ST BERNARD'S OUT OF SCHOOL HOURS CARE INCORPORATED

40 PATTERSON STREET EAST COBURG 3058 Tel: 03 9386 8498
Email: stbernardsoshc@gmail.com

Family Account No:

OSHC ENROLMENT 2025

All information on this document remains confidential and will only be available to authorised educators and emergency personnel. Information will only be released when legally required to do so, and only to those persons with authorised access under the Education and Care Services National Law

PLEASE COMPLETE ALL SECTIONS CLEARLY IN BLOCK LETTERS- if emailed a PDF TYPED COPY ONLY thank you

SECTION ONE: PARENT/GUARDIAN NOMINATED FOR CCS

TITLE.....FIRST NAME.....SURNAME.....

RELATIONSHIP..... DATE OF BIRTH.....

CRN: ..... COUNTRY OF BIRTH.....

ADDRESS..... SUBURB..... POSTCODE.....

PHONE: (H)..... (W)..... (MOB).....

OCCUPATION..... EMAIL ADDRESS.....

PARENT/GUARDIAN TWO DETAILS

TITLE.....FIRST NAME.....SURNAME.....

RELATIONSHIP..... DATE OF BIRTH.....

COUNTRY OF BIRTH.....

ADDRESS..... SUBURB..... POSTCODE.....

PHONE: (H)..... (W)..... (MOB).....

OCCUPATION..... EMAIL ADDRESS.....

SECTION TWO: BILLING

I AGREE TO PAY MY OSHC FEES VIA THE DEBITSUCCESS DIRECT DEBIT PAYMENT SYSTEM YES ☐

I HAVE PROVIDED A COMPLETED DIRECT DEBIT AUTHORITY WITH THIS ENROLMENT (Applies to new families only) YES ☐

I WILL NOTIFY THE CENTRE IF I ENCOUNTER ANY FINANCIAL DIFFICULTIES AND I AGREE TO ADOPT A PAYMENT PLAN WITH THE SERVICE TO PAY MY FEES YES ☐

SECTION THREE: EMERGENCY CONTACTS/AUTHORISED NOMINEES* *OTHER THAN PARENTS IN SECTION ONE*

EMERGENCY CONTACT ONE/ kiosk enabled ☐	EMERGENCY CONTACT TWO/ kiosk enabled ☐	EMERGENCY CONTACT THREE/ kiosk enabled ☐
Title.....Name..... Surname.....	Title.....Name..... Surname.....	Title.....Name..... Surname.....
ADDRESS:	ADDRESS:	ADDRESS:
Mobile.....	Mobile.....	Mobile.....
Relationship to Child:	Relationship to Child:	Relationship to Child:
Is this person authorised to collect your child/ren from our service? Y☐ N☐ Parent Signature.....	Is this person authorised to collect your child/ren from our service? Y☐ N☐ Parent Signature.....	Is this person authorised to collect your child/ren from our service? Y☐ N☐ Parent Signature.....
Is this person authorised to consent to medical treatment /administration of medication to your child/ren? Y☐ N☐ Parent Signature.....	Is this person authorised to consent to medical treatment /administration of medication to your child/ren? Y☐ N☐ Parent Signature.....	Is this person authorised to consent to medical treatment /administration of medication to your child/ren? Y☐ N☐ Parent Signature.....
Is this person authorised to authorise an educator to take your child/ren outside of the OSHC premises? Y☐ N☐ Parent Signature.....	Is this person authorised to authorise an educator to take your child/ren outside of the OSHC premises? Y☐ N☐ Parent Signature.....	Is this person authorised to authorise an educator to take your child/ren outside of the OSHC premises? Y☐ N☐ Parent Signature.....

SECTION FOUR: CHILD ONE DETAILS

FIRST NAME..... SURNAME.....

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH..... CRN: .....

CHILD'S COUNTRY OF BIRTH..... GRADE .....SCHOOL.....

CHILD'S RESIDENTIAL ADDRESS: .....

CHILD RESIDES WITH: BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐

ARE THE CHILD'S PARENT/GUARDIAN DETAILS THE SAME AS IN SECTION ONE? YES ☐ NO ☐

IF NO, PLEASE SUPPLY NAME, ADDRESS AND CONTACT DETAILS OF PARENTS/GUARDIANS

PARENT 1 ..... PARENT 2 .....

ADDRESS..... ADDRESS.....

CONTACT DETAILS.....CONTACT DETAILS: .....

RELATIONSHIP TO THE CHILD..... RELATIONSHIP TO THE CHILD.....

MEDICAL INFORMATION

DOES YOUR CHILD SUFFER FROM A DIAGNOSED MEDICAL CONDITION THAT OUR SERVICE STAFF NEED TO BE AWARE OF?

Anaphylaxis, Asthma, ASD, ADHD, Medical Allergies, Food Allergies, Diabetes, Epilepsy or other? YES ☐ NO ☐

IF YES, PLEASE PROVIDE A CURRENT MANAGEMENT/ACTION PLAN SIGNED BY YOUR GP. Plan provided YES ☐ NO ☐

DOES YOUR CHILD REQUIRE MEDICATION FOR HIS/HER MEDICAL CONDITION? YES ☐ NO ☐

IF YES, PLEASE PROVIDE *MEDICATION AS INDICATED ON THE ACTION PLAN- Medication to be kept at the service for your child's use

*MEDICATION PRESCRIBED BY A GP MUST BE PROVIDED IN IT'S ORIGINAL PACKAGING WITH CHILD'S NAME AND EXPIRY DATE

DO YOU ALLOW YOUR CHILD TO SELF ADMINISTER ASTHMA/OTHER MEDICATION WHEN NEEDED? YES ☐ NO ☐
(CHILDREN IN GRADES 3-6 ONLY)

IMMUNISATION STATUS

HAS YOUR CHILD BEEN IMMUNISED? YES ☐ NO ☐

SECTION FOUR: CHILD TWO DETAILS

FIRST NAME..... SURNAME.....

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH..... CRN: .....

CHILD'S COUNTRY OF BIRTH..... GRADE .....SCHOOL.....

CHILD'S RESIDENTIAL ADDRESS: .....

CHILD RESIDES WITH: BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐

ARE THE CHILD'S PARENT/GUARDIAN DETAILS THE SAME AS IN SECTION ONE? YES ☐ NO ☐

IF NO, PLEASE SUPPLY NAME, ADDRESS AND CONTACT DETAILS OF PARENTS/GUARDIANS

PARENT 1 ..... PARENT 2 .....

ADDRESS..... ADDRESS.....

CONTACT DETAILS.....CONTACT DETAILS: .....

RELATIONSHIP TO THE CHILD..... RELATIONSHIP TO THE CHILD.....

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IF YES, PLEASE PROVIDE A CURRENT MANAGEMENT/ACTION PLAN SIGNED BY YOUR GP. Plan provided YES ☐ NO ☐

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*MEDICATION PRESCRIBED BY A GP MUST BE PROVIDED IN IT'S ORIGINAL PACKAGING WITH CHILD'S NAME AND EXPIRY DATE

DO YOU ALLOW YOUR CHILD TO SELF ADMINISTER ASTHMA/OTHER MEDICATION WHEN NEEDED? YES ☐ NO ☐
(CHILDREN IN GRADES 3-6 ONLY)

IMMUNISATION STATUS

HAS YOUR CHILD BEEN IMMUNISED? YES ☐ NO ☐

SECTION FOUR: CHILD THREE DETAILS

FIRST NAME..... SURNAME.....

GENDER: MALE ☐ FEMALE ☐ DATE OF BIRTH..... CRN: .....

CHILD'S COUNTRY OF BIRTH..... GRADE .....SCHOOL.....

CHILD'S RESIDENTIAL ADDRESS: .....

CHILD RESIDES WITH: BOTH PARENTS ☐ MOTHER ☐ FATHER ☐ GUARDIAN ☐

ARE THE CHILD'S PARENT/GUARDIAN DETAILS THE SAME AS IN SECTION ONE? YES ☐ NO ☐

IF NO, PLEASE SUPPLY NAME, ADDRESS AND CONTACT DETAILS OF PARENTS/GUARDIANS

PARENT 1 ..... PARENT 2 .....

ADDRESS..... ADDRESS.....

CONTACT DETAILS.....CONTACT DETAILS: .....

RELATIONSHIP TO THE CHILD..... RELATIONSHIP TO THE CHILD.....

MEDICAL INFORMATION

DOES YOUR CHILD SUFFER FROM A DIAGNOSED MEDICAL CONDITION THAT OUR SERVICE STAFF NEED TO BE AWARE OF?

Anaphylaxis, Asthma, ASD, ADHD, Medical Allergies, Food Allergies, Diabetes, Epilepsy or other? YES ☐ NO ☐

IF YES, PLEASE PROVIDE A CURRENT MANAGEMENT/ACTION PLAN SIGNED BY YOUR GP. Plan provided YES ☐ NO ☐

DOES YOUR CHILD REQUIRE MEDICATION FOR HIS/HER MEDICAL CONDITION? YES ☐ NO ☐

IF YES, PLEASE PROVIDE *MEDICATION AS INDICATED ON THE ACTION PLAN- Medication to be kept at the service for your child's use

*MEDICATION PRESCRIBED BY A GP MUST BE PROVIDED IN IT'S ORIGINAL PACKAGING WITH CHILD'S NAME AND EXPIRY DATE

DO YOU ALLOW YOUR CHILD TO SELF ADMINISTER ASTHMA/OTHER MEDICATION WHEN NEEDED? YES ☐ NO ☐
(CHILDREN IN GRADES 3-6 ONLY)

IMMUNISATION STATUS

HAS YOUR CHILD BEEN IMMUNISED? YES ☐ NO ☐

SECTION FIVE: CHILD CARE SUBSIDY (CCS)

HAVE YOU COMPLETED A CCS ASSESSMENT IN YOUR CENTRELINK ACC VIA THE MYGOV WEBSITE? YES ☐ NO ☐

WILL YOU BE CLAIMING CCS AS A FEE REDUCTION THROUGH OUR SERVICE? YES ☐ NO ☐

FOR FURTHER INFORMATION ON CCS ELIGIBILITY, PLEASE CONTACT THE FAMILY ASSISTANCE OFFICE ON: 136 150 (8AM-8PM) M-F

SECTION SIX: FAMILY DOCTOR'S INFORMATION

DOCTOR'S NAME.....

ADDRESS..... PHONE.....

MEDICARE NO..... DO YOU SUBSCRIBE TO AN AMBULANCE SERVICE? YES ☐ NO ☐

IF YES, PLEASE STATE AMBULANCE SUBSCRIPTION NUMBER AND CATEGORY.....

NAME OF FUND.....

SECTION SEVEN: AUTHORISATION FOR MEDICAL TREATMENT

DO YOU AUTHORISE THE NOMINATED SUPERVISOR OR ANOTHER EDUCATOR AT THE SERVICE TO SEEK MEDICAL TREATMENT FROM A REGISTERED MEDICAL PRACTITIONER, HOSPITAL OR AMBULANCE SERVICE; AND TRANSPORTATION OF THE CHILD BY AN AMBULANCE SERVICE?	YES ☐ NO ☐	Parent one Signature…… Parent Two Signature……
DO YOU AUTHORISE THE NOMINATED SUPERVISOR OR OTHER EDUCATOR TO ADMINISTER MEDICATION WHICH HAS BEEN PRESCRIBED BY A GP, IS PROVIDED IN IT'S ORIGINAL PACKAGING AND LABELLED WITH THE CHILD'S NAME AND EXPIRY DATE?	YES ☐ NO ☐	Parent one Signature…… Parent Two Signature……

SECTION EIGHT: CUSTODY AND ACCESS DETAILS

ARE THERE ANY RESTRAINING ORDERS RELATING TO ANY OF YOUR CHILDREN? YES ☐ NO ☐
IF YES, PLEASE PROVIDE A COPY OF THE ORDER

ARE THERE ANY SPECIAL ACCESS/CUSTODY ARRANGEMENTS RELATING TO ANY OF YOUR CHILDREN? YES ☐ NO ☐
IF YES, PLEASE PROVIDE A COPY OF ANY OF THE FOLLOWING WITH YOUR CHILD'S ENROLMENT
A COURT ORDER, PARENTING ORDER OR PARENTING PLAN AND ANY OTHER RELEVANT CUSTODY DOCUMENTS

IF YOU HAVE ANSWERED **YES** TO EITHER OF THE ABOVE, PLEASE STATE WHICH OF YOUR CHILDREN THIS RELATES TO:

CHILD/REN'S NAMES…….

SECTION NINE: BOOKING ARRANGEMENT

FOR A PERMANENT WEEKLY BOOKING ARRANGEMENT – PLEASE TICK THE DAYS REQUIRED BELOW
FOR A CASUAL BOOKING ARRANGEMENT- PLEASE TICK THE CASUAL BOX ONLY

BEFORE SCHOOL CARE	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
CASUAL	

AFTER SCHOOL CARE	
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
CASUAL	

VACATION CARE	
CASUAL	

IF YOU HAVE SELECTED A **RE-OCCURING PERMANENT WEEKLY BOOKING FOR EITHER THE BSC, ASC OR BOTH PROGRAMS, WHEN WOULD YOU LIKE THIS ARRANGEMENT TO COMMENCE? DATE: _____/_____/ 2025**

PLEASE NOTE: ABSENCES FROM A PERMANENT OR CASUAL BOOKED SESSION WILL INCUR THE USUAL FEE LESS CCS. TEMPORARY SWAPPING OF PERMANENTLY BOOKED DAYS ARE NOT ALLOWABLE. ANY CHANGES OR CANCELLATIONS TO A PERMANENT BOOKING REQUIRES **A MINIMUM OF ONE WEEK'S NOTICE** OTHERWISE THE USUAL FEE LESS CCS WILL BE CHARGED

SECTION TEN: PERMISSION FOR YOUR CHILDREN TO WATCH PG RATED MOVIES AND TV PROGRAMS

INTEGRATED IN OUR WEEKLY PLANNED ACTIVITIES IS THE OPPORTUNITY FOR THE CHILDREN TO ENJOY MOVIES AND TV SHOWS THAT GENERALLY CARRY A G CLASSIFICATION. HOWEVER, MANY OF THE CURRENT MOVIES THAT ARE ON OFFER FOR SCHOOL AGE CHILDREN OCCASIONALLY CARRY A PG CLASSIFICATION.
WITH THIS IN MIND, EDUCATORS TAKE GREAT CARE IN SELECTING APPROPRIATE PG RATED MOVIES FOR THE CHILDREN'S ENJOYMENT; NO MOVIE OR TV SHOW IS SHOWN TO THE CHILDREN UNLESS A PRIOR REVIEW HAS BEEN MADE OF ITS SUITABILITY.

I GIVE PERMISSION FOR MY CHILD/CHILDREN TO WATCH PG CLASSIFIED MOVIES YES ☐ NO ☐

PARENT/CAREGIVER SIGNATURE…….

COMMENTS……

SECTION ELEVEN: CHILDREN'S PHOTOGRAPHS / VIDEOS

DO YOU AGREE TO HAVE YOUR CHILD/REN TO BE INCLUDED IN PHOTOS/VIDEOS AT OUR SERVICE DURING SPECIAL EVENTS? YES ☐ NO ☐
DO YOU AGREE TO SHARE YOUR CHILD/REN'S IMAGE WITH OTHER OSHC FAMILIES IN THE CASE OF GROUP PHOTOS/VIDEOS? YES ☐ NO ☐
DO YOU AGREE TO HAVE YOUR CHILD/REN'S PHOTO INCLUDED IN THE SCHOOL NEWSLETTER 'BERNARDO'? YES ☐ NO ☐

SECTION TWELVE: CELEBRATIONS

DO YOU ALLOW YOUR CHILD TO PARTICIPATE IN GROUP CELEBRATIONS SUCH AS BIRTHDAYS WHERE FOOD IS OFFERED, I.E CAKES, MUFFINS, CUP CAKES AND OTHER? YES ☐ NO ☐

DO YOU ALLOW YOUR CHILD TO PARTICIPATE IN PROGRAM PLANNED ACTIVITIES SUCH AS COOKING EXPERIENCES AND SPECIAL FOOD DAY WHERE HOT FOOD IS AVAIBLE FOR CHILDREN'S CONSUMPTIION? YES ☐ NO ☐

SECTION THIRTEEN: SUNSCREEN / BANDAIDS

I GIVE PERMISSION FOR MY CHILD/REN TO USE THE SPF 30/50+ SUNSCREEN PROVIDED BY OSHC ON DAYS WHEN THE UV

INDEX IS 3 AND ABOVE YES ☐ NO ☐ IF NO, PLEASE GIVE REASON……

I GIVE OSHC STAFF PERMISSION TO APPLY A BAND-AID ON MY CHILD WHEN REQUIRED YES ☐ NO ☐

SECTION FOURTEEN: MANAGING CHILD CARE PLACES - CONSIDERATION WHEN OUR SERVICE IS AT FULL CAPACITY

OUR SERVICE PRIORITISES PLACES FOR CHILDREN WHO ARE:

- AT RISK OF SERIOUS ABUSE OR NEGLECT
- A CHILD OF A SOLE PARENT WHO SATISFIES, OR PARENTS WHO BOTH SATISFY, THE CCS ACTIVITY TEST THROUGH PAID EMPLOYMENT.

THIS MEETS THE AUSTRALIAN GOVERNMENT'S AIM TO HELP FAMILIES WHO ARE MOST IN NEED
AS WELL AS SUPPORTING THE SAFETY AND WELLBEING OF CHILDREN AT RISK.

SECTION FIFTEEN: CULTURAL CONSIDERATION

FAMILY COUNTRY/IES OF ORIGIN: ……

PRINCIPAL LANGUAGE SPOKEN AT HOME: ……

DOES YOUR CHILD HAVE ANY SPECIAL FOOD/CULTURAL REQUIREMENTS? YES ☐ NO ☐

IF YES-Please give details……

SECTION SIXTEEN: PARENT DOCUMENT /MEDICATION CHECKLIST

I HAVE PROVIDED THE FOLLOWING DOCUMENTS AND MEDICATION WITH MY CHILD/REN'S ENROLMENT: (PLEASE TICK)	CHILD 1	CHILD 2	CHILD 3
ANAPHYLAXIS MANAGEMENT PLAN			
EPIPEN			
ASTHMA MANAGEMENT PLAN			
ASTHMA MEDICATION			
SPACER			
ALLERGY PLAN/INFORMATION			
ALLERGY MEDICATION			
DIETARY REQUIREMENTS			
COURT ORDERS, INCLUDING PARENTING ORDER, PARENTING PLAN, SPECIAL ACCESS			
CUSTODY ARRANGEMENTS			
DIGITAL AND TECHNOLOGY CODE OF CONDUCT PERMISSION FORM			
OTHER (PLEASE PROVIDE DETAILS)			
Comments:			

SECTION SEVENTEEN: MEDICAL/ GENERAL DECLARATION (PLEASE READ CAREFULLY AND SIGN BELOW)

I THE UNDERSIGNED APPROVE OF THE ENROLMENT AND AGREE TO ABIDE BY THE RULES AND CONDITIONS OF THE OUT OF SCHOOL HOURS CARE INCORPORATED AND MEET ANY COSTS INCURRED. I AUTHORISE THE CO-DIRECTORS /ACTING CO-DIRECTORS IN THE EVENT OF ANY UNFORESEEN ACCIDENT OR ILLNESS TO OBTAIN SUCH MEDICAL ASSISTANCE AS IS REQUIRED AND AGREE TO MEET THE EXPENSES ATTACHED TO SUCH TREATMENT.
I ACKOWLEDGE AND ACCEPT THAT IF MY CHILD IS NOT IMMUNISED, IN THE EVENT OF AN OUTBREAK OF A VACCINE PREVENTABLE DISEASE MY CHILD WILL BE EXCLUDED FROM ATTENDING THE OSHC SERVICE UNTIL IT IS SAFE TO DO SO BY THE AUTHORISATION OF THE CO- DIRECTORS WHO FOLLOW THE ADVICE OF MEDICAL PROFESSIONALS

I ALSO ACCEPT FULL RESPONSIBILITY FOR MY CHILD'S BELONGINGS WHILST ATTENDING THIS PROGRAM. I FULLY UNDERSTAND THAT IF MY CHILD CONTINUOUSLY MISBEHAVES AND AFTER BEHAVIOUR GUIDANCE PROCEDURES HAVE BEEN FOLLOWED, I WILL BE NOTIFIED AND MY CHILD MAY BE REMOVED FROM THE PROGRAM.

AS A MEMBER OF ST BERNARD'S OSHC I UNDERSTAND THE IMPORTANCE OF RESPECTFULLY COMMUNICATING AND CONNECTING WITH THE OSHC ECUCATORS WHO CARE FOR MY CHILD. IN THE EVENT OF ANY DISAGREEMENTS OR CONCERNS I WILL ENDEAVOUR TO RESPECTFULLY SEEK RESOLUTION BY ARRANGING A MUTALLY AGREED MEETING TIME WITH EITHER CO-DIRECTORS TO RESOLVE THE CONCERN CALMLY AND RESPECTFULLY.

I UNDERTAKE TO INFORM THE STAFF OF ANY ABSENCES OF MY CHILD. I ACKNOWLEDGE THAT MY CHILD WILL NOT ATTEND THE PROGRAM IF SUFFERING FROM AN INFECTIOUS OR CONTAGIOUS DISEASE. IN THE EVENT THAT MY CHILD IS INJURED OR BECOMES ILL DURING THE PROGRAM, EITHER AN AUTHORISED PERSON OR I SHALL COLLECT MY CHILD AS SOON AS POSSIBLE.

I ALSO UNDERSTAND THAT AS A REGISTERED USER OF THE SERVICE I AUTOMATICALLY BECOME A MEMBER OF THE ST. BERNARD'S OSHC ASSOCIATION IN ACCORDANCE WITH THE REQUIREMENTS LAID OUT IN THE ST. BERNARD'S OSHC CONSTITUTION 2013 AND THE ASSOCIATIONS INCORPORATION REFORM ACT 2012.
I UNDERSTAND THAT ALL MY ENROLMENT DETAILS ARE STRICTLY PRIVATE AND CONFIDENTIAL.

PARENT/GUARDIAN/CAREGIVER SIGNATURE……DATE……