



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 & 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 & relaxing environment.

Please use BLOCK letters completing this form.

Name of Child (1):		Year Level:	
Name of Child (2):		Year Level:	
Name of Child (3):		Year Level:	
Name of Child (4):		Year Level:	

SESSION TIMES AND FEES

Before School Care	6.00am – 8.00am	Cost is \$20 per session
After School Care	3.00pm – 6.00pm	Cost is \$25 per session
Vacation Care	6.30am – 5.30pm	Cost is \$55 per session or \$70 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 not a guaranteed booking (notification is required via texting or email only). Parents must notify **at least 24 hours prior** - subject to availability.

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

TRANSPORT PERMISSION BETWEEN CAMPUSES

 King's Park (9 Quarry Street) and Providence Campus (17 Ambrose Way)

Do you require supervised transport between campuses 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: Approximately 15 minutes **Departs:** 8.00am (**Before School Care**) / 3:15pm (**After School Care**)

Supervised by: MCC OSHCare staff member **Persons in Charge:** Mrs Chantal Maritz - OSHCare Coordinator or nominated staff with an open license.

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

Signature - Mother/Caregiver: Date:

Signature - Father/Caregiver: Date:

FOR OFFICE USE ONLY

Confirmed enrolment at MCC: Yes / No	Date Started:
Immunisation Statement: Yes / No	Birth Certificate: Yes / No

PARENT/GUARDIAN/CAREGIVER INFORMATION

Mother/Guardian/Caregiver: 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/Caregiver:

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:

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

Father/Guardian/Caregiver: 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/Caregiver:

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:

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

Step Parent/Guardian/Caregiver:

Full name of Mother/Caregiver:

Residential Address: Post Code:

Mailing Address: Post Code:

Mobile: Work Phone: Email:

Place of Employment: Occupation:

Nationality: Country Born: Language:

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

PERMISSIONS

- I hereby give permission for my child 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 to have **sunscreen** applied when necessary. Yes No

- I hereby give permission for my child to have **insect repellent** applied when necessary. Yes No

Signature - Mother/Caregiver: Date: / /

Signature - Father/Caregiver: Date: / /

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

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.**

Mother/Caregiver: Signature: Phone:

Father/Caregiver: Signature: Phone:

Joint Names: Signature: Phone:

Billing Address/Email:

Do you hold a current Concession Card?

Yes

No

If **yes**, please supply a copy.

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

PLEASE NOTE: The person indicated as the main account holder has the sole responsibility of the account if a separation or divorce occurs. It is the responsibility of this person to inform the MCC OSHCare Coordinator if such a situation arises.

FAMILY MEDICAL INFORMATION

Emergency Contacts Other than Parents (to be used when attempts to contact parents are unsuccessful)

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 and who is able to act on your behalf in an emergency. Please ensure that you have discussed with the people listed on this page their willingness to be authorised/emergency contacts.

Name of Authorised Person 1:

Home Address:

Mobile: Work Phone: Relationship to 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

Name of Authorised Person 2:

Home Address:

Mobile: Work Phone: Relationship to 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

Emergency Details (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: Phone:

Medicare No: Private Health Cover: Yes No Fund Name:

In an emergency, which parent/caregiver should be contacted first?

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/caregivers 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/caregiver.
- If a child is unwell, the parent/caregiver or emergency contact will be phoned to collect the child as soon as possible.

d. 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/caregiver or emergency contact.

I have read and understood this information.

I 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/Caregiver: Date: / /

Signature - Father/Caregiver: Date: / /

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) **No**

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: / /

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)

Culture

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 a medical condition? Eg. Asthma, Diabetes / ADD, Physical Impairment Yes No

If **yes**, please provide details:

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

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) **No**

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: / /

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)

Culture

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 a medical condition? Eg. Asthma, Diabetes / ADD, Physical Impairment Yes No

If **yes**, please provide details:

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

CHILD 3 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) **No**

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: / /

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)

Culture

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 a medical condition? Eg. Asthma, Diabetes / ADD, Physical Impairment Yes No

If **yes**, please provide details:

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

CHILD 4 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) **No**

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: / /

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)

Culture

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 a medical condition? Eg. Asthma, Diabetes / ADD, Physical Impairment Yes No

If **yes**, please provide details:

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

SUPPORTING DOCUMENTS

OSHCare has access to the college's copies of your child/ren's Birth Certificate, Request for Administration of Medication form and Medical Action Plan if applicable, and any legal documents if custody issues are a part of your child's enrolment at the College. However you are required to provide proof of immunisation for each child in this enrolment application.

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 Enrolment Application and the OSHCare Family Handbook.

Signature - Mother/Caregiver: Date: / /

Signature - Father/Caregiver: Date: / /