



COLLINGWOOD PARK OSHC

ENROLMENT FORM 2023

Entered in QK

Date:

Staff:

FAMILY INFORMATION

ACCOUNT NAME		Have you ever had an account at OSHC before? Yes/NO
CHILD/REN NAMES		

PARENT/CARER1 (Full name) PRIMARY ACCOUNT HOLDER				
Customer Reference Number	(REQUIRED IN ORDER TO GET CHILD CARE SUBSIDY CCS)			
Relationship to Child				
Email Address (required for statements and notices to be sent)				
Date of Birth				
Mobile Number		Preferred phone contact (please circle)	Home Work Mobile	
Home Phone Number				
Address	Suburb	Post Code		
Work Phone Number				
Work Address	Suburb	Post Code		
Occupation				
Organisation/Employer				
Cultural background	Aboriginal	TS Islander	Aboriginal & TS Islander	None
Primary Language Spoken		Country of Birth		

PARENT/ CARER 2 (Full Name) Secondary contact				
Customer Reference Number				
Relationship to Child				
Email Address (required for statements and notices to be sent)		Would you like to be sent statements and receipts YES/NO		
Date of Birth				
Mobile Number		Preferred phone contact (please circle)	Home Work Mobile	
Home Phone Number				
Address	Suburb	Post Code		
Work Phone Number				
Work Address	Suburb	Post Code		
Occupation				
Organisation/Employer				
Cultural background	Aboriginal	TS Islander	Aboriginal & TS Islander	None
Primary Language Spoken		Country of Birth		



AUTHORISED NOMINEE/ EMERGENCY CONTACTS

(other than those already listed on page 1 of) See section 170(5) of the Law and sections 160, 161, 102 & 99 of the Regs.

Authorised Nominee One – this person is Authorized to carry out the following responsibilities for my/our child/children		
FULL NAME		<input type="checkbox"/> authorise & consent to medical treatment / administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver/collect the child to/ from the education and care service (OSHC) and authorization for Qik kids Kiosk sign in/out. <input type="checkbox"/> authorise an educator to transport the child if required outside the education and care services premises
Relationship to child		
Address		
Home Ph.		
Work Ph.		
Mobile		
Authorised Nominee TWO – this person is Authorized to carry out the following responsibilities for my/our child/children		
FULL NAME		<input type="checkbox"/> authorise medical treatment / administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver/collect the child to/ from the education and care service (OSHC) and authorization for Qik kids Kiosk sign in/out. <input type="checkbox"/> authorise an educator to transport the child if required outside the education and care services premises
Relationship to child		
Address		
Home Ph.		
Work Ph.		
Mobile		
Authorised Nominee Three – this person is Authorized to carry out the following responsibilities for my/our child/children		
FULL NAME		<input type="checkbox"/> authorise & consent to medical treatment / administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver/collect the child to/ from the education and care service (OSHC) and authorization for Qik kids Kiosk sign in/out. <input type="checkbox"/> authorise an educator to transport the child if required outside the education and care services premises
Relationship to child		
Address		
Home Ph.		
Work Ph.		
Mobile		
Authorised Nominee Four– this person is Authorized to carry out the following responsibilities for my/our child/children		
FULL NAME		<input type="checkbox"/> authorise medical treatment / administration of medication <input type="checkbox"/> authorise an educator to take the child outside the education and care services premises <input type="checkbox"/> deliver/collect the child to/ from the education and care service (OSHC) and authorization for Qik kids Kiosk sign in/out. <input type="checkbox"/> authorise an educator to transport the child if required outside the education and care services premises
Relationship to child		
Address		
Home Ph.		
Work Ph.		
Mobile		

I _____ (parent/guardian/carer) authorise the contacts above to be contacted in case of emergency if I am unable to be reached. I understand that I need to notify Collingwood Park State School Outside School Hours Care if there are any changes to my emergency contact list as above.

Signature of parent/guardian:

Name:

Date:



CONSENTS

I hereby acknowledge that:

- I have read and understand the centre's policies and procedures, conditions and policies contained in this enrolment record and family handbook, which forms part of this agreement (and which may be change by notice from time to time by the Centre at its sole discretion).
- I have received a Parent Information Handbook outlining the policies and procedures of the Centre and agree to abide by the policies, procedures and rules contained in the booklet. I am aware that I can have access to a full copy of the policy and procedures documents.
- The policies and procedures incorporate any relevant statutory obligations imposed on the Centre and have been put in place to protect my child/ren.
- I must strictly comply with the policies and procedures at all times.
- I will inform the Centre immediately in writing if there are any changes to the information provided by me in this enrolment record.
- When caring for my child/ren, the Centre will rely on the information provided by me in this enrolment record, in any Notice of Change and any other instructions/information (of any nature whatsoever) I give the Centre.
- I am totally responsible for the accuracy of information and my compliance with the policies and procedures.
- I am aware that it is my responsibility to sign my child into any before school care session, sign my child out of any after school care sessions and both sign in and out during vacation care for my child to meet the regulation requirements. A staff member will sign the children out in the morning and sign the children in of an afternoon. I will be contacted if my child is absent.
- I am totally responsible for the suitability and actions of any person/persons, whom I authorise to visit, deliver and/or collect my child/ren to/from the centre or any other place.
- I must notify the Centre if a person, who is not on the services current records as authorised to collect my child, will be collecting my child from any session of care and that photo ID will be required on collection.
- I must first inform any other persons about the policies and procedures and that they must strictly comply with them.
- I must provide alternative care arrangements when my child/ren is suffering from an infectious or contagious illness or is generally unwell or is deemed by service staff to be unable to participate in the service program.
- The service will not accept responsibility for loss or damage to any property/items brought into the service by children or families.
- The above information is correct and precisely matches information submitted by me to Centrelink. I understand that any discrepancies between the two may lead to the Centre being unable to claim CCS on my behalf. In this instance, I will be required to pay full fees.
- (PLEASE NOTE 8 WEEKS OF NON-ATTENDANCE REQUIRES YOU TO RE ACTIVATE YOUR ENROLMENT ON MY GOV)**
- If my child is absent of their first or last day then no (CCS), Childcare subsidy will be applied, and full fees will be charged.**

I hereby state that information supplied in this enrolment form is correct and all information including my child is correct.

I, _____ give permission for my child/ren to attend Collingwood Park State School Outside School Hours Care and will not hold Collingwood Park State School Outside School Hours Care, its staff or volunteers responsible for damages and/or loss of property and/or accidents. I hereby agree to abide by Collingwood Park State School Outside School Hours Care policies and procedures.

Signature of parent/guardian:

Name:

Date:

____ / ____ / ____

PERMISSIONS

Photographs (Kept within centre)

I give permission for staff to take photographs of my child*. These may be displayed within the Centre and used in our program documentation. A copy can be provided to families upon request. YES NO

Photographs (Closed OSHC Facebook Group & Newsletters)

I give permission for staff to take photographs of my child*. I understand these may be displayed on the Closed OSHC Facebook group and in OSHC newsletters. No names are displayed. YES NO

School Communication

For the best interest of my child/ren, I give permission for staff to communicate with the school executive team about my child/ren. YES NO

Movies

I give permission for my child/ren to watch G or PG rated movies at the centre and on excursions YES NO

Hairspray and Face Painting

I give permission for my child/ren to be involved in activities that include coloured hairspray or have face painting while in our care YES NO

Water Play

I give permission for my child/ren to be involved in water play activities such as spraying, water balloons, sponge throwing, etc. I understand that I must ensure my child/ren wear appropriate shoes and clothing to freely engage in these activities. (sun shirts & hats) YES NO

Sports

I give permission for my child/ren to be involved in sport activities such as ball games, running games, dancing, team sport, skipping, etc. I understand that I must ensure my child/ren wear appropriate shoes and clothing in order to freely engage in these activities. YES NO

Homework

I give permission for my child/ren to start their homework while attending the program. I understand that it is not the responsibility of the staff to mark off any homework. YES NO

Application of Band-Aids & First Aid

I give permission for the staff of Collingwood Park State School Outside School Hours Care to apply Band-Aids and/or medical dressings if required. YES NO

Sun smart Policy Clothing

I understand my child must have a bucket hat and sun smart clothing every day for outdoor play. **(NO CAPS)** I give permission for Collingwood Park OSHC staff to enforce the Sun Safe Policy and understand my child/ren will need to apply sunscreen before outside play and from time to time. YES NO

Creams/lotions/Stingoes/Insect Repellant

I give permission for the staff of Collingwood Park State School Outside School Hours Care to apply creams/lotions/insect repellant/stingoes/calamine lotion if required. YES NO

Rainforest

I give permission for the staff of Collingwood Park State School Outside School Hours Care to take my child to the rainforest as part of our sustainability and environmental practices. Children will be given aero guard & PPE if required. Rainforest is located in school grounds opposite OSHC. YES NO

Signature of parent/guardian:

Name:

Date:

PERMANENT BOOKING FORM

I wish to enroll my child for the following permanent bookings for Before/After School Care.

Start Date: _____

Weekly

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care					
After School Care					

Fortnightly

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Before School Care Wk 1					
Before school care Wk 2					
After School Care Wk 1					
After School Care Wk 2					

24 hrs notice to cancel a permanent booking is required and then no fees will be payable.

CASUAL BOOKING FORM

I wish to enroll my child for casual bookings for Before/After School Care. Please Tick

If a child is to attend the Centre on a casual basis, then a casual booking may be made via email, by phone.

A casual booking does not guarantee a place and depends upon our daily numbers.

All ASC casual bookings **MUST** be made by 9.00am of the day you require care (dependent on numbers and availability).

An enrolment form must be completed prior to the child/ren attending the service (as per enrolment procedures).

No fees will be charged if Cancellation of a booking is made by 9:00am on the day care is needed.

Signature of parent/guardian: _____

Name: _____

Date: _____