

Carmichael College OSHC ENROLMENT FORM



CHILD'S NAME:

ATTACHED DOCUMENTS

Please ensure ALL of the following documents are attached to this application before submission:

Child's birth certificate		Child CRN	
Immunisation History Statement		Photo identification of all emergency contacts	
Parent CRN		Any medical documents & Action Plans	
Any documents regarding additional needs or diagnosed disability		Any legal documents regarding: custody arrangements, court order, parental agreements, parenting plans, parenting order etc.	
Child Care Subsidy Confirmation		Enrolment Fee, Bond, 2 Weeks Fee, Security Fob	
Health Care Concession Card (YES/NO)		Department of Veterans Card (YES/NO)	

Carmichael College OSHC

793 Oakey Flat Road, MORAYFIELD. QLD. 4506

Admin: (07) 5431 1200

kids@carmichael.qld.edu.au

Child's Start Date:

OFFICE USE ONLY

Date Entered:

Entered By:

CHILD DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, e)

Given Name(s):			
Middle Name:		Surname:	
Preferred Name:			

Date of Birth		Gender (Please circle)	Male / Female
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Centrelink Reference Number (CRN) <i>Please note: Parent and child have their own individual CRN number</i>	
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Child's home address	
Child lives with	

Child's Current Year Level					
Days of attendance:	Mon	Tue	Wed	Thurs.	Fri
Before School Care:					
After School Care:					
<input type="checkbox"/> Vacation Care Only: (Please Tick)	(Please note: A Vacation Care booking form must be completed to secure your position)				

PRIMARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Given Name:			
Parent Surname:			
Address:			
Phone Number/s	(H)	(M)	(W)
Parent Date of Birth:			
Email address:			
Authorised to Collect:	Yes/No (Please Circle)		
Relationship to child:			
Country of Birth:			

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
Would you be interested in partnering with Carmichael College OSHC to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?	Yes/No (Please Circle)

Does the child normally live with you? (Please circle)	Yes / No
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Occupation:	
Place of Employment:	
Hours of Work:	

SECONDARY PARENT

Education and Care Services National Regulations - Regulation 160 (3b)

Parent Given Name:	
Parent Surname:	
Address:	
Phone Number/s	(H) (M) (W)
Parent Date of Birth:	
Email address	
Authorised to Collect:	Yes/No (Please Circle)
Relationship to child	
Country of Birth	

Parent Centrelink Reference Number (CRN):	
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Please provide any relevant cultural background details	
Would you be interested in partnering with Carmichael College OSHC to assist us in our Quality Improvement Practice to ensure that cultural knowledge shapes the structure of our service?	Yes/No (Please Circle)

Does the child normally live with you? (Please circle)	Yes / No
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Occupation:	
Place of Employment:	
Hours of Work:	

FAMILY LAW, AVOs OR OTHER RELEVANT COURT ORDER

Education and Care Services National Regulations - Regulation 160 (3c, d)

Are there any relevant court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Are there any other relevant court orders relating to the child's residence or the child's contact with a parent or other person?	Yes/No If yes, please provide all relevant documentation and paperwork	Attached
Have photographs and names of unauthorised people been attached to this form?	Yes/No	Attached
Briefly outline court order requirements		

Please note that without this documentation we cannot legally enforce the Order/s.

MEDICAL INFORMATION

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

To ensure your child's safety, it is essential that you inform our Service of any medical conditions, including known allergies before enrolment. If any information changes to an existing condition or you become aware of a newly diagnosed condition, you should contact administration as soon as possible.

Child's Medicare Number			
Medicare Expiry Date		Child's Medicare reference number	
Doctor's name			
Name of Medical Practice:		Phone number	
Doctor's address			
Private Health Cover	Yes / No	Private Health Fund Name	
Private Health Care Membership Number		Ambulance Cover	Yes / No
Do you authorise the Nominated Supervisor or another educator at the Service to seek medical treatment from a registered medical practitioner, hospital or ambulance service?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or another educator at the Service to seek dental treatment from a registered dental practitioner or service in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you authorise the Nominated Supervisor or another educator to transport the child in an ambulance in the event of an emergency?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Do you give permission for your child to be given an INITIAL, ONE ONLY age appropriate dose of paracetamol if their temperature is 38 degrees Celsius or higher and authorised contacts (parents/guardians/authorised contacts) are not able to be reached?	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

CHILD’S MEDICAL DETAILS AND HEALTH CONDITIONS

Allergy:			
Risk of Anaphylaxis	Yes/No	Has a doctor diagnosed this allergy?	Yes/No
Does your child have a current Action Management Plan?	Yes/No	Has your child been prescribed an adrenaline auto injector (Epipen)?	Yes/No
If your child has been prescribed an adrenaline autoinjector (Epipen), you will need to provide this to the Service (and renew prior to expiry date).			
Please be advised that if your child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or another educator may administer emergency first aid without making contact. Educators will notify the child’s parents and/or emergency services as soon as possible. <i>Education and Care Services National Regulations - Regulation 94.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

Does your child have any special dietary requirements or restrictions? Yes/No

Prohibited Food	Detailed information

Has a Risk Minimisation and Communication Plan been completed in collaboration with Parent/Guardians and Management?	Yes/No
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MEDICAL CONDITIONS OTHER THAN ALLERGIES, AND ANAPHYLAXIS (ASTHMA, SEVERE ASTHMA, EPILEPSY, DIABETES other)

Medical condition			
Has a doctor diagnosed this condition?			Yes/No
Does your child have a current Medical Management Plan (e.g. ASCIA Asthma Plan)			Yes/No
If yes, is this plan attached?			Yes/No
REQUEST FOR MY CHILD TO SELF ADMINISTER PRESCRIBED MEDICATION			
Do you agree to your child independently self-administer their own medication? <i>Education and Care Services National Regulations - Regulation 96.</i>	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	
Please indicate the medication that your child has permission to self-administer (eg: asthma reliever, enzymes for cystic fibrosis).			
Doctor's name			
Medical Centre		Phone Number	
Signature			Date
<p>Students in younger classes may require supervision when self-administering medication and other aspects of healthcare management. In accordance with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management must follow an agreement by the student and parents/guardians, the Service and the student's medical/health practitioner.</p> <p>Please advise if your child's medical condition creates any difficulties with self-management, for example, difficulty to remember to take medication at specified times or difficulties coordinating equipment. Please include information about how you support your child at home to administer their medication.</p>			
Medication agreement			

<p>Medication will only be administered if</p> <ul style="list-style-type: none"> • it is in the original container with the original label • instructions and dosage can be clearly read • expiry date or use by date is valid • the label contains the child’s name and parents must provide any verbal or written instructions provided by the medical practitioner. <p>Additionally, only if the medication has been prescribed by a medical practitioner.</p> <p><i>Education and Care Services National Regulations Regulation, 95</i></p> <p>Any medication, including non-prescription medication such as creams, must be authorised by parents or an authorised nominee on our <i>Medication</i> form.</p> <p><i>Education and Care Services National Regulations Regulation 93</i></p>	Parent 1 Signature:	
	Parent 2 Signature:	

Has a Risk Minimisation and Communication Plan been completed in collaboration with Parent/Guardians and Management?	Yes/No
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IMMUNISATION DETAILS

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

I have chosen not to have my child immunised.	Yes/No	Attached Initial & Sighted
	<p>Please note: Approved documentation must be provided before your child can attend. See Immunisation Policy</p>	
Are your child’s immunisation up to date?	Yes/No	Attached Initial & Sighted
	<p>Please provide a copy of your child’s Immunisation History Statement provided by Medicare</p>	

CULTURAL CONSIDERATION

Education and Care Services National Regulations - Regulation 160 (f, g, h)

Does your child identify as: <i>(please tick)</i>	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both
Does your child speak a language other than English at home? <i>(Please circle) Yes / No</i>	If yes, what language (s) other than English are spoken at home.
Country of birth	
Nationality and cultural considerations	
Religion and Religious Considerations	

FAMILY INFORMATION

Does your child have any siblings attending our Service? If so, please provide their names and dates of birth. <i>(Please note: this also includes Carmichael Kids and Carmichael Kindy)</i>	
Does your child have other siblings at home or attending school? If so, please provide their names and ages.	
Does your child have any other close relations attending the Service? E.g. Cousins If so, please provide their names.	

DEVELOPMENTAL INFORMATION

	<i>Please provide any relevant information</i>
Does your child have any problems with hearing, sight or speech?	
Does your child have a physical disability or delay, including intellectual, sensory or physical impairment?	
Does your child require additional support for learning because of disability?	
Is there anything that you do or modify at home that may assist us to meet the educational needs of your child?	
Is this the first time your child has been in care? If no , please indicate the type of early education and care your child has experienced.	

FIRST EMERGENCY CONTACT - AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. In these cases of emergency, the service will inform the following person to collect and care for the child. This person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please obtain the person's consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (W)	(M)	
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service in the case of an emergency?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child from the Service's premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

SECOND EMERGENCY CONTACT- AUTHORISED NOMINEE

Education and Care Services National Regulations - Regulation 160 (3b, ii, iii, iv, v) 161 (1a, I, ii, 1b)

There may be times or situations where your child has had an accident, injury, trauma or illness and parent/s cannot be reached or are unable to collect their child. In these cases of emergency, the service will inform the following person to collect and care for the child. This person must live a maximum of **30 minutes** from the Service and must provide identification when collecting the child.

Please obtain the person’s consent before listing them as an emergency contact.

Full Name			
Relationship to child			
Phone Number	(H) (W)	(M)	
Address			
Email Address			
Can this person be contacted to collect your child from the education and care service in the case of an emergency?	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for medical treatment or to authorise for a Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent for educators to take the child from the Service’s premises in the event that you cannot be contacted? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	
Can this person be contacted to give consent to the transportation of the child by an ambulance service? (Please Circle)	Yes/No	Parent 1 Signature	
		Parent 2 Signature	

ENROLMENT AGREEMENT

Please read the following agreement carefully before signing. If there is anything within this document that you are unsure of, please ask for clarification.

HEALTH AND SAFETY

I/we give permission for this child to: Leave the building in the case of an evacuation drill.	YES	NO
I/we give permission for this child to apply SPF30+ sunscreen prior to sun exposure (If not, please provide a letter releasing the Service of any Liability)	YES	NO
Have Band-Aids or sticking plasters applied when necessary	YES	NO
Have staff apply Insect Repellent (supplied by parents with a chemist label attached and families must sign creams/lotions/gels/powder form)	YES	NO

PHOTOGRAPHY AND VIDEO

For photos and video footage to be taken of my/our child for Service use and staff training purposes (footage will not leave the Service)	YES	NO
For photos and video footage of my/our child to be used in Learning Stories, and to be shared with other families that attend the Service	YES	NO
For photos and video footage of my/our child to be used for student training purposes (Photos and video footage may leave the Service for students to present to lecturer and class for viewing and marking)	YES	NO
For photos and video footage of my/our child to be used on Service website, social media and other internet purposes, such as advertisement and used in organisation's resources	YES	NO
We have read and understood the Centre's Talent Release Form, I have signed and returned this form back to the Centre and have accepted Story Park's Terms & Conditions.	YES	NO

BOOKING REQUIREMENTS

Required before Enrolment commences:

- Security Door Fob: \$10 Deposit (Returned at end of enrolment) – please note, this is only for families accessing Carmichael College OSHC for Before School Care and After School Care

BOOKING REQUIREMENTS

Subsidy Percentage:	Subsidised Hours Per Fortnight:
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I understand that my quote for childcare fee will be generated on the information that I have given. If Centrelink provides the service with new information, my fees will be recalculated. I understand that my fees will be calculated on Centrelink's most current information	Yes/No	Parent 1 Signature:	
		Parent 2 Signature:	

PRIORITY OF ACCESS

- First Priority: a child at risk of serious abuse or neglect
- Second Priority: A child of a single parent who satisfies, or of parents who both satisfy, the work/training/study test under section 14 of the 'A New Tax System (Family Assistance) Act 1999'
- Third Priority: Any other child

Please note: Siblings of children already enrolled within the Service will be given priority over Third Priority

WRITTEN ARRANGEMENTS:

A Service and Parent/Guardian must agree up-front on the arrangements for the care of a child. Arrangements must be recorded and kept up to date to ensure compliance.

Complying Written Arrangement	CWA	A CWA is an enrolment type used for families wishing to claim CCS now or in the future
Relevant Arrangement	RA	An RA is an enrolment type used for families not wishing to claim CCS
Arrangement with an organisation	Arrangement with an organisation is liable for the fees and care of the child	

This Written Arrangement between _____ and Carmichael College OSHC is an ongoing agreement between the ECEC Service Provider and the Parent/Guardian, to provide care in return for fees. The Written Arrangement must contain a minimum amount of information set out in subsection 200B(3) of the Family Assistance Administration Act.

Arrangement Type	CWA	RA	ACCS	Arrangement with an organisation		
Name of Service	Carmichael College OSHC					
Service ID:	SE-40005399					
Expected Session of Care:						
Start Time for Before School Care Session: 6:30am End Time for Before School Care Session: 8:30 am	Before School Care	Mon	Tues	Wed	Thurs	Fri
		2 hrs	2 hrs	2 hrs	2 hrs	2 hrs
Start Time for After School Care Session: 3:00pm End Time for After School Care Session: 6:00pm	After School Care	Mon	Tues	Wed	Thurs	Fri
		3 hrs	3 hrs	3 hrs	3 hrs	3 hrs
Start Time for Vacation Care Session: 6:30 am End Time for Vacation Care Session: 6:00pm	VAC Care	Mon	Tues	Wed	Thurs	Fri
		11.5 hrs	11.5 hrs	11.5 hrs	11.5 hrs	11.5 hrs
Care Arrangement:	Routine Care			*Casual/Extra Care		

(* OSHC Casual Bookings require at least one permanent booked day and are dependent on permanent bookings and capacities on a day to day basis)

Parent 1 Name: _____

Parent 1 Signature: _____

Parent 2 Name: _____

Parent 2 Signature: _____

FEES PAYABLE

Enrolment Fees MUST be paid at the Centre Reception. This is to be paid upon or prior to child's commencement date.

Fees are then to be paid via Debit Success by the end of the business week or less often in advance. A weekly statement, in accordance with the Commonwealth Department Guidelines, will be emailed to each nominated parent weekly.

I/We understand and accept that fees are payable for absences such as illness and holidays and that fees must be paid at least one week in advance. I/We understand that failure to pay fees on time could jeopardise my/our child's continuing enrolment at the Service.

Parent/Guardians should contact the Service to advise of their child's inability to attend as soon as this is known.

It is the Parent/Guardian's responsibility to complete and lodge their childcare subsidy application through MYGOV/Centrelink. Childcare Subsidy cannot be deducted from the fees until the Service is able to formalise the enrolment through linking the child directly with Centrelink.

In the event that you are unable to maintain your weekly account, it is your responsibility to contact the Service immediately to discuss any financial hardship.

If you have not contacted the Service regarding an inability to pay your account and your account has fallen into arrears, the following procedures will apply:

- **After 1 Week Overdue:** An overdue account notice/reminder will be issued to inform you that your fees are not up-to-date.
- **After 2 Weeks Overdue:** A continued reminder will be issued to inform you that your fees are not up-to-date. You will also be encouraged to discuss payment difficulties and make suitable arrangements to pay, this may include contact from our Accounts Team to arrange a payment plan*.
- **After 3 Weeks Overdue:** If there has been no written agreement entered in to, or contact made with the Service, you will receive a letter advising you that your child's booking will be cancelled if the total amount owing is not paid immediately.

(*Payment plan terms and conditions can be discussed with our Accounts Team.)

I/We understand that once allowable absences (42) or Childcare Subsidy (CCSS) has been exhausted, my/our Gap fee will increase due to reduction of Government Allowances.

It is my responsibility to keep Childcare Government Authorities (Centrelink/MYGOV) updated with any changes to my personal circumstances to ensure my account details are correct and calculated accordingly.

Parent 1 Name: _____ Parent 1 Signature: _____

Parent 2 Name: _____ Parent 2 Signature: _____

PARENT AGREEMENT

Education and Care Services National Regulations - Regulation 160 (3a, l, j)

Please tick box to confirm you have read each point:

- I agree to inform the Service in writing immediately of any changes to the above information.
- I agree to pay the Service enrolment fee and bond prior to my child starting and am aware that the enrolment fee is non-refundable. Bond is refundable under conditions outlined in the Policy Manual.
- I agree to keep my fees paid up to date and understand that my child's position at the Service will be in jeopardy if my fees are not kept up to date. I understand that all booked days are paid for even when my child is absent due to sickness or on holidays.
- If I am unable to collect my child by closing time, I will organise for one of the people listed as authorised contacts to collect my child prior to closing time. I am aware that if my child has not been collected by closing time, and I am unable to be contacted, those persons nominated as authorised contacts will be called by Service staff to collect my child.
- I agree to pay a late fee of **\$15.00 per 15-minute block** or part thereof after closing time. In the event that a child is left at the Service for over an hour after closing and Service staff have been unable to contact anyone to collect the child, we will notify The Department of Family and Community Services and may be required to take your child to the local Police Station to await your arrival. A note will be left detailing your child's whereabouts. In this instance, the Service is also obligated to notify relevant Child Protection Agencies and/or the Regulatory Authority.
- I agree to provide two weeks written notice to withdraw my child or reduce booked days.
- I agree to bring my child to the Service with sunscreen applied and give permission for staff to reapply sunscreen throughout the day as needed. (If your child has sensitive skin and would prefer they use their own sunscreen, please bring a spare tube to remain at the service – this must be clearly labelled with your child's first and last name on a pharmacist label).
- I authorise a qualified staff member to administer a single dose of paracetamol (Panadol) appropriate to my child's age, in the event of my child experiencing a high temperature and other measures of reducing the temperature have not worked. In this event, I agree to collect my child as soon as possible, or organise for someone else to collect my child.
- I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's *Administration of Medication* form. I understand that if details are filled in incorrectly or left blank or if the medication does not meet the standards of

the Service's policy the medication will not be given unless, in the case of missing or incorrect details I can be contacted to authorise the missing details. I agree to inform the staff both verbally and in writing of the need for medication for my child. I understand that non-prescription medication will not be given by staff unless it is accompanied by a current letter (within 6 months) from a General Practitioner stating the name of and reasons for the medication, and only then, if the Nominated Supervisor deems the child well enough to attend Service.

- I/We agree to keep my/our child at home for a minimum of 48 hours if he/she is suffering from any contagious conditions or is generally unwell and therefore unfit to participate in the normal daily activities of the Service. If I have been contacted by the Service to collect my child due to high temperature or illness, a 48-hour exclusion period will also be implemented. A clearance note from a General Practitioner will need to be presented at front reception upon my child's return to the service. I/We will collect my/our child promptly if the child becomes unwell while at the Service (Contagious conditions are listed in *Staying Healthy 5th Edition*).
- I give permission for my child to be involved with leisure activities offered at the OSHC Service (this may include use of iPad for online games, Movies or Internet for Music for leisure).
- I give permission for my child to watch PG with the supervision of educators (please note, this will be for Vacation Care and not utilised in Before School Care or After School Care).
- I give permission for my child to utilise the Carmichael College Grounds (including playground, oval and toilet blocks, etc.).
- I have read the Parent Handbook and am familiar with the Service's Policy Manual. I agree to follow, support and abide by these policies and am aware that staff members are available to discuss any policies that I do not fully understand. I know that if I have any suggestions this can be given verbally to a staff member or sent to administration email.
- I am interested in being a part of a **Parent Committee** that meets occasionally to update policies, provide feedback, assist with activities, fundraising and social events.
- I, or someone I know, has a skill they could share with the children to enhance the educational program.
- I give permission for my child to be observed by the Educators of the Service and students supervised by the Educators. I give permission for my child to participate in programs organised by practicum students under the supervision of an Educator. I am aware that confidentiality is always respected and that students will not be left with children without an Educator present.

- I have provided accurate and up-to-date information on the Written Agreement
- I/We agree to abide by the Parental Code of Conduct. We understand that any aggressive, bullying or intimidating behaviour will not be accepted. We will be respectful of the privacy of children, their families, Carmichael College OSHC staff member and volunteers and refrain from taking photographs at Carmichael College OSHC without prior written consent of Carmichael College OSHC. We understand that failure to comply with the Code of Conduct will result in cancellation of our child’s enrolment.

I have read and understood the information in this application. Information provided about my child/ren or other people, has been given with their authorisation.

Print Name: _____ Signature: _____ Date: __/__/__

Print Name: _____ Signature: _____ Date: __/__/__

HOW DID YOU HEAR ABOUT US?

Word of Mouth		Internet Search	
Advertisement		Social Media	
Website		Other: _____	

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.