



# MACKAY CHRISTIAN COLLEGE

We Love | We Care | We Learn



## OUTSIDE SCHOOL HOURS CARE FAMILY ENROLMENT APPLICATION

OSHCare is designed to provide a caring, safe and fun environment for your child/ren (Prep to Year 7 and above) where they can learn through play and social interaction. Our Service is structured around the learning framework for School Age Care. OSHCare harnesses the ethos of the college providing quality child care in a Christian environment. Our goal is to provide children a place where they feel valued as unique individuals, and their talents & interests are developed in a fun and relaxing environment.

Please use BLOCK letters completing this form.

Name of Child (1):		Year Level:		Name of Child (2):		Year Level:	
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### 2024 SESSION TIMES AND FEES *\*Fees with effect from Term 1, 2024 (Monday 22 January 2024)*

Before School Care (BSC)	6.00am – 8.00am	Cost is \$23 per session*
After School Care (ASC)	3.00pm – 6.00pm	Cost is \$30 per session*
Vacation Care (VAC)	6.30am – 5.30pm	Cost is \$65 per session or \$80 for excursion/incursion days*

### BOOKING OPTIONS

Please refer to the Fee Schedule and Bookings Information in the MCC OSHCare Family Handbook before selecting your required session(s) below:

**Casual Booking** - this is subject to availability and is not a guaranteed booking. Parents must provide **a minimum of 24 hours notice** (notification is required via SMS, email or Xplor booking request).

Before School Care  After School Care

**Permanent Booking** - this is a guaranteed booking and the child/ren will attend every week on this day until further notice.

Before School Care  *Please circle:* Monday/Tuesday/Wednesday/Thursday/Friday Weekly/Fortnightly

After School Care  *Please circle:* Monday/Tuesday/Wednesday/Thursday/Friday Weekly/Fortnightly

**COMMENCEMENT DATE:** \_\_\_\_\_

### PERMISSION TO TRANSPORT BETWEEN CAMPUSES

Senior Campus (9 Quarry Street) and Junior Campus (17 Ambrose Way)

On the days your child attends OSHCare, transport between campuses is available as follows:

**Before School Care Transport** – drop off children attending **BSC** from **Junior Campus** (departing at **8.00am**) to **Senior Campus** only

**After School Care Transport** – collect children attending **ASC** from **Senior Campus** (departing at **3.15pm**) to **Junior Campus** only

Do you require supervised transport between campuses as above for your child/ren? (free of charge) Yes  No

If **yes**, child/ren(s) name(s): \_\_\_\_\_

Before School Care  After School Care  Both  Days Required: \_\_\_\_\_

**Transport/Access to Seatbelts:** OSHCare Mini Bus (8 seater) / Road worthy staff vehicle (5 seater) / Supervised Walk

**Travelling time:** Approx. 15 minutes **Departs:** 8.00am (**Before School Care**) / 3:15pm (**After School Care**)

**Supervised by:** MCC OSHCare employee **Person in Charge:** Mrs Chantal Maritz, OSH Coordinator/nominated staff with open license.

**I hereby give permission for my child to be transported to and from MCC King's Park Campus and OSHCare at Junior Campus.**

Signature - Mother/Carer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature - Father/Carer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOR OFFICE USE ONLY	
Confirmed enrolment at MCC: Yes / No	Date Started:
Immunisation Statement: Yes / No	Birth Certificate: Yes / No

## PARENT/GUARDIAN/CARER INFORMATION

**Mother/Guardian/Carer:** Each biological parent has equal legal rights to information about the child/ren unless the MCC OSHCare is provided with a copy of Court Orders stating otherwise.

Full name of Mother/Carer:

Date of Birth (For CCS purposes):  /  /  CRN:  Parent linked to CCS with myGov account

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Phone:  Email:

Place of Employment:  Occupation:

Nationality:  Country Born:  Language:

Are you of **Aboriginal or Torres Strait Islander (TSI)** origin? Yes  Aboriginal  TSI (if both, tick both boxes)  **Neither**

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child/ren? Full time  Shared care  No

**Father/Guardian/Carer:** Each biological parent has equal legal rights to information about the child/ren unless the MCC OSHCare is provided with a copy of Court Orders stating otherwise.

Full name of Father/Carer:

Date of Birth (For CCS purposes):  /  /  CRN:  Parent linked to CCS with myGov account

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Phone:  Email:

Place of Employment:  Occupation:

Nationality:  Country Born:  Language:

Are you of **Aboriginal or Torres Strait Islander (TSI)** origin? Yes  Aboriginal  TSI (if both, tick both boxes)  **Neither**

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child/ren? Full time  Shared care  No

### **Step Parent/Guardian/Carer:**

Full name of Mother/Carer:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Phone:  Email:

Place of Employment:  Occupation:

Nationality:  Country Born:  Language:

Are you of **Aboriginal or Torres Strait Islander (TSI)** origin? Yes  Aboriginal  TSI (if both, tick both boxes)  **Neither**

Marital Status: Married  Engaged  Single  Separated  Divorced  De Facto  Deceased  Widowed

Living with child/ren? Full time  Shared care  No

Authorised to: Place booking  Give medical consent  Collect Child/ren

Permission to be an Emergency Contact other than Parents? Yes  No  Consent to Transport by Ambulance? Yes  No

Permission to Collect? Yes  No  Consent for: Excursions? Yes  No  Medical Treatment/Administer Medication? Yes  No

## LEGAL GUARDIAN

**Who is the Legal Guardian of the child/ren?** Mother  Father  Both  Other,

Are there any other circumstances about the child seeking to be enrolled that OSHCare should know prior to enrolment?

If Yes, please provide details:

Shared care arrangements  Living apart from parental supervision  Subject to court orders  Child in foster care  Other

## CHILD 1 INFORMATION

Legal Given Names:  Date of Birth:  /  /

Legal Surname:  Sex: M  F  Age:

Name known as (if different) eg. preferred name:

Residential Address:  Post Code:

Child's CRN (Centrelink No. for CCS purposes)  Immunisation Current? Yes  No  **Must supply proof of immunisation**  
 Are there any details which may have an influence on your child's attendance or may be relevant to their enrolment at OSHCare?  
 If **yes**, please indicate the details briefly:

Does your child have any behavioural difficulties? Yes  No  If **yes**, please provide details:

### Nationality

In which country was the child born?  What is the Nationality of the child?

Is the child of **Aboriginal or Torres Strait Islander (TSI)** origin? Yes  Aboriginal  TSI (if both, tick both boxes)  **Neither**

### Language

Does the child speak a language other than 'Standard Australian English' at home? Yes  No

If **yes**, what language: (If more than one language, please indicate the language that is spoken most often)

### Residency

What is the child's residency status? Australian Citizen  New Zealand Citizen  Other:

Permanent Resident  Temporary Visa holder  **A copy of Residency/Visa must be supplied**

If born overseas, on what date did the child **arrive** in Australia?  /  /

If the child is a Permanent Resident or Temporary Visa holder please provide the following information:

Visa type:  Current Visa Sub-Class no:  Visa expiry date:  /  /

### Culture/Religion

Are there special requirements which may arise from the culture or religion of the family? Yes  No  If **yes**, please provide details:

### Medical Information

Has your child been diagnosed with any of the following? Yes  No  If **yes**, please provide **Supporting Documents**.

Medical Condition (please tick)		
Attention Deficit Disorder <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Social/Emotional Disorder (Psychiatric Disorder) <input type="checkbox"/>
Attention Deficit Hyperactivity Disorder <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>	Speech-Language Impairment <input type="checkbox"/>
Auditory Processing Disorder <input type="checkbox"/>	Oppositional Defiant Disorder <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>
Autistic Spectrum Disorder (incl. Asperger's Syndrome) <input type="checkbox"/>	Physical Impairment <input type="checkbox"/>	Other _____ <input type="checkbox"/>

Is your child taking **medication** for this? Yes  No  If **yes**, Type and Dosage:

### Allergic Reaction Management Plan

Does your child have any allergies eg. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc? Yes  No

If **yes**, please provide details:

*A copy of the child's Allergy Management Plan and/or Emergency Action Plan completed by a Medical Practitioner must be provided.*

## PERMISSIONS

- I hereby give permission for my child/ren to be included in all OSHCare **publicity**. Yes  No   
 Periodically OSHCare will take photographs and/or videos as a pictorial record of the educational programs and of children's participation in them. This includes but is not limited to the Basilikos (Mackay Christian College Yearbook), media presentations, television advertisements, MCC Website and MCC Social Media.
- I hereby give permission for my child/ren to have **sunscreen** applied when necessary. Yes  No
- I hereby give permission for my child/ren to have **insect repellent** applied when necessary. Yes  No

## CHILD 2 INFORMATION

Legal Given Names:  Date of Birth:  /  /   
 Legal Surname:  Sex: M  F  Age:   
 Name known as (if different) eg. preferred name:   
 Residential Address:  Post Code:

Child's CRN (Centrelink No. for CCS purposes)  Immunisation Current? Yes  No  **Must supply proof of immunisation**  
 Are there any details which may have an influence on your child's attendance or may be relevant to their enrolment at OSHCare?  
 If **yes**, please indicate the details briefly:   
 Does your child have any behavioural difficulties? Yes  No  If **yes**, please provide details:

### Nationality

In which country was the child born?  What is the Nationality of the child?   
 Is the child of **Aboriginal or Torres Strait Islander (TSI)** origin? Yes  Aboriginal  TSI (if both, tick both boxes)  **Neither**

### Language

Does the child speak a language other than 'Standard Australian English' at home? Yes  No   
 If **yes**, what language: (If more than one language, please indicate the language that is spoken most often)

### Residency

What is the child's residency status? Australian Citizen  New Zealand Citizen  Other:   
 Permanent Resident  Temporary Visa holder  **A copy of Residency/Visa must be supplied**  
 If born overseas, on what date did the child **arrive** in Australia?  /  /   
 If the child is a Permanent Resident or Temporary Visa holder please provide the following information:  
 Visa type:  Current Visa Sub-Class no:  Visa expiry date:  /  /

### Culture/Religion

Are there special requirements which may arise from the culture or religion of the family? Yes  No  If **yes**, please provide details:

### Medical Information

Has your child been diagnosed with any of the following? Yes  No  If **yes**, please provide **Supporting Documents**.

Medical Condition (please tick)		
Attention Deficit Disorder <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Social/Emotional Disorder (Psychiatric Disorder) <input type="checkbox"/>
Attention Deficit Hyperactivity Disorder <input type="checkbox"/>	Intellectual Disability <input type="checkbox"/>	Speech-Language Impairment <input type="checkbox"/>
Auditory Processing Disorder <input type="checkbox"/>	Oppositional Defiant Disorder <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>
Autistic Spectrum Disorder (incl. Asperger's Syndrome) <input type="checkbox"/>	Physical Impairment <input type="checkbox"/>	Other <input type="text"/> <input type="checkbox"/>

Is your child taking **medication** for this? Yes  No  If **yes**, Type and Dosage:

### Allergic Reaction Management Plan

Does your child have any allergies eg. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc? Yes  No   
 If **yes**, please provide details:   
*A copy of the child's Allergy Management Plan and/or Emergency Action Plan completed by a Medical Practitioner must be provided.*

### PERMISSIONS

- I hereby give permission for my child/ren to be included in all OSHCare **publicity**. Yes  No   
 Periodically OSHCare will take photographs and/or videos as a pictorial record of the educational programs and of children's participation in them. This includes but is not limited to the Basilikos (Mackay Christian College Yearbook), media presentations, television advertisements, MCC Website and MCC Social Media.
- I hereby give permission for my child/ren to have **sunscreen** applied when necessary. Yes  No
- I hereby give permission for my child/ren to have **insect repellent** applied when necessary. Yes  No

## BILLING RESPONSIBILITY

Please provide details of the person responsible for billing. **Child/ren must be linked to this person through Centrelink.** Please note that any changes to the persons responsible for paying the OSHCare charges **must be submitted in writing from both parties.**

<input type="checkbox"/> Mother/Carer:	<input type="text"/>	Signature: <input type="text"/>	Phone: <input type="text"/>
<input type="checkbox"/> Father/Carer:	<input type="text"/>	Signature: <input type="text"/>	Phone: <input type="text"/>
<input type="checkbox"/> Joint Names:	<input type="text"/>	Signature: <input type="text"/>	Phone: <input type="text"/>
Billing Address/Email:	<input type="text"/>		

**Do you hold a current Concession Card?** Yes  No  If **yes**, please supply a copy.

Account Statements are issued fortnightly. Parents/Carers may request a copy of their Family Account at any time. Accounts must be paid before the next statement is issued.

## FAMILY MEDICAL INFORMATION *(must be provided)*

This information is required in the case of an emergency where your child/ren needs to be transported to hospital by ambulance:

Doctor/Medical Centre/Hospital Name:	<input type="text"/>	Phone:	<input type="text"/>
Doctor/Medical Centre/Hospital Address:	<input type="text"/>		
Medicare No:	<input type="text"/>	Private Health Cover: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fund Name: <input type="text"/>
In an emergency, which parent/carer should be contacted first?	<input type="text"/>		

### Administration of Medical Care

The guidelines for the administration of medication to children are as follows:

- The OSHCare First Aid Officer or an authorised member of OSHCare staff may only administer medication when the medication is in correct pharmaceutical packaging, is labelled by the pharmacist with the child's full and correct name and the dosage. This includes medication purchased over the counter.
- Parents/carers must complete a **Request to Administer Medication Form** which is available from the OSHCare office. We will under no circumstances administer medication without the pharmacist's label and written instruction from the parent/carer.
- If a child is unwell, the parent/carer or emergency contact will be phoned to collect the child as soon as possible.
- Please note that MCC OSHCare is **unable to administer Panadol** to children. In the event of a child experiencing a headache or other form of pain, we believe the child is not well enough to attend and will phone the parent/carer or emergency contact.

**I have read and understood this information and hereby give permission for the provision of any necessary urgent medical treatment for my child/ren and I agree to pay any costs incurred as a result of this treatment.**

Signature - Mother/Carer:	<input type="text"/>	Date:	<input type="text"/>
Signature - Father/Carer:	<input type="text"/>	Date:	<input type="text"/>

## EMERGENCY CONTACTS OTHER THAN PARENTS

If we cannot contact you in the event of an emergency, please provide contact details of at least one other contact. Ideally, the contact person should be someone who lives in Mackay, who is able to act on your behalf in an emergency and aware that they may be contacted for this.

<b>Name of Authorised Person 1:</b>	<input type="text"/>		
Home Address:	<input type="text"/>		
Mobile:	<input type="text"/>	Work Phone:	<input type="text"/>
Email:	<input type="text"/>		
Relationship to child/ren:	<input type="text"/>		
Permission to be an Emergency Contact other than Parents? Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent to Transport by Ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permission to Collect? Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent for: Excursions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Treatment/Administer Medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Name of Authorised Person 2:</b>	<input type="text"/>		
Home Address:	<input type="text"/>		
Mobile:	<input type="text"/>	Work Phone:	<input type="text"/>
Email:	<input type="text"/>		
Relationship to child/ren:	<input type="text"/>		
Permission to be an Emergency Contact other than Parents? Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent to Transport by Ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Permission to Collect? Yes <input type="checkbox"/> No <input type="checkbox"/>	Consent for: Excursions? Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical Treatment/Administer Medication? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## CONDITIONS OF ENROLMENT

I/we commit to work with the college in a supportive, positive relationship conducive to the best interests of the children and MCC OSHCare. I/we will continue to uphold all the conditions of the Mackay Christian College's Contract of Enrolment previously signed and the policies in the OSHCare Family Handbook.

**I have read and understand this information in this OSHCare Family Enrolment Application and the OSHCare Family Handbook.**

Mother/Carer's Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>
Father/Carer's Name:	<input type="text"/>	Signature:	<input type="text"/>	Date:	<input type="text"/>