



**ST MUNCHIN'S CATHOLIC SCHOOL OSHC
BEFORE/AFTER SCHOOL CARE ENROLMENT FORM
THE FOLLOWING INFORMATION IS CONFIDENTIAL**

Child's Surname: _____ First Names: _____

Address: _____

Postcode: _____

Tel. No. _____ D.O.B. _____ Male/Female _____ CRN: _____

School: _____ Grade: _____ Swimming Level: N/A

Is the child of Aboriginal or Torres Strait Islander Heritage? Yes No

Torres Strait Islander Heritage? Yes No

Special cultural/religions considerations for the child: _____

Please Note: C.R.N. = Customer Reference Number – to be obtained by contacting Centrelink

Parent/Guardian (1) (PARENT WHO IS CLAIMING CCB)

Surname: _____ First Names: _____ D.O.B. _____

Maiden Name (If claiming parent is Mother) _____

CRN: _____ Country of Birth _____ Language: _____

Address: _____

Postcode: _____

Telephone No: _____ Mobile: _____

Email: _____ Receive accounts via email : Yes

Place of Work: _____ Occupation.: _____ PH: _____

Is Work/Study: PAID VOLUNTARY Child lives with this parent: Yes/No

Parent/Guardian (2)

Surname: _____ First Names: _____ D.O.B. _____

Country of Birth _____ Language: _____

Address: _____

Postcode: _____

Email: _____

Telephone No: _____ Mobile: _____

Place of Work: _____ Occupation: _____ PH: _____

Is Work/Study: PAID VOLUNTARY Child lives with this parent: Yes/No

I/We are aware that the person/s named here as parent/guardian are the authorised parties to enroll and cancel enrolment, and to nominate who will collect the child from the Centre.

Signed: _____ Signed: _____

Date: _____ Date: _____

PERSONS AUTHORISED TO COLLECT THE CHILD FROM THE CENTRE:

Name: _____ Phone: _____ Mob. _____

Relationship to child: _____

Name: _____ Phone: _____ Mob. _____

Relationship to child: _____

CUSTODY OF CHILD:

a. Have any orders been made by any court regarding your child? **YES/NO.**

b. If NO, are there any disputes concerning custody of the child?
Please provide details: _____

c. If YES, please provide the following:
Details of orders relating to the long term care, welfare and development of the child; residence of the child; contact person with the child:

Enrolling Parent's signature: _____

Date information supplied: _____

Please attach copies of relevant Court forms, documentation.

EMERGENCY CONTACTS:

Please list people who you authorize to take the child from the premises in an emergency: Persons must be of good health, easily contactable, within close proximity to the service and capable of dealing with emergencies.

1. Name _____ Ph: _____ Mob. _____

Address: _____

Postcode: _____ Relationship to child: _____ Signature of emergency contact _____

2. Name _____ Ph: _____ Mob. _____

Address: _____

Postcode: _____ Relationship to child: _____ Signature of emergency contact _____

Please tick below the days you anticipate your child will be attending the centre each week.

Before School Care

MON	TUE	WED	THUR	FRI	OCCASIONALLY
6.45 -9.00	6.45-9.00	6.45 -9.00	6.45 -9.00	6.45 -9.00	

After School Care

MON	TUE	WED	THUR	FRI	OCCASIONALLY
2.45 -6.00	2.45 -6.00	2.45 -6.00	2.45 -6.00	2.45 -6.00	

Starting Date: _____

Community Health Services
IMMUNISATION RECORD

Please complete details for each child and add your signature and date at the end of this page,
or provide a copy of each child's immunisation record.

NAME OF CHILD : _____ D.O.B. _____

Tick the appropriate boxes for the vaccinations your child has received:

1a. Diphtheria, Tetanus &
Whooping Cough (DTP)

1b. Diphtheria & Tetanus
(CDT)

2. Poliomyelitis.
(Sabion Vaccine)

3. Measles, Mumps,
Rubella (12mths)

4. Booster 5 years
Diphtheria, Tetanus
(CDT)

5. Booster 5 years
Poliomyelitis

6. Hepatitis B (Hep B)

7. Haemophilus Influenza
(Hib) (B)

Parent/Guardian Signature: _____

Date: _____

FAMILY DOCTOR:

Family Doctor's Name: _____ Phone: _____

Address: _____

Medicare No: _____ Ambulance No: _____

ACCIDENTS, ILLNESS & EMERGENCIES:

We regret we are unable to care for sick children, or children with a contagious illness. In the event of an illness or accident (when parents/guardians or authorised person/s cannot be contacted), I/we consent to medical or hospital attention being sought for the child. I/we agree to pay any expenses incurred for medical treatment and transport.

In the case of an emergency when those people authorised to collect the child cannot be contacted, I/we consent to the licensee or supervising officer having due regard to the wellbeing of the child, authorising an adult staff member who is responsible for the child to take the child from the child care centre.

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

PERMISSIONS:

I give my permission for: (Please circle YES or NO)

- 1. My child to participate in all activities offered in the OSHC Centre. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child to participate in a particular activity. **YES / NO**
- 2. For educators at the centre to take my child on excursions by foot within the local community. **YES / NO**
- 3. My child being observed by educators and students for programming purposes. **YES / NO**
- 4. a) My child's photograph, to be taken or recorded at the centre for use within the centre (May include photo development and/or printing outside the centre) **YES / NO**
 b) Publish my child's photograph, name and age in local papers or publicity materials in regard to publicity for the centre. **YES / NO**
 c) Use my Child's photo for School and Catholic Education Office publications, publicity and website. **YES / NO**

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

PARENT PARTICIPATION:

- 1. Can you contribute skills, talents or cultural experiences to our centre, i.e. music, cooking, story telling, sewing, cultural based craft activities etc.

- 2. Would you be interested in becoming a member of our Parent Representative Group **YES / NO**

- 3. Do you have any suggestions on how parents can be involved in our centre?

PARENT'S STATEMENT

The information given in this enrolment form is true and correct.

Signature of Parent/Guardian (1) : _____ Date: _____

Signature of Parent/Guardian (2) : _____ Date: _____

(Failure to provide the above information will result in the non-acceptance of the child.)

ANNUAL UPDATE:

I verify that the information provided in this Enrolment form is accurate and current.

Parent signature: _____ Date: _____

Parent Signature: _____ Date: _____