



# GOLD COAST CHRISTIAN COLLEGE OUTSIDE SCHOOL HOURS CARE

## Child Details

## ENROLMENT FORM

**Child's Name:** ..... **Surname:** .....

**Date of Birth:** / / **Gender:** Male / Female **CRN:** .....

**Medicare Number:** ..... **Number in line:** .....

**Residential Address:** .....

.....**Post Code:**.....

## Parent/Guardian Details

**1. Name:** ..... **Surname:** .....

**Date of Birth:** / / **Relationship to child:** .....

**CRN:** .....

**Residential Address:** .....

.....**Post Code:** .....

**Home Telephone:** .....**Mobile:** .....

**Place of Employment:** .....

**Work Telephone:** .....**Email:** .....

Tick to say that you have read the Parent Handbook and College student handbook online.

**2. Name:** ..... **Surname:** .....

**Date of Birth:** / / **Relationship to child:** .....

**Residential Address:** .....

.....**Post Code:** .....

**Home Telephone:** .....**Mobile:** .....

**Place of Employment:** .....

**Work Telephone:** .....**Email:** .....

**Emergency Contact Persons/Persons Authorised (other than parents) to Collect Child from the College**

In the case of illness, accident or other emergency and in the event that neither parent can be contacted, whom do you wish to be contacted and allowed to collect your child?

**1. Full Name:** .....

Relationship to Child: .....Home Telephone: ..... Mobile: .....

Address: .....

Is this person authorised to consent to medical treatment/ administration of medication of your child/ children?.....

Is this person authorised to authorise an educator to take the child outside the education and care service premises? Yes/ No:.....

**2. Name:** .....

Relationship to Child: .....Home Telephone: ..... Mobile: .....

Address: .....

Is this person authorised to consent to medical treatment/ administration of medication of your child/ children?.....

Is this person authorised to authorise an educator to take the child outside the education and care service premises? Yes/ No:.....

**3. Name:** .....

Relationship to Child: .....Home Telephone: ..... Mobile: .....

Address: .....

Is this person authorised to consent to medical treatment/ administration of medication of your child/ children?.....

Is this person authorised to authorise an educator to take the child outside the education and care service premises? Yes/ No:.....

*I hereby authorise the persons listed above to collect my child from the College and to sign him/her in or out as required:*

Parent/Guardian's Name: .....

Signature:.....

**Please indicate any Court Orders affecting the custody of, or access to your child :( attach relevant documents)**

.....  
.....

**Parent Statement**

**Centre Policies**

I have been given a copy of the **Parent Information Book** and the **College Student Handbook**, which I have read, and I hereby acknowledge that I am aware of all policies and procedures outlined in these documents and agree to abide by them. I will ensure my child abides by these ethics and standards of behaviour.

Parent's Signature: .....Date.....

- Has your child already attended another **approved** child care service in the current financial year?  
**Yes or No .....**
- *If you answered "Yes" to the above you must inform us in writing the number of allowable absences your child has used over the current financial year from any other approved service, updating these records when absences are taken at all approved services.*
- Will your child be continuing to attend another approved child care service? **Yes or No**
- *If you answered "Yes", what is **the total number of hours per week** you are charged for your child at this other service?.....*
- **How many of your other children attend or will be attending an approved Long day care, Family day care or licensed Out of School Hours Care in the same week?**  
.....

1.Name..... DOB.....

Service attending.....

2.Name..... DOB.....

Service attending.....

**Parent Permission**

I hereby give permission for my child to be photographed or involved in audio/visual recordings for use in the College OSHC/VAC Care programs and also for external use. YES/NO

Parent's Signature: ..... Date: .....

I hereby give permission for my child to go on short walking excursions within the College grounds under the supervision of the OSHC staff, who will abide by OSHC policies and Government childcare regulations. YES/NO

Parent's Signature: .....Date: .....

**OSHC Fees**

I agree to abide by Gold Coast Christian College OSHC policy that states all clients accounts must be kept up to date and at a Nil balance or in advance.

Parent/Guardian Signature: ..... Date: .....

Please direct fee accounts and correspondence to :

Name: .....

Postal Address: .....

.....PostCode

**Emergency Treatment**

I hereby authorise OSHC staff to provide appropriate medical attention for my child in cases of emergency.

Parent Signature : ..... Date : .....

I hereby authorise a senior staff member from the OSHC Service to arrange emergency medical, hospital or ambulance treatment for my child at my expense should that be necessary. I understand, however, that a reasonable attempt would be made to contact me before this was done. YES/NO

**I also acknowledge and agree to abide by the OSHC policy which excludes my child from the service until his/her temperature returns to normal for a period of 24 hours without the aid of fever reducing medication.**

Parent Signature:..... Date:.....

Name of child's doctor or hospital:.....

Address:.....  
.....

Telephone:.....

**Your Child's Health**

**Persons authorised to consent to medical treatment of your child?**

- 1. ....
- 2. ....

**Is your child at risk of anaphylaxis?.....**

**If yes, what is their Medical Management plan or risk minimisation plans to be followed?.....**

.....

**Allergies?.....**

**Does your child have any dietary restrictions?.....**

.....

**Is your child receiving any long term medication? .....**

**Does your child have any special needs (eg special needs relating to a disability)?**

.....

**Any past serious injuries or history of ill health? .....**

.....

**Asthma**

Does your child have asthma? Yes..... No.....

**If you have answered yes, please complete the following:** In the last 12 months, has your child had an episode of wheezing? Yes/No

If your child regularly takes medication to manage asthma, please indicate the medication, the dosage, the frequency and the method of administration.

.....

Type of medication and dosage to be used when symptoms develop.

.....

Describe the symptoms which indicate that your child is having an asthma attack.

.....

What is your child's Asthma medical plan or risk minimisation plan to be followed?.

.....

***I hereby give permission for my child to be administered Ventolin if he/she has an asthma attack while at the Centre. (Ventolin and a volumatic spacer from the Centre's first aid kit are available for use in the event of a child having an asthma attack at the Centre and being without his/her own medication.)***

Parent's Signature: ..... Date: .....

**PLEASE INFORM STAFF OF ANY CHANGES TO YOUR CHILD'S ASTHMA CONDITION OR TREATMENT**

**Immunisation**

Please supply a copy of your child's Immunisations which can be obtained from the Australian Immunisation Register and attach it to the enrolment form.

Ph 1800 653 809

Authorised person has sighted child's Immunisation record? .....

**About Your Child**

- Does your child have any special requirements such as cultural or religious requirements?  
.....  
.....
- What is the Primary Language of your family? .....
- Does your family have an Aboriginal or Torres Strait Islander back ground? Yes/No

**Other parent comments**

.....  
.....

**Booked Days**

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Before School</b>					
<b>After School</b>					

# ABOUT YOU!

Please have your child write the answers or draw a picture!

When you have finished this page you can hand it to a member of staff. This information will be used to help us plan programs and activities that you will enjoy learning from!

What do you like to do when you go home after school?

What sorts of activities do you like to do outdoors?

What sorts of activities do you like to do indoors?

What are your favourite healthy foods?

Is there anything that you would like the staff to know about you?

Name: \_\_\_\_\_

Thank you