



Faith OSHC

* Office use only

Commencement date:

- All permission forms are signed
- Contact details are completed fully
- Emergency contacts have been nominated
- Immunisation schedule sighted
- Additional needs have been clearly defined
- Enrolment induction checklist completed

Dear Parent / Guardian,

Welcome to

Faith Lutheran College Redlands Outside School Hours Care

To assist us in providing the best possible care for you and your child, please complete the following form fully and accurately. We understand that paperwork can be time consuming however this information will help us to provide individualised care that meets the specific needs of your child.

Please ensure you have read the accompanying documentation carefully prior to signing the enrolment agreement. This agreement is a binding contract and outlines your commitment with regards to;

- Providing current and accurate information about your child
- Notifying our Service of any changes that may impact on your child's needs or our provision of care
- Ensuring your contact details remain current at all times
- Payment of fees

We ask that you pay particular attention to each section that requires a signature as enrolment cannot proceed until all sections are signed, do not hesitate to ask for assistance when completing the enrolment booklet, we are more than happy to help.

Please tick if you would like information translated in to your home language

Child's Details

First Name

Last Name

Other name(s) the child is known by

Date of Birth Gender M F

Place of Birth

Ethnicity

Aboriginal or Torres Straight Islander Yes No

Religion

Enrolment Details:

Booked days:	Before School Care	After School Care	Perm/Casual
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your Child attended care before Yes No

Previous Service/Centre or Care type

Current grade/school level

Medical Alerts

Is your child's immunisation up to date Yes No

Please list the last immunisation administered

Date administered Age at date

Does your child have a medical condition that may impact on their time in care? *List specific details over page* Yes No

Legal/Court Appointed Documents

Should your child be named in any legal document that refers to a Custody arrangement or be protected by a restraining order, the Service and Carer will require a copy of these documents.

Court Order Yes No

Restraining /Domestic Violence Order Yes No

Details:

The Following information is required for CCMS

Parent CRN

Child CRN

Please list siblings and indicate whether they attend a Child Care Service (eg OSHC, another Carer or Child Care Centre)

<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

First Parent/Guardian (Person the Child resides with)

First Name	
Last Name	
Date of Birth	
Relationship to child	
Street name and #	
Suburb and postcode	
Home phone	
Mobile phone	
Workplace	
Occupation	
Work phone	
Email address	
Marital status	
Country of origin	
Date arrived in Aust.	
Home language	
Religion	

Second Parent/Guardian

First Name	
Last Name	
Date of Birth	
Relationship to child	
Street name and #	
Suburb and postcode	
Home phone	
Mobile phone	
Workplace	
Occupation	
Work phone	
Email Address	
Marital status	
Country of origin	
Date arrived in Aust.	
Home language	
Religion	

Additional contacts for emergencies:

Please list at least two adults **other than** yourself. At least one additional contact must be authorised to collect your child.

Contact 1 Authorised to collect child Yes No

First Name	
Last Name	
Relationship to child	
Home phone	
Mobile phone	
Street name and #	
Suburb and postcode	

Contact 2 Authorised to collect child Yes No

First Name	
Last Name	
Relationship to child	
Home phone	
Mobile phone	
Street name and #	
Suburb and postcode	

Contact 3 Authorised to collect child Yes No

First Name	
Last Name	
Relationship to child	
Home phone	
Mobile phone	
Street name and #	
Suburb and postcode	

Medical Practitioner details

First Name	
Last Name	
Type (GP, Paed)	
Phone	
Medical Centre	
Street name and #	
Suburb and postcode	

Permissions and Payment Arrangements

Permission for Staff to act in case of emergency.

I hereby authorise the staff of the Service to provide appropriate emergency medical treatment for my child should this be considered necessary. i.e First Aid administered and/or Ambulance called.

Signature

Date

Permission to apply Sunscreen

I hereby authorise Sunscreen to be applied to my child's skin prior to outdoor play.

Signature

Date

Permission to photograph and record video footage of child. (compulsory; if no permissions granted please tick 'none of the above')

I hereby authorise staff and representatives of the Service to photograph and record video footage of my child and display their picture within the centre. In addition to this I also permit the specific uses indicated below. I understand that the centre where authorised will use images at their discretion and at no time will my child's full name accompany a photograph

- Photographs can be used in the OSHC newsletter
- Photographs can be used in QLECS newsletters (distributed to staff and families at Lutheran centres)
- Photographs can be used for advertising purposes within newspapers, for trade displays or local library
- Photographs and video can be displayed on the QLECS website; a website accessible by the general public
- None of the above; permission is limited to displays within the service

Signature

Date

Payment arrangements

Families are billed weekly, our policy states all accounts must be paid two weeks in advance. Please indicate below your method of payment and frequency

Weekly

Fortnightly (in advance)

Monthly (in advance)

If monthly please list day of month payment will be made

Cash

Eftpos/Credit

Direct deposit

Cheque

** Please note; no responsibility will be taken for cash left in fee box and staff are not authorised to collect cash.*

Enrolment Agreement

In consideration of enrolling my child at Faith Lutheran College Redlands Outside School Hours Care
(referred to as the 'Service') I the undersigned do hereby agree that:

1. I understand that, if, **in case of sudden illness or an accident**, the Parents cannot be contacted, the Coordinator as agent for the parents, shall have **discretionary power to provide immediate medical attention**, and that any costs incurred, will be borne by us the parents/guardians.
2. I agree to **keep my child at home when suffering from a heavy cold or other infectious illness likely to affect the health of the other children or staff.**
3. I agree to **notify** the Coordinator promptly of the **reasons for any absences.**
4. I will ensure that the child is/are **brought to the Service by a responsible person and taken to a staff person.**
5. I will ensure that the child is/are **collected by a responsible person before the official closing time** . Should I/We be late collecting the child I/We agree to pay the **Late Collection Fee**. I/We will make every effort to inform Staff of changes in arrival and departure times and procedures, especially in regard to persons other than those recorded, collecting my/our child.
6. I understand and accept that fees must be paid in advance, that the **normal fees will be payable at all times including absence of my/our child for sickness and holidays**. I/We understand that if fees are not paid, my/our child's/children's continued enrolment in the Service cannot be guaranteed.
7. I agree to, on termination of my child's enrolment at the Service, **give two weeks notice or forfeit two week's fees**, in lieu of notice. **I am aware that if my child does not attend during the notice period CCB can not be claimed and I will be required to pay full fees.**
8. I agree to notify the Coordinator immediately of any **change in emergency contacts**, addresses and/or telephone numbers.
9. I have **read the Information booklet about the Service and agree to co-operate in all things to the best of my ability**. I have visited the Service and discussed with the Coordinator the enrolment of my/our child and understand the importance of family co-operation and agree to participate when possible in the activities of the Service. I agree to be bound by the constitution/Rules and/or any by-laws of the Service/Association.
10. **I understand that if my child/ren chose to disrupt the enjoyment or participation of others I as the parent/guardian will be phoned. If my child/ren disrupts after this warning I the parent/guardian will be called to come collect my child/ren. If my child/ren continues to disrupt this may lead to suspension or exclusion from the program.**

Debt recovery acknowledgement statement:

1. I the parent/guardian agree that the information provided in this application is true and correct and will be relied upon by the Service.
2. I the parent/guardian agree to notify the centre immediately should there be any change in circumstances from the details as outlined in the enrolment form including living arrangements of the child and/or parent/guardian within 7 days of the date of such a change.

Name

Date

Signature

Name

Date

Signature

Family structure;

Is there any information that you can share that may help us to know your child and family?

** living at home with Mother & Father, Single Parent, Grandparent, Foster care, Siblings, Blended family for example. Please list any family, friends or pets that are significant in your child's life?*

Medical conditions:

** any ongoing medical condition your child has been diagnosed with such as Asthma, Autism or Diabetes. Any information you can supply regarding this diagnosis is helpful.*

Medical requirements;

** Medications, allergies, developmental delays/adjustments to expected time frames for milestones due to premature birth or prone to febrile convulsions for example.*

Cultural and/or Religious requirements:

** Dietary requirements, specific practices for eating/toileting or rest that must be observed or ways that we can ensure your families culture is reflected in our daily routine.*

Behavioural requirements:

** Particular behaviour management plan, practices you would like staff to implement that are an important part of your child's lifestyle/family structure.*

What are your expectations/hopes/goals for your child whilst in care:

** To socialise with other children, further develop their physical skills or experience a broader range of experiences than can be offered at home for example.*

Can you list any favourite activities that your child particularly enjoys?

** Art/craft or outdoor play for example.*

Additional requirements:

** Please feel free to provide any additional information or list any particular questions you may have for staff during the orientation process on your child's first day. Staff will also document any information discussed with you, your specific needs or concerns. At QLECS we believe that strong partnerships with families help us provide the best possible care and education and encourage you to maintain an open line of communication during your time with us.*

Please note that if your child has a long term/ongoing condition (such as Asthma, Epilepsy or severe allergies) we will require a management plan from your Doctor or relevant Specialist detailing medication and its administration, and emergency procedures.