



## WHITSUNDAY CHRISTIAN COLLEGE OSHC Enrolment application

### Required Field

Date of commencement:			
After School Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Days required.	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Vacation Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please complete booking form for holiday sessions	

### Family Information

Parent/Guardian 1 – Responsible for Child	
Relationship to child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Title:	
First name:	
Surname:	
Date of Birth:	
Home address:	
	Postcode:
Postal address:	
	Postcode:
Proof of address (e.g., driver's licence, passport, other photo ID, Centrelink documents) <input type="checkbox"/>	
Home phone number:	Mobile:
Email address:	
Occupation:	
Workplace:	Phone:
CRN:	
Country of birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:
First language spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Other :
Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Are you the legal guardian of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give details:

Is this child in the care of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:	
Is there anyone legally denied access to the child? Please provide information.	Name:	
	Address:	
Are there any court orders or legal documentation relating to this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details and copies of documentation:	

### Parent/Guardian 2 – Responsible for Child

Relationship to child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Title:		
First name:		
Surname:		
Date of Birth:		
Home address:		
	Postcode:	
Postal address:		
	Postcode:	
Proof of address (e.g., driver's licence, passport, other photo ID, Centrelink documents) <input type="checkbox"/>		
Home phone number:		Mobile:
Email address:		
Occupation:		
Workplace:		Phone:
CRN:		
Country of birth:	<input type="checkbox"/> Australia <input type="checkbox"/> Other:	
First language spoken at home?	<input type="checkbox"/> English <input type="checkbox"/> Other :	
Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	
Are you the legal guardian of the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please give details:	
Is this child in the care of the state?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details:	
Is there anyone legally denied access to the child? Please provide information.	Name:	
	Address:	

Are there any court orders or legal documentation relating to this child?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please give details and copies of documentation:
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Other Authorised Adults who may be involved with the child while at the Service	
Relationship to child:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:
Title:	
Surname:	
First name:	
Home address:	
Home phone number:	Mobile:
Email address:	
Occupation:	
Workplace:	Phone:
Are there any other details you would like to tell us?	

### Emergency Contacts other than Parents/Guardians

<b>Relationship to child:</b>	
Title:	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name:	
Surname:	
Home address:	
Home phone number:	Mobile:
Email address:	
Occupation:	
Workplace:	Phone:
Are there any other details you would like to tell us?	
Authorised to collect child:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to authorise medication:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorised to authorise external service travel:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Relationship to child</b>	
Title	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name	
Surname	
Home address	
Home phone number	Mobile:
Email address	
Occupation	

Workplace		Phone:
Are there any other details you would like to tell us?		
Authorised to collect child	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Authorised to authorise external service travel	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Additional Information

<b>Please attach copies of the following information:</b>	
<input type="checkbox"/>	Birth Certificate or equivalent
<input type="checkbox"/>	Court Documents (if applicable)
<input type="checkbox"/>	Medical information
<input type="checkbox"/>	Special Needs documentation/Paediatrician Reports/IEP etc (if applicable)
<input type="checkbox"/>	Immunisation History Statement

### Child's Information

First names:			
Surname:			
Preferred First name:			
Sex (as per birth certificate):	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Note: uniforms, use of amenities and other single-sex functions of the College will be determined by the birth certificate sex of the child.			
Date of birth:			
Child's residential address:			
Country of birth:	<input type="checkbox"/> Australia	<input type="checkbox"/> Other:	
Is your child an Australian citizen? OR New Zealand Citizen?  OR What is the child's Citizenship?	<input type="checkbox"/> Yes (please provide birth certificate and citizenship documents) <input type="checkbox"/> Yes (please provide birth certificate and visa documents)  Citizenship: _____  Visa Sub-class: _____ (please provide birth certificate, visa and passport)		
Language spoken at home:	<input type="checkbox"/> English	<input type="checkbox"/> Other :	
Australian Resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is your child of Aboriginal or Torres Strait Islander origin?	<input type="checkbox"/> No	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
What date do you want your child to start at the Service?	<i>e.g., January 2016</i>		
Current Service attended:			
Enrolment required for:	<i>e.g., 2017</i>		
CRN Number:			
Current Church/ Youth group/ Kid's Club etc:			
Medicare Number:		Reference #	

## Physical Development and Health

To enable us to have Nationally Consistent Collection of Data, please complete the following:		
<b>Does your child have a special need?</b> If yes, please identify type below.	<input type="checkbox"/> yes	<input type="checkbox"/> no
ADD/ADHD:		
Anxiety Disorder:		
Auditory Processing Difficulty:		
Autism:		
Hearing Impairment:		
Intellectual Impairment:		
Learning Difficulty:		
Mental Health Concerns:		
Non-Verbal Learning Disorder:		
Post-Traumatic Stress Disorder:		
Physical Impairment:		
Reactive Attachment Disorder:		
Dyslexia:		
Eating Disorder:		
Foetal Alcohol Syndrome:		
Social/Emotional:		
Self-Harm:		
Speech/Language Difficulty:		
Vision Impairment:		
Other (please give details):		

<b>If your child has one of the listed special needs, how does it impact on the student as a learner and in the Service environment.</b> Please give details. (attach a page if required):	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>Are there any other facts that the Service should know about your child?</b> If yes, please give details:	<input type="checkbox"/> yes	<input type="checkbox"/> no
If applicable, I give permission for my child's Medical Health Plan to be displayed to the students, parents, volunteers, and Staff:	<input type="checkbox"/> yes	<input type="checkbox"/> no
List any medication which your child is taking regularly.		
Other important medical information which the Service should be aware of.		
<b>Condition</b>	<b>Yes</b>	<b>No</b>
		<b>Details</b> Please provide information for any question which you answer 'Yes' to. Include any action to be taken if required. Please attach additional information where necessary.

<b>Allergies</b> <ul style="list-style-type: none"> <li>• Foods</li> <li>• Ointments</li> <li>• Band aids/Elastoplast's</li> <li>• Penicillin</li> <li>• Other drugs</li> <li>• Plants</li> <li>• Animals</li> <li>• Any Other</li> </ul>			
<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Details</b> Please provide information for any question to which you answer 'Yes'. Include any action to be taken if required. Please attach additional information where necessary.
Anaphylaxis:			
Asthma or Respiratory Problems:			
<ul style="list-style-type: none"> <li>• Puffer/Spacer required</li> </ul>			
Back, Bone, Joint or Muscular Problems:			
Behavioural/Emotional Disorders:			
Blood Pressure:			
Brain or Head Injury:			
Blackouts/Dizzy Spells:			
Cancer:			
Chronic Fatigue:			
Convulsions:			
Diabetes:			
Epilepsy:			
Glandular Fever:			
Hay Fever:			
Heart Problems:			
Kidney Problems:			
Migraine:			
Phobias:			
Recent Illness:			
Skin Problems:			
Surgical Operations:			
Tourette Syndrome:			
Travel Sickness:			

## Consent

I/ We give permission to Whitsunday OSHC staff to arrange for the provision of medical treatment for the child/ren including ambulance service, administration prescribed medications as considered necessary in cases of emergency or where the nominated persons cannot be readily contacted and agree to pay all costs involved.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I understand that in the event of my child's body temperature rising above 37.5° that my child will be sent home.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I understand that personal medication will not be given without the correct details being shown on the medication label. Panadol elixir and other medications must contain a chemist label stating the child's name and current date.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I agree to abide with the health policies of Whitsunday Christian College OSHC and collect my child from the facility if he/she becomes ill and I will keep the child away from the facility when necessary and in conjunction with policies and regulations set out by Health Authorities.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for the Coordinator and staff to administer first aid treatment to my child. E.g., for bumps, scratches, nosebleeds, insect bites when required.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for staff to supply sunscreen to my child when outdoors.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for my child to be photographed while attending the Service.	<input type="checkbox"/> yes	<input type="checkbox"/> no
I give permission for: <ul style="list-style-type: none"> <li>• Programming Observations</li> <li>• Promotional Incl. Website</li> <li>• Video Photography</li> </ul>	<input type="checkbox"/> yes <input type="checkbox"/> yes <input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> no <input type="checkbox"/> no
I give permission for my child to participate in Fire Drills regularly at the Service. I understand that the child will be required to leave the Service and assemble in the designated Evacuation areas.	<input type="checkbox"/> yes	<input type="checkbox"/> no

## Conditions of Enrolment

Name of Child concerned:	
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In consideration of the Service accepting the above-named Child/ Children into the Before and After School Care Program at Whitsunday Christian College OSHC. I/we undersigned hereby acknowledge that all the information provided on this form is true and correct and that I/we will provide the Centre with any changes within 7 days.

A \$50 application fee per family will be added to your total bill on the OWNA App. If you do not notify us of your child's absence a \$5 'non' cancellation fee will be added to your OWNA App fees balance.

I/we understand that the Service is bound by the National Privacy Principles contained in the Commonwealth Privacy Act. In relation to the personal information of my child and family, the Service's primary purpose of collection is to enable the Service to provide safe and approved care for my child. This includes satisfying both the needs of parents and the needs of child throughout the whole period of enrolment at the Service.

I/We hereby apply to have ..... enrolled at the Whitsunday Christian College OSHC and accept the conditions as set out above. Should the child be accepted, I/we undertake to support the staff of the Service, as may be determined from time to time, and to be responsible for the payment of fees and charges.

Father's Name:			
Father's signature:		Date	
Mother's Name:			
Mother's signature:		Date	