

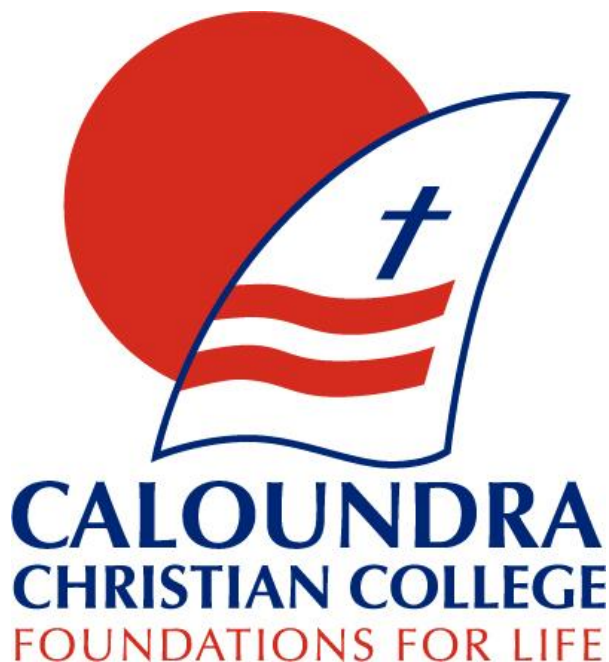
Caloundra Christian College – Outside School Hours Care

7 Gregson Place, Caloundra 4551

OSHC Mobile: 0422 843 760

College Office: 07 5436 6777

Email – general@calcc.qld.edu.au



Enrolment Form

(Separate form for each child required)

There is a \$25.00 enrolment fee per family, charged annually. For new enrolments this will be added onto your first statement.

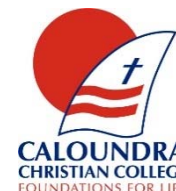
Please complete this form and return as soon as possible. This form provides us with essential data and ensures that we comply with legislative and administrative requirements.

Please ensure that you have attached all relevant documents and information by using the checklist below.

Have you completed and/or included: (where relevant)

- Registration page 3 – checked CRN's for primary carer & child
- Relevant medical information pages 4 & 5
- Action and Management Plan for severe medical condition/s
- Notification of authorised people to pick up and sign out children page 4
- Signatures of both parents/guardians (where appropriate) on all relevant documentation
- Payment form for direct credit card or direct debit completed, signed and attached

Outside School Hours Care (OSHC)



FEE SCHEDULE & TERMS

Enrolment Fee \$25.00 per family per year

Fee Type	Before School Care *	After School Care	Vacation Care
Opening Hours	7:00am to 8:00am	3:00pm to 6:00pm	7:00am to 6:00pm
Permanent Booking			
1 child	\$10.00 7:00am-8:00am*	\$20.00	\$65.00
2 children or more	\$10.00 7:00am-8:00am*	\$18.00	\$63.00
Excursions – per child			\$66.00 - \$95.00
Casual Booking			
1 child	\$12.00 7:00am-8:00am*	\$22.00	\$68.00
2 children or more	\$12.00 7:00am-8:00am*	\$20.00	\$66.00
Excursions – per child			\$66.00 - \$95.00
Other Fees			
Late Fees	\$15.00 per 15 minute block or part thereof after 6:00pm		

* Light breakfast is included for students arriving before 7:29am

Fees may be subject to change. Any change will be notified to families with one month's notice.

Permanent Bookings are

BSC and ASC - regular ongoing booking over a week or fortnight – for example;
every Tuesday & Thursday

Vacation Care - Bookings made for the term break prior to the advertised closing date.

Casual Bookings are irregular bookings that are made ad-hoc, no ongoing commitment. To guarantee a placement, 24 hours' notice is required to ensure adequate staffing.

Cancellation of bookings with less than 24 hours' notice will still be charged full cost.

Enrolment process for Outside School Hours' Care

Enrolment fee of \$25.00 per family per year.

Forms to be completed

1. Enrolment Form – one per child
2. Direct Debit Agreement - The only acceptable methods of payment are credit card or direct debit agreements

REGISTRATION INFORMATION

Primary Contact – All fields mandatory except where stated optional (Person registered for CCB)					
First Name				CRN	
Last Name				Date of Birth	
Relationship to Child				Gender (M / F)	
Address 1				Home Ph	
Address 2 (optional)				Mobile	
Suburb				Work Ph	
State		Postcode		Email	
Secondary Contact – Desired (optional)					
First Name				Home Ph	
Last Name				Mobile	
Relationship to Child				Work Ph	
Address 1				Email	
Address 2					
Suburb				State	Postcode
Child Details – All fields mandatory					
First Name				Child CRN	
Middle Name				Date of Birth	
Last Name				Gender (M / F)	
1 st Language				2 nd Language	
ATSI Descent (Must tick one)	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	
Special Considerations (Must tick one)	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Communication Needs		
	<input type="checkbox"/> Child at Risk		<input type="checkbox"/> Mobility Needs		
	<input type="checkbox"/> Disabled Parent		<input type="checkbox"/> Interpersonal Needs		
	<input type="checkbox"/> Learning Needs		<input type="checkbox"/> Other Needs		

Other Children in Other Approved Care			
This can be other providers or Caloundra Christian Community Kindergarten			
Name		Date of Birth	
Name		Date of Birth	

SPECIAL NEEDS

Does your child have any special needs that OSHC may need to know to ensure quality care?

- Learning & applying knowledge
- Self care
- Interpersonal interactions & relationships

Please provide details

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MEDICAL & COLLECTION INFORMATION ABOUT YOUR CHILD

It is vital that our service holds information relating to the medical needs of your child, including permission from you for staff to administer relevant treatment as required.

Please provide details of your preferred doctor:

Name: Phone number:.....

Address:.....

Medicare No: _____ Position: _____ Expiry: _____

Emergency Contact Details

Contact Name1:	Relationship:	Phone:
Contact Name2:	Relationship:	Phone:

Additional Authorised to Collect

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Non-Authorised Persons

The following people are NOT authorised to collect my child/ren

Name :	Name :
Please provide any other relevant information	

Is there anyone legally denied access to the child?(Circle one) YES / NO

Is there any custodial arrangements? (Circle on) YES ./ NO

Please provide details below if answered YES to either or both questions above.

Photograph Permission

During the course of the year, our service may take photographs and/or video footage to be used for promotional purposes. These may be used in:

- ♦ Print publications, including magazines and newspapers
- ♦ Television
- ♦ Internal and external advertisements/promotional material
- ♦ Web pages
- ♦ Radio

Do you give permission for your child's image to be used in the mediums outlined above?

Yes No

Parent/Guardian Name:..... Signature:..... Date:/...../.....

Does your child suffer from any of the following:

	Tick if Applicable	Please give further details where needed
1 ADD, ADHD etc.	<input type="checkbox"/>	
2 Allergy - Drugs	<input type="checkbox"/>	
3 Allergy - Food	<input type="checkbox"/>	
4 Allergy - Other	<input type="checkbox"/>	
5 Anaphylaxis	<input type="checkbox"/>	
6 Asthma	<input type="checkbox"/>	
7 Autistic Spectrum Disorder	<input type="checkbox"/>	
8 Diabetes / Hypoglycaemia	<input type="checkbox"/>	
9 Eczema	<input type="checkbox"/>	
10 Epilepsy	<input type="checkbox"/>	
11 Hearing Problems	<input type="checkbox"/>	
12 Heart problems	<input type="checkbox"/>	
13 HIV, Hepatitis A, B, C etc	<input type="checkbox"/>	
14 Migraines	<input type="checkbox"/>	
15 Phobias / Fears	<input type="checkbox"/>	
16 Recent Operations / Illnesses	<input type="checkbox"/>	
17 Respiratory Problems	<input type="checkbox"/>	
18 Visual Problems	<input type="checkbox"/>	
19 Other: please list details	<input type="checkbox"/>	

For any condition/s that may require immediate medical attention, please provide an ‘Action and Management Plan’ issued by your doctor.

Please give details of any regular medications taken (including dosage, frequency etc)

MEDICINES: Please note that all medication must be kept at the College Office, unless there has been a prior arrangement with the Principal.

Has your child had a Tetanus Booster in the last five years? [] Yes [] No Date: _____

Authorisation to obtain Medical Attention:

On enrolling my child/ren in Caloundra Christian College Outside School Hours Care program, I understand that the centre is unable to care for children who are sick or have a contagious illness. I further acknowledge that medical clearance is necessary before my child is able to return.

In case of a medical emergency, every effort will be made to contact parent’s/carer’s or authorised persons prior to taking action to seek medical treatment. In the event of my child receiving injuries requiring urgent medical attention, I authorise the centre’s staff to obtain medical assistance at a suitable medical facility, and agree to pay all medical and transport costs incurred.

Parent / Guardian Name

Parent / Guardian Signature

Date: _____

Booking Agreement

This agreement is between Caloundra Christian College and

	Parent / Carer 1	Parent / Carer 2
Parent / Carer Names		
Full Addresses		
Contact Phone numbers		
Email address		
For the care of: Child's Full Name		
Date of Birth		

For Routine Care – Weekly (Permanent Booking)

Day	Before School Care	Session Start	Session End	Usual Fee per session	After School Care	Session Start	Session End	Usual Fee per session
Monday		7:00am	8:00am	\$10.00		3:00pm	6:00pm	\$20.00
Tuesday		7:00am	8:00am	\$10.00		3:00pm	6:00pm	\$20.00
Wednesday		7:00am	8:00am	\$10.00		3:00pm	6:00pm	\$20.00
Thursday		7:00am	8:00am	\$10.00		3:00pm	6:00pm	\$20.00
Friday		7:00am	8:00am	\$10.00		3:00pm	6:00pm	\$20.00

For Casual Care

Service Type	Please tick	Day	Session Start	Session End	Usual Fee	Unit
Before School Care		Any	7:00am	8:00am	\$12.00	Session Fee
After School Care		Any	3:00pm	6:00pm	\$22.00	Session Fee
Vacation Care		Any	7:00am	6:00pm	\$65.00 - \$95.00	Session Fee
Authorisation of other people to collect your children						
Name						
Relationship to child						
Telephone contact						

I confirm:

- My details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service(s) and understand the start and end times of these sessions of care.
- Care may be provided on a casual basis where available at my service (Vacation Care) at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as fee schedule, parent handbook or excursion notice) which are subject to change over time based on advice from the provider and acceptance by me through continued use of the service.
- I understand that it is my responsibility to ensure all information associated with my child/ren is current and up-to-date.
- I state that I have read the Policy/Parent Handbook and agree to follow the policies, and accept the terms and conditions contained therein.
- I understand that I must notify the centre, in writing, if a person who is not authorised to collect my child will be collecting my child/children from the centre.
- I understand that if my child is not collected by closing time (6.00 pm) that I will incur a late fee as specified.

Signature: _____ Signature: _____

Date: _____ Date: _____