



**ROSTREVOR**  
COLLEGE

# Out of School Hours Care (OSHC) Enrolment Form

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**HIS ROSTREVOR**

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## Student Information

*An enrolment form must be completed for each child individually*

Name of Child:	
Date of Birth:	
Customer Reference Number (CRN):	
Indigenous Status:	
Language spoken other than English:	

## Family Information

Name of Enrolling Parent:			
Name of Billing Account Holder:		Date of Birth:	
Customer Reference Number (CRN):			
Relationship to Child:			
Address:			
Email:			
Phone Number:	Mobile:	Home:	
Name of Other Parent/Caregiver:			
Relationship to Child:			
Address <i>(if different to above)</i> :			
Email:			
Phone Number:	Mobile:	Home:	

## Family Circumstances

Are there any Parenting Plans or Court Orders in place relating to the parental responsibility for caregivership and/or otherwise relevant to the education of this student?

☐ Yes

☐ No

*(If yes, please supply copies, stamped with the Seal of the Court. These will be treated in the strictest of confidence by the College).*

Child lives in a two-parent family

☐ Yes

☐ No

Child lives in a single parent family

☐ With Father

☐ With Mother

*If there are court orders in place or any legal documentations relating to the custody of the children, please provide a copy of this information with your enrolment.*



## Emergency Contacts and Collection Authority

### Emergency Contact 1

Name:		
Relationship to Child:		
Address:		
Phone Number:	Mobile:	Home:

### Emergency Contact 2

Name:		
Relationship to Child:		
Address:		
Phone Number:	Mobile:	Home:

### Other adults authorised to collect child

Name #1:	
Relationship to Child:	
Name #1:	
Relationship to Child:	

## Medical & Health Information

Child's Doctor's Name:	
Address:	
Phone Number:	



## Medical Conditions

Is your child under a health care plan for Asthma?

*(If yes, please provide a copy of the Asthma Procedure form issued by your doctor)*

☐ Yes

☐ No

Severe Allergy (eg bee sting)

☐ Yes

☐ No

Joint disorder (eg Arthritis)

☐ Yes

☐ No

Vision Impairment

☐ Yes

☐ No

Ear disorder (eg Drainage Tubes)

☐ Yes

☐ No

Incontinence

☐ Yes

☐ No

Medication usually taken at school

☐ Yes

☐ No

Diabetes

☐ Yes

☐ No

Heart disorder

☐ Yes

☐ No

Hearing impairment

☐ Yes

☐ No

Skin condition (eg Dermatitis)

☐ Yes

☐ No

Swallowing/choking difficulties

☐ Yes

☐ No

Other *(please provide details)* \_\_\_\_\_

\_\_\_\_\_

Please provide full details for any questions to which the answer is yes (use a separate sheet if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you aware of any medical/healthcare emergency that could arise?

*(If yes, please provide the following information)*

☐ Yes

☐ No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of emergency and how to recognise it.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Avoidance precautions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does your child take any prescribed medication including inhalers?

*(If yes please provide the following information)*

☐ Yes

☐ No

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Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

How and when is it taken? \_\_\_\_\_

Side effects: \_\_\_\_\_

Do you have ambulance cover?

☐ Yes

☐ No

## Personal Considerations

**Behavioural Challenges** – please provide details so that we can better support your child.

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**Dietary Requirements** – please advise detailed information on any foods to be avoided.

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**Cultural/Religious Requirements** – please provide some background information to support inclusivity in our learning environment.

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## Booking Form

Please indicate your required OSHC bookings in the table below.

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
7:00am – 8:30am					
From ___/___/___ until ___/___/___ Ongoing permanent booking: <input type="checkbox"/> Yes <input type="checkbox"/> No					

After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
3:15pm – 5:45pm					
From ___/___/___ until ___/___/___ Ongoing permanent booking: <input type="checkbox"/> Yes <input type="checkbox"/> No					

<input type="checkbox"/> I am booking on a casual basis.	I would like my child to commence care on ___/___/___
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## Consents

- ☐ I acknowledge and accept that any person I have named as having Collection Authority is 18 years and older.
- ☐ I give consent for my child to be taken by bus on excursions during Pupil Free Days and Vacation Care.
- ☐ I give consent for OSHC educators to apply sunblock to my child when required.
- ☐ I give consent for OSHC educators to provide basic first aid to my child when required.
- ☐ I give consent, in the event of an injury that requires urgent medical attention, for my child to be accompanied by an OSHC educator to the local hospital by ambulance.
- ☐ I give consent for my child to be photographed for programming purposes only. Images will not be used or displayed outside of the school.



## Parent Declaration

I understand that:

- I am required to pay the fees in their entirety for my child's booked OSHC/Vacation Care hours and accept the policies and rules of the service.
- Each child must be signed in and out each day on the Attendance Sheet. If an illness or accident occurs, the parent/caregiver will be contacted as soon as possible, and the child may have to be collected.
- At any time if the staff of the service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local emergency services attend to him. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.
- We endeavour to keep Rostrevor College OSHC a safe and welcoming environment for children. To do so we ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.
- The supervision and care of children is strictly limited to the hours care is provided. See handbook for operating hours.
- The OSHC service must be notified if my child/ren are to be collected by someone who is not nominated on this form. A Director or OSHC educator has the right to request identification on arrival and refuse collection if the person is under the age of 18 years or shows signs of intoxication.
- The OSHC/Vacation Care Service will refuse a child or children access to the service on the basis of outstanding accounts for longer than 2 weeks.
- I will undertake to notify the service of any changes of details provided on this form.

I certify that all the information given on this form is true, accurate and correct. The Applicant hereby acknowledges and agrees that the College is entitled to undertake all and any necessary enquiries, investigations, and assessments to ensure the accuracy of the information provided above. I further certify that I have read and agree to adhere to the policies and rules regarding Rostrevor College Out of School Hours Care Service.

Name of Parent/Caregiver: \_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_