you require. Or **Permanent Set Days** as selected below					
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday
BSC					
ASC					
Vacation Care - ☐ Please complete specific Vacation Care Booking form for each holiday period.					

Vacation Care programs and bookings are available 4 weeks before the vacation care period starts. The program has a mix of in-house activities and excursion days. Bookings are essential for vacation care programs. Cancellations for vacation care booked days must have 48 hours' notice or the fee for that session will be charged. **Alternative care may on occasion be provided at the service on excursion days, please check with staff.**

Reason for needing care

Work/Study Commitments >15hrs/wk ☐ Looking for work ☐ Disability/Disabled Carer/Family Reasons ☐

Court orders / access orders

Are there any court/access orders in regard to the above-mentioned child/ren? **Yes / No (Please Circle)**

If yes, it is a requirement that a copy of the order is provided to the service clearly summarizing the relevant aspects the service needs to know.

Photography

From time to time, staff will take photos of children to record important events and special activities as part of the program. These photos may be displayed for the children and families to see at OSHC and will also be used for the purposes of programming and evaluation**. Any concerns regarding this please notify the Service Manager at your earliest convenience.**

In addition to this, I consent to my child/children being photographed **for the OSHC Website, the P & C Facebook page, OSHC Facebook page, or the School Newsletter.** Yes / No **(Please Circle)**

SUNSCREEN / INSECT REPELLANT

Part of our programmed activities requires children to participate outdoors. We encourage children to be sunsafe and as such require the parent/guardian's permission to apply sunscreen when it is deemed necessary. Similarly, when the need arises insect repellent may be required to protect the children from insect bites.

Apply Sunscreen (child to apply) **Yes / No (Please Circle)**

Apply Insect Repellent (child to apply) **Yes / No (Please Circle)**

Head Lice

I give the coordinator or their appointed representative permission to check my child for head lice. **Yes / No (Please Circle)**

Children found with head lice will need to be collected. If permission is not given, and staff suspect that the child may have head lice, parents will be contacted, and the child will need to be collected.

Consent for child to view PG rated movies

I consent for my child to watch PG (and below) rated movies when in Outside of School Hours Care program and Vacation Care program.
Yes / No (Please Circle)

Note: (All movies have been viewed by a staff member - G rated movies are always available)

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1. HEALTH/MEDICAL DETAILS

Does your child have any medical conditions/Diagnosis? ☐ NO ☐ YES

If yes, please provide details: _____

_____

Does your child require regular medication? ☐ NO ☐ YES

A separate medication authority form is to be completed by the parent/guardian for regular and occasional medical. All medication is to be provided in the original packaging with the child's name and dosage.

Does your child have any allergies? ☐ NO ☐ YES (If yes, please provide details below)

_____ ☐ MILD ☐ SEVERE ☐ ANAPHYLAXIS

Please provide details of any allergy management plans relating to your child

Does your child experience asthma? ☐ NO ☐ YES (If yes, indicate severity) ☐ MILD ☐ SEVERE

Please provide details of any asthma management plans relating to your child

Does your child have any specific dietary requirements? ☐ NO ☐ YES ___

_____

Does your child have any food intolerances or allergies? ☐ NO ☐ YES ___

_____

If yes, is the intolerance/allergy life threatening? ☐ NO ☐ YES

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Please provide details of any food intolerance/allergy management plans relating to your child

2. MEDICAL PRACTITIONER DETAILS

Doctor 1 Name: _____ Surgery/Practice Name: _____

Address: _____ Phone number: _____

Family Medicare No:

3. ADDITIONAL INFORMATION

Does your child have any religious/cultural needs? ☐ NO ☐ YES _____

_____

Does your child have any favourite activities or interests you'd like to share? ☐ NO ☐ YES _____

_____

_____

Does your child have any dislikes, fears or phobias? ☐ NO ☐ YES ___

_____

_____

Is your child of Aboriginal or Torres Strait Islander descent? ☐ NO ☐ YES

Is your child from a non-English speaking background? ☐ NO ☐ YES NATIONALITY:

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4. BEHAVIOUR INFORMATION

Does your child have a Positive Behaviour Support Plan? ☐ NO ☐ YES

Are there any particular behaviours that staff should be aware of? ☐ NO ☐ YES

Are there any identifiable triggers to the behaviour? ☐ NO ☐ YES

Please provide a copy of any Positive Behaviour Support plans relating to your child

5. PAYMENT OPTIONS

- Direct Deposit to Heritage Bank
  To; Mt Crosby State School P&C OSHC
  BSB 638-010 Acct: 10520651
  With your full name or your child's full name in the description
- Use the EftPos machine at the sign in/out desk at OSHC on drop off or collection, please write your name on the receipt and place in the Receipts lock box next to the EftPos machine
- Complete a Direct Debit Form for automatic payments. Please let us know if you would like a form to complete.

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GETTING TO KNOW YOUR CHILD

Our programs and activities are designed according to what children in our care are interested in, good at, or would like to learn more about. To ensure we are meeting your child's needs and interests please take the time with them to fill in this information and return to us at your earliest convenience.

Do you do any sports or special interest activities outside of school?

_____

_____

Is there a school subject you are really interested in?

_____

_____

Do you have cool skills or tricks you could share (e.g., playing an instrument, paper plane building, soccer trick shot extraordinaire, artist in the making etc.)?

_____

_____

Is there something you've always wanted to try? (e.g., skill or talent you've always wanted to learn)

_____

_____

Who is in your family or your closest friends?

_____

_____

Are there people or situations that are sometimes difficult for you (e.g., loud noises, crowds, someone in your class who you just don't get along with)?

_____

_____

What makes you feel better when you're sad or lonely?

_____

_____

Is there anything else you would like us to know about you?

_____

_____

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PARENTAL/GUARDIAN AGREEMENT:

In consideration for enrolling my child/ren at Mount Crosby State School P&C Association Outside School Hours Care (referred to as the 'Service') I, the undersigned agree:

1. To pay fees within one week of using care. I understand that if fees are not paid, my child/ren's continued enrolment at the Service cannot be guaranteed. I understand that accounts will be issued weekly and fees are payable upon receipt.
2. I agree that the normal fee will be payable at all times for permanent bookings including absences of my child/ren for sickness and term time holidays (excluding public holidays where no fees are charged) in accordance with the Australian Government allowable absences provisions for Child Care Subsidy (CCS).
3. On termination of my child/ren's enrolment at the Service, I will provide one week's notice or forfeit one week's fees, in lieu of notice. I am aware that if my child/ren does not attend during the notice period Child Care Subsidy (CCS) cannot be claimed and I will be required to pay full fees.
4. To sign at the kiosk when leaving and collecting my child/ren on arrival to/departure from the Service otherwise, under current legislation, CCS cannot be allocated to your account for any unsigned attendances/absences.
5. I will ensure my child/ren is collected by a responsible person before the official Service closing time. Should I be late collecting my child/ren, I agree to pay the Late Collection Fee for each child of $20 for each 15 minutes starting from 6:31pm. I understand that recurrent late collection may result in cancellation of enrolment.
6. I understand that my child/ren are bound by the Service rules, policies and procedures as formulated by the service during the period of my child/ren's enrolment. I understand that my child/ren will be under the care and supervision of the Educators. I understand the Service implement positive behaviour AWAREness strategies and agree to support their positive approaches to guiding children's behaviour. I understand that should my child's behaviour be unable to be supported by staff, that I will be contacted and asked to collect my child.
7. I agree to abide by the parent code of conduct and understand that unacceptable behaviour by parents may result in my refusal of access to the service.
8. In the case of sudden illness or accident, I authorise the service to provide and seek medical attention, including but not limited to, ambulance attendance and administration of emergency medication (e.g. Ventolin or EpiPen), to protect my child/ren from harm. All associated costs for this medical attention will be the responsibility of the child/ren's parent/guardian.
9. To keep my child away from the service when suffering from an infectious or contagious illness or disease as identified in the Queensland Health "Time Out" recommendations.
10. To inform the Service staff of any absence of my child/ren, prior to the starting time of any session of care.
11. I understand that the service has the right to refuse further attendance of children whose behavior is harmful to the property, facilities or environment of the service, or to the property or person of the children and staff who attend the service.
12. I understand that my child/ren cannot leave the service with anyone other than the authorised parent/guardian or emergency contact person without prior arrangement with the Service.
13. I understand that the staff of the service are free of all responsibility for lost property in connection with my child/ren's attendance.
14. I understand that staff will not administer medication unless it is prescribed and accompanied by a Medication Authorisation form. All medication must be in its original packaging and be labelled with the pharmacist's/medical practioner's instructions.
15. I have read the Parent Handbook about the service and agree to abide by the policies, procedures and rules of the service to the best of my ability.
16. I understand all information will be handled strictly in accordance with Privacy and Confidentiality Guidelines and will only be shared as a way of improving the quality of service provision to my child. I authorise the Service to communicate and liaise with the School Principal about matters concerning the care of my child/ren.
17. I agree to notify the service, in writing, of any change in circumstances from the details as outlined in the enrolment form, including contact details and living arrangements of my child and/or parent/guardian.
18. I give permission for my child/ren to be taken on regular outings limited to areas within the school grounds and understand that a risk assessment has been done and is available for such outings.
19. I am aware that maximum safety precautions will be maintained and permission will be obtained from an authorised family contact before a child travels on any type of transport. Staff will follow the Service's Policies and Procedures with regards to safely transporting children.
20. No fees are charged; for BSC, ASC or Excursions if 2 days cancellation notice is provided in writing. Cancellations notified within the 2 day period will result in an absence.

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Debt Recovery Acknowledgement Statement:

1. I, the parent/guardian, agree that the information provided in this application is true and correct and can be relied upon by the Service.
2. I, the parent/guardian, agree to notify the Service immediately should there be any change in circumstances from the details as outlined in the enrolment form, including changes to living arrangements of the child and/or parent/guardian, within 7 days of the date of such a change.
3. I, the parent/guardian, agree to pay outstanding childcare fees where applicable, together with all debt recovery expenses including, court costs, legal fees reasonably incurred by the Service.
4. In the case of a default of payment, I the parent/guardian, acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to a collection agency for legal recovery action. I understand that an additional 25% will be added onto the fees owing to offset the fees and charges incurred in the collection process.
5. I understand that in the case of a default on payments for childcare fees, enrolment details may be listed on the National Default Registry for a period of six (6) months and thirty days or until paid. This information may be accessed by other care providers at the time of enrolment.
6. I, the parent/guardian, acknowledge that care may be refused in the case of a default.

PLEASE NOTE

- Bookings that need to be cancelled/changed will still attract the normal session fee unless 2 days notice has been received by the Service in which case your cancelled/changed sessions will be charged at the regular rate less applicable subsidies.
- Accounts are issued on a weekly basis and are payable a week in advance.
- Regular payment of your childcare fees is required to maintain a placement.
- Non-payment of fees may result in your child's enrolment being cancelled.
- Acceptance of enrolment is at the discretion of the service's Approved Provider.

PARENT/GUARDIAN 1 NAME SIGNATURE	DATE / /
PARENT/GUARDIAN 2 NAME SIGNATURE	DATE / /