

Child Enrolment Record

Child's Full Name:	D.O.B:
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CHILD DETAILS

Child's home address:											
Child lives with:	Mother Father Other										
Cultural Background / Language spoken at home											
Cultural Strengths and interests of family											
Cultural, Religious, or Additional Needs											
Gender of Child	Male Female										
Day of Attendance	<p>After School Care</p> <p style="text-align: center;">Casual Care (Subject for availability) Permanent Booked Days</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">MON</td> <td style="width: 20%;">TUES</td> <td style="width: 20%;">WEDS</td> <td style="width: 20%;">THURS</td> <td style="width: 20%;">FRI</td> </tr> </table> <hr/> <p>Vacation Care</p> <p style="text-align: center;">Casual Care (Subject to availability) Permanent Booked Days</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20%;">MON</td> <td style="width: 20%;">TUES</td> <td style="width: 20%;">WEDS</td> <td style="width: 20%;">THURS</td> <td style="width: 20%;">FRI</td> </tr> </table>	MON	TUES	WEDS	THURS	FRI	MON	TUES	WEDS	THURS	FRI
MON	TUES	WEDS	THURS	FRI							
MON	TUES	WEDS	THURS	FRI							
Child's Start Date:											

PARENT DETAILS

1. Primary Parent / Guardian to Contact and Collect

Parents Given Name	
Surname	
Relationship to Child	
Country of Birth:	
Parent D.O.B	
Address	
Email	
Phone Numbers	Home: Mobile: Work:
Occupation:	
Place of Employment:	

Does the Child Live With You?	Yes	No
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2. Primary Parent / Guardian to Contact and Collect

Parents Given Name	
Surname	
Relationship to Child	
Country of Birth:	
Parent D.O.B	
Address	
Email	
Phone Numbers	Home: Mobile: Work:
Occupation:	
Place of Employment:	
Does the Child Live With You?	Yes No

AUTHORISED NOMINEE – means a person who has been given permission by a parent or family member to collect the child from the education and care service. The Authorised Nominee will also be notified of an emergency involving the child if any parent of the child cannot be contacted immediately.

1. Authorised Nominee / First Emergency Contact

Full Name:	
Relationship to Child	
D.O.B	
Address	
Email	
Phone Numbers	Home: Mobile: Work:

Collect my child from Hillcrest Christian College OSHC?

Yes No Parent Signature: _____

Can this person be contacted to give consent to educators to take the child outside the Services Premises in the event that you cannot be contacted?

Yes No Parent Signature: _____

Can this person be contacted to give consent for medical treatment or to authorise the Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?

Yes No Parent Signature: _____

2. Authorised Nominee

Full Name:	
Relationship to Child	
D.O.B	
Address	
Email	
Phone Numbers	Home: Mobile: Work:

Collect my child from Hillcrest Christian College OSHC?

Yes No Parent Signature: _____

Can this person be contacted to give consent to educators to take the child outside the Services Premises in the event that you cannot be contacted?

Yes No Parent Signature: _____

Can this person be contacted to give consent for medical treatment or to authorise the Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?

Yes No Parent Signature: _____

3. Authorised Nominee

Full Name:	
Relationship to Child	
D.O.B	
Address	
Email	
Phone Numbers	Home: Mobile: Work:

Collect my child from Hillcrest Christian College OSHC?

Yes No Parent Signature: _____

Can this person be contacted to give consent to educators to take the child outside the Services Premises in the event that you cannot be contacted?

Yes No Parent Signature: _____

Can this person be contacted to give consent for medical treatment or to authorise the Nominated Supervisor or educator to administer medication to the child in the event that you cannot be contacted?

Yes No Parent Signature: _____

DETAILS OF CHILD PROTECTION ORDERS

Are there any court orders, parent plans or parent orders 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 a custody order is in place, the parent MUST provide a current copy of this order to the LDC for your child's files in order to verify custody arrangements. It is the parent's responsibility to ensure that all documents regarding custody/access are kept up to date at all times.	
Are there any special family arrangements? Sole parent / shared custody <i>Details of any other court orders provided relating to the child's residence or the child's contact with a parent or other person</i>	Yes No If Yes please provide information:

MEDICAL TREATMENT AUTHORISATION

I authorise and give my consent for my child to receive medical treatment from a medical practitioner, hospital or ambulance in the event that my child requires medical treatment.	
I authorise the transportation of my child by an ambulance service when my child requires medical treatment.	
Parents Name:	Signature:

CENTRELINK INFORMATION

Child Care Subsidy will be paid directly to the Service to reduce the fee's families pay. To claim Child Care Subsidy (CCS) Families must meet eligibility requirements. ***To claim the Child Care Subsidy for your OSHC fee's please provide your CRN details below.***

Registering Parent Name	
Parent Reference Number	
Child Reference Number	
Are wanting to claim the Child Care Subsidy for your child's OSHC fee's	Yes No <i>If you have ticked yes please ensure you provide your CRN above.</i>
Does your child attend another service?	Yes No If Yes which service:
Have you completed the CCS assessment on the MyGov website.	Yes No

HEALTH / MEDICAL INFORMATION

Name of Child's Doctor	
Address of Child's Doctor	
Phone Number of Child's Doctor	
Child's Medicare Number	Medicare Expiry Date:
Specific Health Care Needs of Child eg, Medical Condition / Allergy?	
Allergies, including if the child is diagnosed as at risk of Anaphylaxis or Asthma?	<p style="text-align: center;">Yes No</p> <p>If Yes please give details and include information about medical / Anaphylaxis / Asthma management plans or risk minimisation plans to be followed. (Please provide a copy to the service).</p> <p>** Please be advised that if the child is diagnosed with asthma or anaphylaxis and an emergency occurs, the Nominated Supervisor or other educators may administer emergency first aid without making contact. Educators will notify the child's parents and / or emergency services as soon as possible.</p>
Details of dietary restrictions for the child?	
Immunisation Status	<p>Not Immunised</p> <p>Up to date – Immunisation History statement to be provided <i>AIR Immunisation History has been sighted by the OSHC Coordinator Yes / No</i></p>
Does your child have any additional needs of which our service needs to be aware of to ensure continuity of care?	

PERMISSION FOR THE FOLLOWING

Photography Permission

I give my consent for my child to be photographed for educational purposes and these photos to be used in day stories, displays, the OSHC newsletter, OSHC Facebook page and the Hillcrest Christian College publications. I acknowledge that there will be instances where my child's photograph may appear in the day book which is displayed for all OSHC families.

Parent signature: _____ Date: _____

Panadol Permission

I give my consent for my child to receive Panadol (Paracetamol) in the event that my child has a high temperature. I understand that I will be contacted prior to administration of Panadol.

Parent signature: _____ Date: _____

Oval Visits / MPH Activities

I give my consent for my child to participate in activities on Hillcrest Christian College oval, MPH and playgrounds around the college during the OSHC program.

Parent signature: _____ Date: _____

Terms and Conditions of Enrolment

Please tick each box to confirm you have read each point:

I agree to keep my fees paid up to date as per the fee policy. I understand that my child's position at Hillcrest Christian College OSHC will be suspended as per the fee policy if my fee's are not kept up to date.

I give my consent for my child to apply sunscreen during their attendance at OSHC prior to outdoor play. I acknowledge that the sunscreen will be supplied to my child by Hillcrest Christian College OSHC service. (If your child has sensitive skin and would prefer they use their own sunscreen please provide supply a tube a sunscreen that is to remain at the OSHC service – clearly labelled with your child's first and last name).

I give consent for Hillcrest Christian College OSHC educators to apply creams or lotions such as insect repellent that has been provided by myself for my child. I understand that these must be clearly labelled with the child's first and last name.

I give permission for prescribed medication to be administered by Service primary contact staff upon my authorisation on the Service's 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 give my consent for my child to be observed by students undergoing their practical placement at Hillcrest Christian College OSHC for development and training purposes.

I give my consent for my child to participate in evacuation/fire drills that may require my child to go to a designated meeting area that is within the grounds of Hillcrest Christian College.

I understand that my child is required to be signed in and out each time of their attendance at Hillcrest Christian College OSHC. I also understand that I am required to sign for any absent days in acknowledgement that my child did not attend OSHC but Child Care Subsidy was still claimed for these days.

I am aware that it is my responsibility to register my child for Child Care Subsidy and to confirm my child's CCS enrolment status via my MyGov account. I also understand that I am required to keep my child's immunisation details up to date. Failure to keep children's immunisations up to date may result in your child's Child Care Subsidy being cancelled with the DETE Child Care Subsidy. I acknowledge that if my Child Care Subsidy drops out or is cancelled due to my child's immunisation not being up to date it will be my responsibility to pay the full cost of fee's until the matter is resolved with Centrelink.

Cancellation of an After School Care booking must be made before 9.00am – 48 hours prior to the day of cancellation otherwise the booking is charged.

A vacation care booking form / Complying written agreement must be completed by the parent prior to the commencement of the vacation care program. Vacation care bookings are final and there are no refunds or cancellations.

I acknowledge that my child may only be collected by an "authorised" adult (specified on the enrolment form – Authorised Nominee) & that I will have to sign a Temporary Arrangement for Authority to Collect Children Form for any other person to pick my child up from Hillcrest Christian College OSHC.

I am aware that my child will be excluded from care at Hillcrest Christian College OSHC if he/she has contracted a contagious disease or condition. I understand that the child may be accepted back into the centre upon provision of a "clearance certificate" for the child from a medical practitioner, but the final decision rests with the Coordinator of Hillcrest Christian College OSHC. I am aware that if my child has not been immunised my child will be excluded from Hillcrest Christian College OSHC if there is an outbreak of any of the communicable diseases otherwise vaccinated against. I understand that the centre will accept the child for further care after receipt of medical advice that the infectious period has passed.

I am aware that the Parent Handbook and Hillcrest Christian College OSHC Policy Manual located in OSHC admin. I agree to follow, support and abide by these policies and am aware that the OSHC Coordinator is available to discuss with my any policies that I do not fully understand.

Signed in acknowledgement of the above terms and conditions of enrolment

Parent 1 / Guardian's Name:	
Signature:	Date:

Parent 2 / Guardian's Name:	
Signature:	Date:

Hillcrest Christian College Ltd is the Approved Provider
PO Box 2503 Burleigh BC Qld 4220
21 Bridgman Drive Reedy Cree QLD 4227
Mobile: 0400 212 656
Email: oshc@hillcrest.qld.edu.au Web: www.hillcrest.qld.edu.au