



**Child Enrolment Records**  
**Hillcrest Christian College OSHC**  
**Before School Care**  
**After School Care**  
**Vacation Care**

**CHILD DETAILS**

<b>Surname:</b>				
<b>First names of Children:</b>	1.	2.	3.	4.
<b>Dates of Birth:</b>				
<b>Year Level:</b>				
<b>Gender: <i>please circle</i></b>	M / F	M / F	M / F	M / F
<b>Residential Address</b>				
<b>Child lives with:</b> <i>circle</i> Mother /Father/Guardian	M / F / G	M / F / G	M / F / G	M / F / G
<b>Cultural Background</b>				
<b>Languages Spoken at Home</b>				
<b>Special Considerations eg, Cultural, Religious, or Additional Needs</b>				
<b>Days of attendance</b>				
<b>Before School Care</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Casual			
<b>After School Care</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Casual			
<b>Vacation Care</b>	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Casual			

**PARENT DETAILS**

**1. Primary Parent / Guardian to Contact and Collect**

<b>Parents Given Name</b>		
<b>Surname</b>		
<b>Relationship to Child</b>		
<b>D.O.B</b>		
<b>Address</b>		
<b>Email</b>		
<b>Phone Numbers</b>	<b>Mobile:</b>	<b>Home:</b>

## 2. Primary Parent / Guardian to Contact and Collect

<b>Parents Given Name</b>	
<b>Surname</b>	
<b>Relationship to Child</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone Numbers</b>	<b>Mobile:</b> _____ <b>Home:</b> _____

**AUTHORISED NOMINEE** – means a person who has been given permission by a parent or family member to collect the child from the education and care service. The Authorised Nominee will also be notified of an emergency involving the child if any parent of the child cannot be contacted immediately.

### 1. Authorised Nominee

<b>Given Name</b>	
<b>Surname</b>	
<b>Relationship to Child</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone Numbers</b>	<b>Mobile:</b> _____ <b>Home:</b> _____

Please tick to give permission –

- Collect my child from Hillcrest Christian College OSHC and authorise an educator to take my child outside the service premises if needed.
- Consent to medical treatment of or to authorise administration of medication to my child in times of illness or in an emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Authorised Nominee

<b>Given Name</b>	
<b>Surname</b>	
<b>Relationship to Child</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone Numbers</b>	<b>Mobile:</b> _____ <b>Home:</b> _____

Please tick to give permission –

- Collect my child from Hillcrest Christian College OSHC and authorise an educator to take my child outside the service premises if needed.
- Consent to medical treatment of or to authorise administration of medication to my child in times of illness or in an emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Authorised Nominee

<b>Given Name</b>	
<b>Surname</b>	
<b>Relationship to Child</b>	
<b>D.O.B</b>	
<b>Address</b>	
<b>Email</b>	
<b>Phone Numbers</b>	<b>Mobile:</b> _____ <b>Home:</b> _____

Please tick to give permission –

- Collect my child from Hillcrest Christian College OSHC and authorise an educator to take my child outside the service premises if needed.
- Consent to medical treatment of or to authorise administration of medication to my child in times of illness or in an emergency.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DETAILS OF CHILD PROTECTION ORDERS

<b>Are there any court orders, parent plans or parent orders applicable to your child?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a custody order is in place, the parent <b>MUST</b> provide a current copy of this order to the service for your child's files in order to verify custody arrangements. It is the parent's responsibility to ensure that all documents regarding custody/access are kept up to date at all times.	
<b>Are there any special family arrangements? Sole parent / shared custody</b>	If <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please provide information:

## MEDICAL TREATMENT AUTHORISATION

<input type="checkbox"/> I authorise and give my consent for my child to receive medical treatment from a medical practitioner, hospital or ambulance in the event that my child requires medical treatment.	
<input type="checkbox"/> I authorise the transportation of my child by an ambulance service when my child requires medical treatment.	
Parents Name:	Signature:

## CENTRELINK INFORMATION

It is the parents responsibility to register your child at Centrelink prior to enrolment in order to claim the CCB (Child Care Benefit). It is the parent's responsibility to notify Hillcrest Christian College OSHC if your child care arrangements change as it will affect the amount of CCB applied by the FAO.

Registering Parent Name	
Registering Parent D.O.B	
Parent Reference Number	
Child Reference Number	Child's Name: CRN: Child's Name: CRN: Child's Name: CRN:
Start Date	
Approved Hours	<input type="checkbox"/> 24 Hours <input type="checkbox"/> 50 Hours (please circle)
Does your child attend another service?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes which service:
Does your child have siblings attending another service?	<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes which service:

## HEALTH INFORMATION

Name of Child's Doctor	
Address of Child's Doctor	
Phone Number of Child's Doctor	
Child's Medicare Number	
Specific Health Care Needs of Child eg, Medical Condition / Allergy? Eg, Diabetes, Asthma, nose bleeds etc.	

<b>Allergies, including if the child is diagnosed as at risk of anaphylaxis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please give details and include information about medical / anaphylaxis management plans or risk minimisation plans to be followed. (Please provide a copy to the service).
<b>Details of dietary restrictions for the child?</b>	
<b>Does your child have any additional needs of which the Coordinator needs to be aware of in order to ensure quality of care?</b>	
<b>Immunisation Status</b>	<input type="checkbox"/> Up to date <input type="checkbox"/> Not Immunised  <input type="checkbox"/> Health Care Record sighted by staff and photocopy taken for service records

**Photography Permission**  
 I give my consent for my child to be photographed for educational purposes and these photos to be used in day stories, displays, the OSHC newsletter and Hillcrest Christian College year book. I acknowledge that there will be instances where my child's photograph may appear in the day book which is displayed for all OSHC families. I am aware that the OSHC newsletter is emailed out to all families once per term.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Panadol Permission**  
 I give my consent for my child to receive Panadol (Paracetamol) in the event that my child has a high temperature. I understand that I will be contacted prior to administration of Panadol.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Sunscreen Permission**  
 I give my consent for Hillcrest Christian College OSHC educators to apply sunscreen to my child on exposed skin areas before going outside. I understand the Hillcrest Christian College OSHC will supply sunscreen for my child. I will supply my child's own sunscreen if my child has reactions to the service's sunscreen.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TERMS CONDITIONS OF ENROLMENT

An Enrolment (non-refundable) fee of \$25.00 per family applies for Before School/After School/Vacation Care Enrolments.

A non-refundable annual service fee of \$25.00 will apply.

- I give consent for Hillcrest Christian College Kindy OSHC Educators to apply creams or lotions such as insect repellent that has been provided by myself for my child. I understand that these must be clearly labelled at all times.
- I give my consent for my child to be observed by students undergoing their practical placement at Hillcrest Christian College OSHC for development and training purposes.
- I give my consent for my child to participate in evacuation/fire drills that may require my child to go to a designated meeting area that is within the grounds of Reedy Creek Baptist Church.
- I understand that at all time's my child's fees are to be up to date. As per Hillcrest Christian College OSHC Fee Policy my fees are to be paid at the end of each week of attendance. I acknowledge that payment for my child's account is still required on days of non - attendance such as if my child is absent or sick.
- If a child's OSHC account goes into arrears for a period of 2 weeks, this will result in a review of the student's continuing enrolment at the OSHC service and care may be suspended until full payment is received.
- I understand that my child is required as per regulations from the FAO to be signed in and out each time of their attendance at Hillcrest Christian College OSHC. I also understand that I am required to sign for any absent days in acknowledgement that my child did not attend OSHC but CCB and CCR was still claimed for these days.
- I am aware that it is my responsibility to maintain a current Income Assessment with the FAO for Child Care Benefit purposes. I also understand that I am required to keep my child's immunisation details up to date. Failure to keep children's immunisations up to date may result in your child's CCB & CCR being cancelled with the FAO. I acknowledge that if my Child Care Benefit (CCB) or Child Care Rebate (CCR) drops out or is cancelled due to my child's immunisation not being up to date it will be my responsibility to pay the full cost of fee's until the matter is resolved with Centrelink.
- Cancellation of an After School Care booking must be made **before 9am** – 48 hours prior to the day of cancellation otherwise the booking is charged.
- A Vacation Care Booking Form must be filled out prior to Vacation Care. Bookings are final and there are no refunds for cancellations.
- I acknowledge that my child may only be collected by an "authorised" adult (specified on the enrolment form – Authorised Nominee) & that I will give written notice for any other person to pick my child up from Hillcrest Christian College OSHC.
- I am aware that my child will be excluded from care at Hillcrest Christian College OSHC if he/she has contracted a contagious disease or condition. I understand that the child may be accepted back into the service upon provision of a "clearance certificate" for the child from a medical practitioner, but the final decision rests with the Coordinator of Hillcrest Christian College OSHC. I am aware that if my child has not been immunised my child will be excluded from Hillcrest Christian College OSHC if there is an outbreak of any of the communicable diseases otherwise vaccinated against. I understand that the centre will accept the child for further care after receipt of medical advice that the infectious period has passed.

**Signed in acknowledgement of the above terms and conditions of enrolment**

Parent 1 / Guardian's Name:	
Signature:	Date:

Parent 2 / Guardian's Name:	
Signature:	Date:

**Hillcrest Christian College Ltd is the Approved Provider**

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CRICOS No.: 01043C ACN 010381334 ABN 68 947 459 366

Hillcrest Christian College is an interdenominational Ministry of Reedy Creek Baptist Church and is operated by Hillcrest Christian College Ltd

***OSHC is operated out of Reedy Creek Baptist Church***