



OUT OF SCHOOL HOURS CARE Enrolment Form

Child's Details:

Family Name: _____ CRN: _____
First Name(s): _____ DOB: ____ / ____ / ____
Known As: _____ Gender: male female
Primary Language: _____ Indigenous: yes no
Are there any parenting plans for your child? yes no If yes, please provide a copy

Account Holder Details:

The account holder is the parent/caregiver who is registered to receive Child Care Subsidy

Family Name: _____ CRN: _____
First Name(s): _____ DOB: ____ / ____ / ____
Relationship to Child: _____ Contact Priority: 1 2
Primary Language: _____ Indigenous: yes no
I am claiming Child Care Subsidy at approved child care services for this number of children: _____
Home Address: _____
Email Address: _____
Mobile Phone: _____ Home Ph: _____
Employer: _____ Work Ph: _____

Other Parent Details:

Family Name: _____ Contact Priority: 1 2
First Name(s): _____ Indigenous: yes no
Relationship to Child: _____ Primary Language: _____
Home Address: _____
Email Address: _____
Mobile Phone: _____ Home Ph: _____
Employer: _____ Work Ph: _____

Emergency Contacts & Collection Authorities:

Please tick 'emergency contact' for those you nominate to be contacted and act on your child's behalf if neither parent can be located and who may collect your child. Please tick 'collection authority only' for others who only have permission to collect the child but should NOT be contacted in an emergency.

Full Name: _____

Emergency Contact Contact Priority: 3 4 5 Collection Authority Only

Relationship to Child: _____ Mobile Ph: _____

Home Ph: _____ Work Ph: _____

Full Name: _____

Emergency Contact Contact Priority: 3 4 5 Collection Authority Only

Relationship to Child: _____ Mobile Ph: _____

Home Ph: _____ Work Ph: _____

Full Name: _____

Emergency Contact Contact Priority: 3 4 5 Collection Authority Only

Relationship to Child: _____ Mobile Ph: _____

Home Ph: _____ Work Ph: _____

Medical & Health Information:

Has your child received all immunisations appropriate for his/her age? yes no

I accept full responsibility if my child is not vaccinated. Sign: _____

Does your child have any conditions / medications that may be affected by OSHC activities?

yes no Details: _____

Does your child have any disabilities?

yes no Details: _____

Does your child have any special needs?

yes no Details: _____

Does your child require any special aids (eg. Glasses, hearing aid, etc)

yes no Details: _____

Does your child have any special dietary needs not related to allergies?

yes no Details: _____

Does your child have any allergies, such as food, medication, insects, etc?

yes no Details: _____

Usual Medical Attendant:

Doctor’s Name: _____ Phone No.: _____
Clinic Name: _____
Clinic Address: _____

Usual Dental Attendant:

Doctor’s Name: _____ Phone No.: _____
Clinic Name: _____
Clinic Address: _____

Health Insurance:

Health Insurance: yes no Provider: _____
Ambulance Cover: yes no Provider: _____
Medicare Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _

Other Information:

Is there anything more we need to know such as any personal, religious, or cultural practices / prohibitions or any comments you have regarding homework, behaviour guidance, etc?

yes no Details: _____

Bookings:

Do you require casual or permanent / routine bookings?

- Casual Please contact the Director to make bookings
- Permanent Please fill out the Booking Form

Consents:

- I consent to Hope Christian College Out of School Hours Care staff administering basic first aid and seeking emergency medical, hospital or ambulance services for my child if they deem it necessary.
- I consent to my child watching PG-rated films deemed appropriate by the Director.
- I consent to the Director obtaining information from the College records regarding my child’s medical or health issues.
- I consent for my child to take part in supervised activities within the College 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 service'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 my child to be supported in applying sunscreen if required.

Agreements:

- I agree to pay the fees for my child's booked sessions and accept the policies and rules of the Service. Fees are found in the OSHC Family Handbook and families are informed of changes to fees at least two weeks before new fees apply.
- I understand that if at any time the Service staff 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 am 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 will inform the Service if any of these details change.
- I have read, understood and agree with the information contained in the OSHC Family Handbook.

Parent / Guardian Signature: _____ Date: ____ / ____ / ____

Interviewed / Accepted by: _____ Date: ____ / ____ / ____

Thank you for enrolling in Hope Christian College OSHC!

HOPE CHRISTIAN COLLEGE OSHC

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