



GOLD COAST CHRISTIAN COLLEGE

OUTSIDE SCHOOL HOURS CARE

ENROLMENT FORM

Child Details

Child's Name: Surname:
Date of Birth: / / Gender: Male / Female CRN:
Medicare Number: Number in line:
Residential Address: Post Code:

Parent/Guardian Details

1. Name: Surname:
Date of Birth: / / Relationship to child:
CRN:
Residential Address: Post Code:
Home Telephone: Mobile:
Place of Employment:
Work Telephone: Email:
☐ Tick to say that you have read the Parent Handbook and College student handbook online.

2. Name: Surname:
Date of Birth: / / Relationship to child:
Residential Address: Post Code:
Home Telephone: Mobile:
Place of Employment:
Work Telephone: Email:

Emergency Contact Persons/Persons Authorised (other than parents) to Collect Child from the College

PART B: AUTHORISED PERSONS	
<p>There may be occasions when, due to illness, injury or accident and the Parent / Carer cannot be contacted. If this situation should arise, a staff member will need to contact an alternate person authorized to collect and care for your child. Personal identification will be required in order to collect your child on your behalf.</p> <p>This list can be changed throughout your child's enrolment. Any person not detailed below will not be permitted to collect your child without prior permission.</p>	
Person 1	Person 2
First Name:	First Name:
Surname:	Surname:
Home phone:	Home phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<p>Is authorised to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect my child <input type="checkbox"/> Consent to medical treatment or to authorise administration of medication <input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises 	<p>Is authorised to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect my child <input type="checkbox"/> Consent to medical treatment or to authorise administration of medication <input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises
Person 3	Person 4
First Name:	First Name:
Surname:	Surname:
Home phone:	Home phone:
Mobile:	Mobile:
Relationship to child:	Relationship to child:
<p>Is authorised to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect my child <input type="checkbox"/> Consent to medical treatment or to authorise administration of medication <input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises 	<p>Is authorised to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect my child <input type="checkbox"/> Consent to medical treatment or to authorise administration of medication <input type="checkbox"/> Authorise an educator to take the child outside the education and care service premises

I hereby authorise the persons listed above to collect my child from the College and to sign him/her in or out as required:

Parent/Guardian's Name:

Signature:.....

Please indicate any Court Orders affecting the custody of, or access to your child :(attach relevant documents)

.....

.....

Parent Statement

Centre Policies

I have been given a copy of the **Parent Information Book** and the **College Student Handbook**, which I have read, and I hereby acknowledge that I am aware of all policies and procedures outlined in these documents and agree to abide by them. I will ensure my child abides by these ethics and standards of behaviour.

Parent's Signature: Date:.....

- Has your child already attended another **approved** child care service in the current financial year?
☐ Yes ☐ No
- *If you answered "Yes" to the above you must inform us in writing the number of allowable absences your child has used over the current financial year from any other approved service, updating these records when absences are taken at all approved services.*
- Will your child be continuing to attend another approved child care service? ☐ Yes ☐ No
- *If you answered "Yes", what is **the total number of hours per week** you are charged for your child at this other service?.....*
- **How many of your other children attend or will be attending an approved Long day care, Family day care or licensed Out of School Hours Care in the same week?**

1. Name..... DOB.....
Service attending.....

2. Name..... DOB.....
Service attending.....

Parent Permission

I hereby give permission for my child to be photographed or involved in audio/visual recordings for use in the College OSHC/VAC Care programs and also for external use. YES/NO

Parent's Signature: Date:

I hereby give permission for my child to go on short walking excursions within the College grounds under the supervision of the OSHC staff, who will abide by OSHC policies and Government childcare regulations. YES/NO

Parent's Signature: Date:

OSHC Fees

<p>I agree to abide by Gold Coast Christian College OSHC policy that states all clients accounts must be kept up to date and at a Nil balance or in advance.</p>	
<p>Parent/Guardian Signature:</p>	<p>Date:</p>
<p>Please direct fee accounts and correspondence to :</p>	
<p>Name:</p>	
<p>Postal Address: Post Code:</p>	

Emergency Treatment

PART C: PERMISSION FOR STAFF TO ASSIST STUDENTS

Do you give your permission for (please mark yes or no):	YES	NO
Ambulance Transportation For transportion of my child by an ambulance service.		
Sun / Insect Protection For staff to apply sunscreen and insect repellent at the appropriate times?		
Administering of Paracetamol and or Nurofren For staff to administer one dosage of Paracetamol / Nurofren in the event the child's body temperature rises above 38°C? The staff will make contact with either the Parents / Carers or the Emergency Contact to inform them that Paracetamol is being administered and discuss at the time further actions to take in the event that the temperature does not subside within an appropriate time frame.		
Asthma I hereby give permission for my child to be administered Ventolin if he/she has an asthma attack while at the Centre. (Ventolin and a volumatic spacer from the Centre's first aid kit are available for use in the event of a child having an asthma attack at the Centre and being without his/her own medication.) Please inform staff of any changes to your child's Asthma condition or treatment plan.		
Permission to Display If allergies, medical conditions or food intolerances apply, then name and photo will be displayed on awareness poster located on room walls?		
Permission for Observation For your child to be observed for staff, student or visitor purposes. Student and visitors will be from accredited training programs and will work in conjunction with your child's educator. If questioning or testing is to be carried out further permission will be required?		
Permission for Evacuations For your child to participate in regular evacuation drills under the supervision of the Centre staff to a safety zone?		
Excursions within school grounds For your child to go on short walking excursions within the College grounds under the supervision of the centre staff, who will abide by Centre policies and Government childcare regulations?		
Water Based Activities For your child to participate in water play activities as provided and supervised by Centre educators?		
Please Note: Non-Immunisation <i>If your child is not immunised he / she will be excluded from the Centre until the infectious period of the disease has passed (in accordance with Government requirements).</i>		

Your Child's Health

Persons authorised to consent to medical treatment of your child?

1.

2.

Is your child at risk of Anaphylaxis?

If yes, what is their Medical Management Plan or Risk Minimisation Plans to be followed?

.....

.....

.....

Allergies?

Is your child receiving any long term medication?

Does your child have any special needs (eg special needs relating to a disability)?

.....

Any past serious injuries or history of ill health?

.....

Asthma

Does your child have asthma? ☐ Yes ☐ No

If you have answered yes, please complete the following: In the last 12 months, has your child had an episode of wheezing? ☐ Yes ☐ No

If your child regularly takes medication to manage asthma, please indicate the medication, the dosage, the frequency and the method of administration.

.....

Type of medication and dosage to be used when symptoms develop.

.....

Describe the symptoms which indicate that your child is having an asthma attack.

.....

Procedure for staff to follow if your child has an asthma attack.

.....

I hereby give permission for my child to be administered Ventolin if he/she has an asthma attack while at the Centre. (Ventolin and a volumatic spacer from the Centre's first aid kit are available for use in the event of a child having an asthma attack at the Centre and being without his/her own medication.)

Parent's Signature: Date:

PLEASE INFORM STAFF OF ANY CHANGES TO YOUR CHILD'S ASTHMA CONDITION OR TREATMENT

Immunisation

Please supply a copy of your child's Immunisations which can be obtained from the Australian Immunisation Register and attach it to the enrolment form.

Ph 1800 653 809

About Your Child

- Does your child have any special requirements such as cultural or religious requirements?

.....

- What is the Primary Language of your family?

- Does your family have an Aboriginal or Torres Strait Islander background? ☐ Yes ☐ No

Other parent comments

.....

.....

Booked Days

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					
Vacation Care	Dates -				

ABOUT YOU!

Please have your child write the answers or draw a picture!

When you have finished this page you can hand it to a member of staff. This information will be used to help us plan programs and activities that you will enjoy learning from!

What do you like to do when you go home after school?

What sorts of activities do you like to do outdoors?

What sorts of activities do you like to do indoors?

What are your favourite healthy foods?

Is there anything that you would like the staff to know about you?

Name: _____

Thank you