



RADFORD COLLEGE

OUTSIDE SCHOOL HOURS CARE (OSHC)

OSHC Enrolment Form 2019

Service ID: 190007715J

Please note: Most items that are on this form, we are required by law to collect. If you are a returning family who has already provided CRN details for the Child Care Subsidy, you don't need to rewrite them on this form. Please read '2019 OSHC Information for Families' before completing this form.

Confidential Details, Child 1

Name:		2019 Year Level:	
CRN		DOB:	
Address:		Gender:	

Is your child fully immunised? Yes/No - New students to provide copies of immunisations to OSHC Director

Medicare Number:		Child's doctor:	
Medical Centre Name:		Phone:	

What is the cultural background of your child and his/her parents?

What languages, other than English are used in the child's home?

List any special considerations for your child, including medical (including allergies), cultural, religious, dietary or additional needs.

Is there a medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to any information provided above? Yes/No - If yes, a copy should accompany this enrolment form.

Confidential Details, Child 2

Name:		2019 Year Level:	
CRN		DOB:	
Address:		Gender:	

Is your child fully immunised? Yes/No - New students to provide copies of immunisations to OSHC Director

Medicare Number:		Child's doctor:	
Medical Centre Name:		Phone:	

What is the cultural background of your child and his/her parents?

What languages, other than English are used in the child's home?

List any special considerations for your child, including medical (including allergies), cultural, religious, dietary or additional needs.

Is there a medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to any information provided above? Yes/No - If yes, a copy should accompany this enrolment form.

Confidential Details, Child 3

Name:		2019 Year Level:	
CRN		DOB:	
Address:		Gender:	

Is your child fully immunised? Yes/No - New students to provide copies of immunisations to OSHC Director

Medicare Number:		Child's doctor:	
Medical Centre Name:		Phone:	

What is the cultural background of your child and his/her parents?

What languages, other than English are used in the child's home?

List any special considerations for your child, medical (including allergies), cultural, religious, dietary or additional needs.

Is there a medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to any information provided above? Yes/No - If yes, a copy should accompany this enrolment form.

Would you like to receive Child Care Subsidy? Yes/No

Have you lodged a Child Care Subsidy claim with Centrelink to be assessed? Yes/No

CCS Registered Parent/Guardian Details

Relationship to the child(ren):		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/>
Surname:		First Name:		
CRN:		DOB:		
Address:				
Best contact number:		Email:		

Parent/Guardian 2 Details

Relationship to the child(ren):		Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Other <input type="checkbox"/>
Surname:		First Name:		
CRN:		DOB:		
Address:				
Best contact number:		Email:		

Emergency Contacts and Authorisations – If the parent/guardians cannot be contacted, Contacts 1 and/or 2 below, shall be notified of any accident, injury, trauma or illness involving your child. All people below have authority to collect your child from the service.

1	Relationship to the child(ren):			
	Surname:		First Name:	
	Mobile:		Work Phone:	
	Address:		Home Phone:	
2	Relationship to the child(ren):			
	Surname:		First Name:	
	Mobile:		Work Phone:	
	Address:		Home Phone:	
3	Relationship to the child(ren):			
	Surname:		First Name:	
	Mobile:		Work Phone:	
	Address:		Home Phone:	
4	Relationship to the child(ren):			
	Surname:		First Name:	
	Mobile:		Work Phone:	
	Address:		Home Phone:	
5	Relationship to the child(ren):			
	Surname:		First Name:	
	Mobile:		Work Phone:	
	Address:		Home Phone:	

Booking Information – Please indicate your care needs below, effective for the 2019 school year.
Changes must be made in writing to the Director (afters@radford.act.edu.au)

AFTER SCHOOL CARE

<input type="checkbox"/> PERMANENT – please fill out days below			<input type="checkbox"/> CASUAL – made via email /phone when needed		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHILD 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocurricular					
CHILD 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocurricular					
CHILD 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocurricular					

BEFORE SCHOOL CARE

<input type="checkbox"/> PERMANENT – please fill out days below			<input type="checkbox"/> CASUAL – made via email /phone when needed		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHILD 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early/Late					
CHILD 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early/Late					
CHILD 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early/Late					

HOLIDAY CARE ONLY

Permissions

I give consent:	Child 1 (please initial)	Child 2 (please initial)	Child 3 (please initial)
For my child to be given First Aid Treatment			
For my child to be given emergency treatment and for ambulance treatment to be sought for my child where the Coordinator/ First Aid Officer deems necessary.			
For my child to have their face painted where it is a programmed activity.			
For my child’s photograph to be taken. I understand these photos may be used for displays and/or in School newsletters.			
For my child to watch G and PG rated films and play computer games where it is a programmed activity.			
For my child to participate in local walks within, and adjacent to, the Radford College grounds.			
I understand OSHC closes at 6pm and that the late fee is \$50 per fifteen minutes late your child/ren is/are collected (e.g. if you pick up at 6.01pm – 6.15pm, the fee is \$50, if you pick up at 6.16pm-6.30pm, the late fee is \$100).			
I understand my OSHC account must be in credit for bookings to be confirmed.			

Payment Options – Please select one and fill out the relevant information				
<input type="checkbox"/>	Bank Account Transfer – payments are accepted at any time into the following bank account Name: Radford After School Care OSHC Account Number: 93-620-1985 OSHC BSB: 082-902			
<input type="checkbox"/>	Direct Debit – requires a separate form available on request from afters@radford.act.edu.au . Please indicate whether this will be a new arrangement, or ongoing from 2018.			
	<input type="checkbox"/> Ongoing arrangement from 2018	<input type="checkbox"/> New arrangement – please provide separate form		
<input type="checkbox"/>	Credit card authority - Processed once a fortnight. Attracts a 0.8% surcharge at point of payment. When my OSHC account reaches a \$0 balance please charge my credit card.			
	<input type="checkbox"/> Ongoing arrangement from 2018	<input type="checkbox"/> New arrangement – please provide details below		
	Credit card number:	Expiry:	CCV:	
	Name on card:	Daytime phone		
	Amount to be charged when account reaches \$0:	Signature:		
This authority can be cancelled at any time by emailing afters@radford.act.edu.au				

Please add any additional details, including emergency contacts, authorisations or custody information.

Other information:	
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