

OUTSIDE SCHOOL HOURS CARE & VACATION CARE - REGISTRATION FORM



CHILDREN ATTENDING

Family Name						
Child A	Full Name		Date of Birth	/ /	Age	
	Child's CRN No.		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Class	
Child B	Full Name		Date of Birth	/ /	Age	
	Child's CRN No.		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Class	
Child C	Full Name		Date of Birth	/ /	Age	
	Child's CRN No.		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Class	
Child D	Full Name		Date of Birth	/ /	Age	
	Child's CRN No.		Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Class	

BACKGROUND INFORMATION

Are any of the children you are enrolling of Aboriginal or Torres Strait Island background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D	
Are any of the children you are enrolling of Non-English speaking background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child A <input type="checkbox"/> Child B <input type="checkbox"/> Child C <input type="checkbox"/> Child D	
Please list the Cultural background of the child :	
Please list the Cultural background of each Parent / Guardian :	

YOUR CONTACT DETAILS

Please ensure that names provided are consistent with those registered with the Family Assistance Office (FAO).			
PRIMARY PARENT / GUARDIAN		PARENT / GUARDIAN	
First Name		First Name	
Last Name		Last Name	
Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth		Date of Birth	
Country of Birth		Country of Birth	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Address		Address	

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PRIMARY PARENT / GUARDIAN					PARENT / GUARDIAN						
Email address					Email address						
Name of Company					Name of Company						
Work Address					Work Address						
Post Code					Post Code						
Occupation					Occupation						
Work Phone					Work Phone						
Employment status	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time				Employment status	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time					
If part time / casual, indicate days of work.	Mon	Tue	Wed	Thu	Fri	If part time / casual, indicate days of work.	Mon	Tue	Wed	Thu	Fri
Registered Parent CRN No.											
Are you the sole parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No										
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No				If no – language spoken at home						
It is recommended that families contact the Family Assistance Office each time a new enrolment with a service is created to ensure your details relating to your Child Care Benefit are correct.											

MEDICAL AUTHORISATION

Please list any person who is authorised to consent to medical treatment for your child from a medical practitioner, hospital and / or ambulance service.											
PERSON 1						PERSON 2					
Full Name					Full Name						
Relationship					Relationship						
Home no.					Home no.						
Work no.					Work no.						
Mobile no.					Mobile no.						
Do you consent to the transportation of your child by an ambulance service in the event of an emergency?										<input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name				Signature				Date	/ /		

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MEDICAL DETAILS

DOCTOR'S DETAILS			
Doctors Full Name		Medical Facility Name/Address	
Contact no.		Medicare no.	

COURT ORDER

Are any of the children you are enrolling involved in a court order?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please supply a copy of the court orders for our records.	<input type="checkbox"/> Child A	<input type="checkbox"/> Child B	<input type="checkbox"/> Child C	<input type="checkbox"/> Child D

EDUCATIONAL AUTHORISATION

Please list any person who is authorised to permit an educator to allow another adult to take your child outside the education and care premises.

PERSON 1		PERSON 2	
Full Name		Full Name	
Relationship		Relationship	
Home no.		Home no.	
Work no.		Work no.	
Mobile no.		Mobile no.	

NON-PARENT EMERGENCY CONTACT INFORMATION

You **MUST** provide the names of TWO authorised person's to pick up child/ren **other than** Parent / Guardian. (MUST BE 18 YRS+) Contacts **MUST** be available to pick up your child during the hours of care and be within a reasonable distance from the Centre.

PERSON 1		PERSON 2	
Full Name		Full Name	
Relationship		Relationship	
Day no.		Day no.	
Mobile no.		Mobile no.	
Authorised to sign in and/or out your child from care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Authorised to sign in and/or out your child from care	<input type="checkbox"/> Yes <input type="checkbox"/> No

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AGREEMENTS

Have you registered your child's details with FAO?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you included the following details on this enrolment form to ensure your CCB can be processed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know that FULL FEES will be charged to all accounts until all the above details are provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you supplied a copy of the immunisation records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you supplied a copy of the court for our records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you supplied a copy of the Behavioural Management Support Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you supplied a copy of the Asthma / Medical Form Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ALLERGIES

Please nominate and list any anaphylaxis requirements for							
	Child A Name		Child B Name		Child C Name		Child D Name
Anaphylaxis							
Asthma							
Other							

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GENERAL INTERESTS

Is there anything that the child/ren you are enrolling cannot eat due to lifestyle or religious choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify	
Is there anything that the child/ren you are enrolling cannot participate in due to lifestyle or religious choices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please specify	
What are your child/ren's interests and hobbies? Example, sports, art, cooking, games, books.	

GENERAL SPORT

<p>Children may participate in regular recreational activity program operated by Heights College during Outside School Hours Care. These may be soccer, football, ball games, running games, dancing, skipping, climbing etc. I understand that some of the activities in which they may participate will be physically and emotionally demanding. My child/ren's participation in any activity is voluntary and not compulsory and Heights College staff will exercise their Duty of Care.</p>

PAYMENT / FEE AGREEMENT

I / We understand that all fees invoiced per term and payable.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I / We understand that if fees are not maintained, appropriate action will be taken, as per our service policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I / We understand that days booked are payable at all times including absences, holidays & public holidays unless approved arrangements are made to the contrary.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I / We understand that if fees are not paid my child's place at the service could be jeopardised.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
I / We understand that a late fee of \$15.00 will apply if my child is collected after 5.30pm, fee will be applicable from 5:31pm. If the time passes 5:36pm a second fee of \$10 will be applied.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Name		Signature		Date	/ /

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AGREEMENT

I agree to give permission for my child to attend Heights College OSHC and agree to abide by the policies and procedures of the Service, including hours of operation, sickness, payment of fees, suspension due to program disruptions and safety issues.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that there will be no refunds or credit given if I cancel any of my children without providing the written two weeks' notice (10 business days).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that the above information provided is correct and all information that may affect my children's care at the Service has been included.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree and understand that enrolment in the service is conditional on the accuracy of the information supplied by me and that my children's participation may be terminated with no refund costs incurred. If the information is found to be inaccurate or misleading, I understand that my responses to the above questions will be acted upon as I have directed and any alterations to this information need to be made in writing.	<input type="checkbox"/> Yes <input type="checkbox"/> No

OVERALL CONSENT

I have read all enrolment policies and conditions and agree to abide by them. I give permission for my child/ren							
Child A		Child B		Child C		Child D	
to attend Heights College OSHC and will not hold the Service, its staff or volunteers responsible for damages and / or loss of property and / or accident.							
Full Name		Signature		Date	/ /		

OFFICE USE ONLY

	Child A		Child B		Child C		Child D	
Date of Birth								
CRN								
Immunisation Received								
Court Order Received								
Anaphylaxis Plan Received								
Asthma Plan Received								
Behaviour Plan Received								