

OSHC Child Enrolment Record 2020



Preferred start date for FCC OSHC attendance

/ /2020

First Name	Surname	Gender	DOB	Customer Reference Number (CRN)
Children's address:				
Medicare number				
Cultural background <i>Please Circle</i>	Identify as Aboriginal		Other:	
	Identify as Torres Strait Islander			
Are there any special considerations for the child? For example any cultural, religious, dietary requirements or additional needs? If so please attach. <i>Please Circle</i>	Yes No		Language used in the child's home:	
Immunisation status				
Up to date: Attached: <i>Please Circle</i>	YES YES			

Indicate days required

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
OR					
Casual Booking <i>Please Circle</i>	YES				

369-401 Brinsmead Rd, Brinsmead QLD 4870
 Tel: 0458551310 (OSHC Phone) | 07 40 551 337 (College Reception)
 Email: gabriellel@fcc.qld.edu.au

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Parent/Guardian 1			
Name			
Relationship to student/s		DOB	
Do you reside with the child?			
Mobile PH		Work PH	
Email Address			
Customer Reference Number			
Address <small>If not residing with Child</small>			
Workplace & Occupation			
Parent/Guardian 2			
Name			
Relationship to student/s		DOB	
Do you reside with the child?			
Mobile PH		Work PH	
Email Address			
Address <small>If not residing with Child</small>			
Workplace & Occupation			
Is there any information we should know about Food Allergies, Anaphylaxis Issues or Medical conditions - <u>known or suspected</u> ?			
<p>If YES please provide a diagnosis; medical management plan, Parent communication plan, risk minimisation plan, anaphylaxis management plan or any relevant reports from specialists to aid OSHC staff to cater for your child's individual needs. We can work with you to formulate these forms if you don't have them in place already.</p>			

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Emergency Contact / Authorised Nominee Contact Details	
<i>In accordance with 170(5) of the Education and Care Services National Law and sections 160, 161, 102 & 99 of the Regulations, a Parent/Guardian is required to nominate Emergency Contacts and Authorised Nominees authorised to carry out the following responsibilities for their child.</i>	
Emergency Contact / Authorised Nominee 1	
Name	
Relationship to student/s	
Work Ph.	
Mobile Ph.	
Address	
Email Address	
Emergency Contact / Authorised Nominee 2	
Name	
Relationship to student/s	
Work Ph.	
Mobile Ph.	
Address	
Email Address	

Parent/Guardian Declaration		
Name		
Signature		
Date		
OSHC COORDINATOR TO COMPLETE		
Date application received		
Application accepted?	YES	NO
Date Parent/Guardian notified		
Immunisation supplied?	YES	NO

Parent/Guardian Declaration:

- ✓ I have read, understood and agree to the OSHC Terms and Conditions.
- ✓ It is my responsibility to supply the correct CRN, Birth Certificate and Immunisation details to receive CCS.
- ✓ I will abide by the OSHC fee's and direct debit payment system.
- ✓ I agree with the policies and processes of the OSHC and can get a copy of these from staff.
- ✓ I give my permission for OSHC to photograph and use these for promotional material, website and evaluation of the child/ren's progress.
- ✓ I give my permission for Freshwater Christian College and OSHC to share information about your child.
- ✓ I give the person I have provided on this form full authority to give permission to an educator to remove your child from the service and transportation in an ambulance in case of emergency, and to collect my child on my behalf.
- ✓ I consent to authorise permission for educators to take my child on routine outings within the school grounds.