HOPE
CHRISTIAN COLLEGE

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Out of School Hours Care

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Enrolment Form (1 of 6)

Full Enrollment	☐	Medical Plan Supplied	☐
Casual Enrollment	☐	Medical Plan Req	☐

Child's Detail:

Family Name:		CRN:	
First Name(s):		Known as:	
Date of birth:	__/__/____ Gender: (circle one) male/female	Town/Suburb:	
Address No./St:		Postcode:	
Indigenous Status: Aboriginal:	Yes/No TS Islander: Yes/No	Primary Language:	

Account Holder Details:

Name:			
Date of birth:		**CRN:**	
Relationship to child:	**Contact Priority:**	**Primary Language:**	
Address: (h)			
(w)			
Phone: (h)	**(w)**	**(m)**	
Email:			

Other Parent Details:

Name:			
Date of birth:		CRN:	
Relationship to child:	Contact Priority:	Primary Language:	
Address: (h)			
(w)			
Phone: (h)	(w)	(m)	
Email:			

IN CARE ELSEWHERE

I am claiming Childcare Benefit at other Approved Childcare Service/s (which includes LDC, OSHC, FDC, IHC, OCC) for this number of children: ☐

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Enrolment Form (2 of 6) Child's name:

Parenting Plans/Orders relating to the child

Emergency Contacts & Collection Authorities

Name:

Address: (h)

Address: (w)

Phone: (h) (w) (m)

Relationship to child: Contact Priority:

Name:

Address: (h)

Address: (w)

Phone: (h) (w) (m)

Relationship to child: Contact Priority:

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

Collection Authorities ONLY

Name:

Address: (h)

Address: (w)

Phone: (h) (w) (m)

Relationship to child:

Name:

Address: (h)

Address: (w)

Phone: (h) (w) (m)

Relationship to child:

N.B. The peoples nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

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 Child's name:

Medical and Health Information

Has the child received all immunisations appropriate for his/her age?

If no, please give details:

Has the child received the following immunisations? (please tick):

	10-15 years
Hepatitis B	☐
Diphtheria	☐
Tetanus	☐
Pertussis (Whooping Cough)	☐
Varicella (Chickenpox)	☐
Human Papillomavirus (HPV)	☐

I accept full responsibility if my child is not vaccinated

Parent/Guardian signature:

Has the child any conditions/medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities? Yes/No Effective date: __/__/____

If yes, please record specifics:

Has the child any special needs? Yes/No Effective date: __/__/____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please record specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please record specifics:

Enrolment Form (4 of 6) Child's name:

Medical and Health Information cont.

Has the child had any kind of allergic reactions?

Foods:	Reaction/Medications:
Penicillin:	Reaction/Medications:
Others:	Reaction/Medications:

NOTE: Please supply the service with required medications in original containers with the child's name clearly marked.
Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name:	Phone No.:
Clinic name:	
Address:	

Usual Dental attendant:

Doctor's name:	Phone No.:
Clinic name:	
Address:	

Medical Benefits cover with :

Ambulance cover with:

Medicare number: Health Care Card number:

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Enrolment Form (5 of 6) Child's name: ____________

Permanent Bookings only:
(For casual bookings please speak to the Director)

BSC

	Mon.	Tues.	Wed.	Thu.	Fri.
Arrive					
Depart					

From: __/__/____ for: ___ weeks/or until: __/__/____ or ongoing (tick) ☐

ASC

	Mon.	Tues.	Wed.	Thurs.	Fri.
Arrive					
Depart					

From: __/__/____ for: ___ weeks/or until: __/__/____ or ongoing (tick) ☐

VAC

	Mon.	Tues.	Wed.	Thurs.	Fri.
Arrive					
Depart					

From: __/__/____ for: ___ weeks/or until: __/__/____ or ongoing (tick) ☐

Is there anything more we need to know?

(e.g.) 1. Any personal, religious or cultural practices/prohibitions that you would like the service to know 2. Comments on homework, behavior management etc.

Child's name:

CONSENTS

I consent to Hope Christian College Out of School Hours Care administering basic first aid and seeking emergency medical or hospital or ambulance services for my child if they deem it necessary.

I consent to my child participating in on campus activities including watching PG rated videos and DVDs.

I consent to the Director obtaining information from the school records regarding my child's medical or health issues.

I consent for my child to take part in supervised activities within the school grounds as part of the OSHC program.

I consent for my child to take part in supervised walking excursions within the local area as part of the Centre's program.

I consent for my child to be photographed and for their image and name to be published in circumstances the Director deems to be appropriate.

I consent for Centre staff to apply sunblock to my child if required.

I give consent for my child to be taken by a staff member to the local health clinic or hospital in the event of a minor injury.

AGREEMENTS

I agree to pay the fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises. I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

I/We have read and understood and agree with the information contained in the Parent Handbook found on the Hope Christian College website.

Parents/Guardian signature: Date: __/__/____

Interviewed/Accepted by: Date: __/__/____