



MACKAY CHRISTIAN COLLEGE

Christian Education on Purpose



OUTSIDE SCHOOL HOURS CARE FAMILY ENROLMENT APPLICATION

OSHare is designed to provide a caring, safe and fun environment for your child/ren (Prep to Year 7) where they can learn through play and social interaction. Our Service is structured around the learning framework for School Age Care. OSHare harnesses the ethos of the college providing quality childcare 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:	
		Year Commencing:	2025 / 2026

Name of Child (2):		Year Level:	
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SESSION TIMES AND FEES

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*

(Subject to change)

BOOKING OPTIONS (Subject to availability)

Please refer to the Fee Schedule and Bookings Information in the MCC OSHare Family Handbook before selecting your required session(s) below (please note: all selections below are subject to availability):

☐ **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 regular 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

PREFERRED COMMENCEMENT DATE: _____

Please note that submission of application does not guarantee your child a place at OSHare. You will be contacted by the Director to let you know the availabilities that are on offer.

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	<input type="checkbox"/>
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 <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI (if both, tick both boxes) <input type="checkbox"/> Neither					
Marital Status: Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> De Facto <input type="checkbox"/> Deceased <input type="checkbox"/> Widowed <input type="checkbox"/>					
Living with child/ren? Full time <input type="checkbox"/> Shared care <input type="checkbox"/> No <input type="checkbox"/>					

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	<input type="checkbox"/>
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 <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI (if both, tick both boxes) <input type="checkbox"/> Neither					
Marital Status: Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> De Facto <input type="checkbox"/> Deceased <input type="checkbox"/> Widowed <input type="checkbox"/>					
Living with child/ren? Full time <input type="checkbox"/> Shared care <input type="checkbox"/> No <input type="checkbox"/>					

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 <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI (if both, tick both boxes) <input type="checkbox"/> Neither					
Marital Status: Married <input type="checkbox"/> Engaged <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> De Facto <input type="checkbox"/> Deceased <input type="checkbox"/> Widowed <input type="checkbox"/>					
Living with child/ren? Full time <input type="checkbox"/> Shared care <input type="checkbox"/> No <input type="checkbox"/>					
Authorised to: Place booking <input type="checkbox"/> Give medical consent <input type="checkbox"/> Collect Child/ren <input type="checkbox"/>					
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"/>					

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="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 ☐

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"/>

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/carers 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/carers.
- If a child is unwell, the parent/carers 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/carers 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.

Name of Authorised Person 1: <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 ☐ No ☐ Consent to Transport by Ambulance? Yes ☐ No ☐
Permission to Collect? Yes ☐ No ☐ Consent for: Excursions? Yes ☐ No ☐ Medical Treatment/Administer Medication? Yes ☐ No ☐

Name of Authorised Person 2: <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 ☐ No ☐ Consent to Transport by Ambulance? Yes ☐ No ☐
Permission to Collect? Yes ☐ No ☐ Consent for: Excursions? Yes ☐ No ☐ Medical Treatment/Administer Medication? Yes ☐ No ☐

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"/>

OSHCare – Before and After School Incursion/Regular Outing Notification Form

Child/ren Name/s: _____

Parent/Carer Name & Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Incursion Type:	MCC Primary School including Library, Powerhouse, Classrooms, Playgrounds
Date:	Various times throughout term time during the year
Where/address:	Providence Campus, 17 Ambrose Way, North Mackay
Who:	OSHCare children from Prep to Year 7
Planned Activities:	Supervised bush walks, organised group activities
Description:	Local supervised incursions to areas in MCC Providence Campus grounds and directly surrounding area, i.e. bushland area at the back of Primary School, playgrounds and grass areas outside our licenced space, Powerhouse building, Library and shared space classrooms in Blue and Green Village, and undercover areas in Orange, Blue and Green Villages.
Departure & Returning Time:	Any time during operating hours of 6:00am and 6:00pm
Anticipated No. of Children:	60+
Anticipated Adult/Child Ratio:	1/10
Anticipated No. of Educators:	6
Persons in Charge:	OSHCare Coordinator: Mrs Chantal Maritz

A separate form must be completed for Vacation Care activities.

'I hereby give permission for my child/ren _____ to participate in the above-mentioned incursion. Where I am unable to be contacted or it is impractical to do so, I authorise the Persons in Charge, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary.'

Signed: _____
(Parent/Carer)

Date: _____



MACKAY CHRISTIAN COLLEGE

Christian Education on Purpose

OSHCare

Getting to Know Your Children

CHILD 1 – BASIC INFORMATION

Name: _____

List 5 words that best describe your child and their personality:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What motivates your child? _____

What upsets your child? _____

What are 3 goals you have for your child in MCC OSHCare Centre this year?

1. _____ 2. _____ 3. _____

These are a few of my child's favourite things to do? _____

Other information: _____

CHILD 2 – BASIC INFORMATION

Name: _____

List 5 words that best describe your child and their personality:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What motivates your child? _____

What upsets your child? _____

What are 3 goals you have for your child in MCC OSHCare Centre this year?

1. _____ 2. _____ 3. _____

These are a few of my child's favourite things to do? _____

Other information: _____

CHILD 3 – BASIC INFORMATION

Name: _____

List 5 words that best describe your child and their personality:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What motivates your child? _____

What upsets your child? _____

What are 3 goals you have for your child in MCC OSHCare Centre this year?

1. _____ 2. _____ 3. _____

These are a few of my child's favourite things to do? _____

Other information: _____

CHILD 4 – BASIC INFORMATION

Name: _____

List 5 words that best describe your child and their personality:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

What motivates your child? _____

What upsets your child? _____

What are 3 goals you have for your child in MCC OSHCare Centre this year?

1. _____ 2. _____ 3. _____

These are a few of my child's favourite things to do? _____

Other information: _____