



# MACKAY CHRISTIAN COLLEGE

We Love | We Care | We Learn

## OUTSIDE SCHOOL HOURS CARE

### FAMILY ENROLMENT APPLICATION



Please use BLOCK letters completing this form.

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 space.

**Mother/Guardian/Caregiver Information** 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 (Centrelink Customer Ref No. for CCS purposes)

If you are the Main Account holder, make sure you are registered for child care benefits through Centrelink before commencing care.

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  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  SharedCare  No  Authorised to: place bookings  give medical consent  collect child/ren

**Father/Guardian/Caregiver Information** 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 (Centrelink Customer Ref No. for CCS purposes)

If you are the Main Account holder, make sure you are registered for child care benefits through Centrelink before commencing care.

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  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  SharedCare  No  Authorised to: place bookings  give medical consent  collect child/ren

### Step Parent/Guardian/Caregiver Information

Full name of Step Parent/Guardian:

Residential Address:  Post Code:

Mailing Address:  Post Code:

Mobile:  Work Ph:  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  SharedCare  No  Authorised to: place bookings  give medical consent  collect child/ren

#### FOR OFFICE USE ONLY

Proof of Age supplied: Yes / No      Student No.:

Proof of Immunisation: Yes / No      Date Started:

## Child 1 Information Please use BLOCK letters completing this form.

Legal Given Names:  Date of Birth:  /  /   
Legal Surname:  Sex: M  F  Age:   
Name known as (if different) eg. preferred name:   
Residential Address:  Post Code:   
Immunisation Current? Yes  No  **Must supply a copy of proof of immunisation. Child will not be able to attend without this.**  
Child's CRN number:  Each child will have an individual CRN number. (For CCS purposes)

### Education

School Attending:  Year Level:   
Has your child ever been enrolled in another OSH Care Centre? Yes  No  Centre's Name:   
Reason for leaving:   
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  Yes, TSI  (if both, tick both boxes) No

### Language

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

### Publicity

Periodically we take photos/videos as a pictorial record of activities & excursions conducted by the Service and children's participation in them. This includes but is not limited to the MCC Yearbook, media presentations, tv ads, MCC website & MCC Social Media.  
I give permission for my child to be included in all MCC OSHCare publicity. Yes  No

### Medical Information

Has your child been diagnosed with any of the following: (Please include Specialist's letter of diagnosis.)  
Acquired Brain Injury, Anxiety, Anaphylaxis, Asthma, Blood Disorder, Cardiac Condition, Diabetes, Eczema, Epilepsy, Hay Fever, Headaches/Migraines, Hearing/Sight Impairment, Muscular/Joint Problems, Other (Please specify) \_\_\_\_\_  
Yes  No  Details (Warning signs/Symptoms/Severity/Occurrence/Treatment/Medications/Restrictions etc)

Is your child taking medication for this? Yes  No  Type and Dosage:   
Asthma (Moderate/Severe), Anaphylaxis, Allergies, Type 1 Diabetes, Epilepsy, fill in a Request for Administration of Medication form.  
Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes  No   
**If 'Yes', a copy of the child's Allergy Management Plan and/or Emergency Action Plan from your doctor must be provided.**

Signs and symptoms of reaction:   
What medication is taken (if any) for the prevention of allergic reaction:   
What treatment is followed if an allergic reaction occurs:   
Has your child received additional support from the following services?  
Social Worker  Physiotherapist  Paediatrician  Speech Therapist  Psychologist  Other   
Permission to contact Support Service Organisation: Yes  No  Organisation name, Contact person name, Number:

Has your child been diagnosed with any of the following: Please include Specialist's letter of diagnosis.  
Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Auditory Processing Disorder, Autistic Spectrum Disorder (including Asperger's Syndrome), Central Auditory Processing Disorder, Dysgraphia, Dyslexia, Hearing Impairment, Intellectual Disability, Oppositional Defiant Disorder, Physical Impairment, Social/Emotional Disorder (Psychiatric Disorder), Speech-Language Impairment, Visual Impairment, Other: \_\_\_\_\_  
Is your child taking medication for this? Yes  No  Type and Dosage:

## Child 2 Information Please use BLOCK letters completing this form.

Legal Given Names:  Date of Birth:  /  /   
Legal Surname:  Sex: M  F  Age:   
Name known as (if different) eg. preferred name:   
Residential Address:  Post Code:   
Immunisation Current? Yes  No  **Must supply a copy of proof of immunisation. Child will not be able to attend without this.**  
Child's CRN number:  Each child will have an individual CRN number. (For CCS purposes)

### Education

School Attending:  Year Level:   
Has your child ever been enrolled in another OSH Care Centre? Yes  No  Centre's Name:   
Reason for leaving:   
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  Yes, TSI  (if both, tick both boxes) No

### Language

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

### Publicity

Periodically we take photos/videos as a pictorial record of activities & excursions conducted by the Service and children's participation in them. This includes but is not limited to the MCC Yearbook, media presentations, tv ads, MCC website & MCC Social Media.  
I give permission for my child to be included in all MCC OSHCare publicity. Yes  No

### Medical Information

Has your child been diagnosed with any of the following: (Please include Specialist's letter of diagnosis.)  
Acquired Brain Injury, Anxiety, Anaphylaxis, Asthma, Blood Disorder, Cardiac Condition, Diabetes, Eczema, Epilepsy, Hay Fever, Headaches/Migraines, Hearing/Sight Impairment, Muscular/Joint Problems, Other (Please specify) \_\_\_\_\_  
Yes  No  Details (Warning signs/Symptoms/Severity/Occurrence/Treatment/Medications/Restrictions etc)

Is your child taking medication for this? Yes  No  Type and Dosage:   
Asthma (Moderate/Severe), Anaphylaxis, Allergies, Type 1 Diabetes, Epilepsy, fill in a Request for Administration of Medication form.  
Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes  No   
**If 'Yes', a copy of the child's Allergy Management Plan and/or Emergency Action Plan from your doctor must be provided.**

Signs and symptoms of reaction:   
What medication is taken (if any) for the prevention of allergic reaction:   
What treatment is followed if an allergic reaction occurs:   
Has your child received additional support from the following services?  
Social Worker  Physiotherapist  Paediatrician  Speech Therapist  Psychologist  Other   
Permission to contact Support Service Organisation: Yes  No  Organisation name, Contact person name, Number:

Has your child been diagnosed with any of the following: Please include Specialist's letter of diagnosis.  
Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Auditory Processing Disorder, Autistic Spectrum Disorder (including Asperger's Syndrome), Central Auditory Processing Disorder, Dysgraphia, Dyslexia, Hearing Impairment, Intellectual Disability, Oppositional Defiant Disorder, Physical Impairment, Social/Emotional Disorder (Psychiatric Disorder), Speech-Language Impairment, Visual Impairment, Other: \_\_\_\_\_  
Is your child taking medication for this? Yes  No  Type and Dosage:

**Child 3 Information** Please use BLOCK letters completing this form.

Legal Given Names:  Date of Birth:  /  /   
Legal Surname:  Sex: M  F  Age:   
Name known as (if different) eg. preferred name:   
Residential Address:  Post Code:   
Immunisation Current? Yes  No  **Must supply a copy of proof of immunisation. Child will not be able to attend without this.**  
Child's CRN number:  Each child will have an individual CRN number. (For CCS purposes)

**Education**

School Attending:  Year Level:   
Has your child ever been enrolled in another OSH Care Centre? Yes  No  Centre's Name:   
Reason for leaving:   
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  Yes, TSI  (if both, tick both boxes) No

**Language**

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

**Publicity**

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I give permission for my child to be included in all MCC OSHCare publicity. Yes  No

**Medical Information**

Has your child been diagnosed with any of the following: (Please include Specialist's letter of diagnosis.)  
Acquired Brain Injury, Anxiety, Anaphylaxis, Asthma, Blood Disorder, Cardiac Condition, Diabetes, Eczema, Epilepsy, Hay Fever, Headaches/Migraines, Hearing/Sight Impairment, Muscular/Joint Problems, Other (Please specify) \_\_\_\_\_  
Yes  No  Details (Warning signs/Symptoms/Severity/Occurrence/Treatment/Medications/Restrictions etc)

Is your child taking medication for this? Yes  No  Type and Dosage:   
Asthma (Moderate/Severe), Anaphylaxis, Allergies, Type 1 Diabetes, Epilepsy, fill in a Request for Administration of Medication form.  
Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes  No   
**If 'Yes', a copy of the child's Allergy Management Plan and/or Emergency Action Plan from your doctor must be provided.**

Signs and symptoms of reaction:   
What medication is taken (if any) for the prevention of allergic reaction:   
What treatment is followed if an allergic reaction occurs:   
Has your child received additional support from the following services?  
Social Worker  Physiotherapist  Paediatrician  Speech Therapist  Psychologist  Other   
Permission to contact Support Service Organisation: Yes  No  Organisation name, Contact person name, Number:

Has your child been diagnosed with any of the following: Please include Specialist's letter of diagnosis.  
Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Auditory Processing Disorder, Autistic Spectrum Disorder (including Asperger's Syndrome), Central Auditory Processing Disorder, Dysgraphia, Dyslexia, Hearing Impairment, Intellectual Disability, Oppositional Defiant Disorder, Physical Impairment, Social/Emotional Disorder (Psychiatric Disorder), Speech-Language Impairment, Visual Impairment, Other: \_\_\_\_\_  
Is your child taking medication for this? Yes  No  Type and Dosage:

**Child 4 Information** Please use BLOCK letters completing this form.

Legal Given Names:  Date of Birth:  /  /   
Legal Surname:  Sex: M  F  Age:   
Name known as (if different) eg. preferred name:   
Residential Address:  Post Code:   
Immunisation Current? Yes  No  **Must supply a copy of proof of immunisation. Child will not be able to attend without this.**  
Child's CRN number:  Each child will have an individual CRN number. (For CCS purposes)

**Education**

School Attending:  Year Level:   
Has your child ever been enrolled in another OSH Care Centre? Yes  No  Centre's Name:   
Reason for leaving:   
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  Yes, TSI  (if both, tick both boxes) No

**Language**

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

**Publicity**

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I give permission for my child to be included in all MCC OSHCare publicity. Yes  No

**Medical Information**

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Acquired Brain Injury, Anxiety, Anaphylaxis, Asthma, Blood Disorder, Cardiac Condition, Diabetes, Eczema, Epilepsy, Hay Fever, Headaches/Migraines, Hearing/Sight Impairment, Muscular/Joint Problems, Other (Please specify) \_\_\_\_\_  
Yes  No  Details (Warning signs/Symptoms/Severity/Occurrence/Treatment/Medications/Restrictions etc)

Is your child taking medication for this? Yes  No  Type and Dosage:   
Asthma (Moderate/Severe), Anaphylaxis, Allergies, Type 1 Diabetes, Epilepsy, fill in a Request for Administration of Medication form.  
Does your child have any allergies e.g. Latex (Band-aids), Nuts, Eggs, Animals, Dairy Products, Bee Stings etc. Yes  No   
**If 'Yes', a copy of the child's Allergy Management Plan and/or Emergency Action Plan from your doctor must be provided.**

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Permission to contact Support Service Organisation: Yes  No  Organisation name, Contact person name, Number:

Has your child been diagnosed with any of the following: Please include Specialist's letter of diagnosis.  
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Is your child taking medication for this? Yes  No  Type and Dosage:

## Billing Responsibility

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

|  |                      |            |                      |        |                      |
|--|----------------------|------------|----------------------|--------|----------------------|
| <input type="checkbox"/> Mother/Caregiver: | <input type="text"/> | Signature: | <input type="text"/> | Phone: | <input type="text"/> |
| <input type="checkbox"/> Father/Caregiver: | <input type="text"/> | Signature: | <input type="text"/> | Phone: | <input type="text"/> |
| Billing Address/Email:                     | <input type="text"/> |            |                      |        |                      |

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.

## Legal Guardian

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

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

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

**A copy of all Court Orders, Parenting Agreements or other legal issues pertaining to the child/ren must be supplied to OSHCare.**

## Authorised Person 1 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:

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

## Authorised Person 2 other than Parents

Name of Authorised Person:

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

## Authorised Person 3 other than Parents

Name of Authorised Person:

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

## Administration of Medical Care

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. The guidelines for the administration of medication to child/ren are as follows:

- The MCC OSHCare authorised staff member (First Aid qualified) may only administer medication when the medication is within its use by date, 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 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.
- If a child is unwell, the parent/caregiver or emergency contact will be phoned to collect the child as soon as possible.

Please note that the MCC OSHCare is **unable to administer a dose of paracetamol** 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 or emergency contact.

**No child can attend the Service until vomiting and diarrhoea has ceased for 24 hours. When antibiotics have been prescribed, children need to have been taking them for 24 hours before returning to the Service.**

**If your child has a temperature (37.5°C or above) they are to be kept home for a minimum of 24 hours without fever.**

Signature - Mother/Caregiver:  Date:  /  /

Signature - Father/Caregiver:  Date:  /  /

## Family's 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:

Doctor/Medical Centre/Hospital Phone:  Medicare No

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

## Session Times, Fees and Bookings

### Before School Care

Prep onwards Before School Care operates 6.00 am - 8.00 am. Cost is \$20 per session\*. We provide a nutritious breakfast and range of fun activities. Prep children are signed into their class. Movement to King's Park will be arranged for students in Year 7 and above.\*

### After School Care

Prep onwards After School Care operates 3.00 pm - 6.00 pm. Cost is \$25 per session\*. We provide a nutritious afternoon tea and a range of fun activities. Children will remain at After School Care until they are signed out of OSHCare by an authorised person. Children in Prep are signed out of their class and escorted from their classroom before being signed into OSHCare rooms. Children in Year 1 will be escorted from their classroom and children in Year 2-6 will be escorted from the Stop-Drop-Go area outside Powerhouse before being signed into the OSHCare rooms. Movement from King's Park Campus will be arranged for students in Year 7 & above.\*

\* Transport Permission for King's Park students to travel to Providence Campus free of charge is listed later in this application.

### Vacation Care

Prep onwards Vacation Care operates 6.30 am - 5.30 pm. Cost is \$55 per session\* or \$70 for excursion/incursion days\* (most Tuesdays & Thursdays). Details of the program will be available 1 month prior to term break on the MCC website, College Office & MCC OSHCare.

\*Daily fees may be lower on the Child Care Subsidy (CCS) return. See Child Benefit section of the Parent Handbook for complete detail.

Please note: **Families with children who are not immunised and no approved exemption will not be eligible to receive CCS.**

### Bookings and Enrolments

Bookings can only be made by the parent/caregiver authorised in this Family Enrolment Application. All bookings can be made by email to [oshcare@mccmky.qld.edu.au](mailto:oshcare@mccmky.qld.edu.au) or made in writing at the College Office, Junior School Reception and MCC OSHCare. Vacation Care bookings are made by completing a Booking Application form.

### Cancellation

Families will be charged for bookings even if their child/ren does not attend the service on the booked day for any reason. A **minimum of 48 hours' notice** is required for any changes or cancellations to **Term Time bookings** when 50% fees will be charged. The Vacation Care Cancellation Policy states that any days booked may be cancelled a full 2 weeks before the first day of school holidays. Cancellations made after that date will still be charged as arrangements have been made based upon these numbers.

### Absences

If your child/ren are absent or is going to be absent, please send an email to [oshcare@mccmky.qld.edu.au](mailto:oshcare@mccmky.qld.edu.au). Alternatively, you can contact the OSHCare Coordinator either by phoning the OSHCare mobile number on 0432 669 974 or the College Office on 4963 1100 and leaving a message. No child will be allowed to leave the MCC OSHCare grounds without the parent's written permission. Child Care Subsidy (CCS) payments will still apply to absent days and the Queensland government allows limited absent days per year without having to provide any documentation. Please refer to the Fee Schedule and Bookings Information in the MCC OSHCare Family Handbook before filling out the table of attendance below.

| MONDAY   | TUESDAY  | WEDNESDAY  | THURSDAY   | FRIDAY   |
|--|--|--|--|--|
| <input type="checkbox"/> Before School Permanent | <input type="checkbox"/> Before School Permanent | <input type="checkbox"/> Before School Permanent | <input type="checkbox"/> Before School Permanent | <input type="checkbox"/> Before School Permanent |
| <input type="checkbox"/> Before School Casual    | <input type="checkbox"/> Before School Casual    | <input type="checkbox"/> Before School Casual    | <input type="checkbox"/> Before School Casual    | <input type="checkbox"/> Before School Casual    |
| <input type="checkbox"/> After School Perm       | <input type="checkbox"/> After School Perm       | <input type="checkbox"/> After School Perm       | <input type="checkbox"/> After School Perm       | <input type="checkbox"/> After School Perm       |
| <input type="checkbox"/> After School Casual     | <input type="checkbox"/> After School Casual     | <input type="checkbox"/> After School Casual     | <input type="checkbox"/> After School Casual     | <input type="checkbox"/> After School Casual     |
| <input type="checkbox"/> Weekly                  | <input type="checkbox"/> Weekly                  | <input type="checkbox"/> Weekly                  | <input type="checkbox"/> Weekly                  | <input type="checkbox"/> Weekly                  |
| <input type="checkbox"/> Fortnightly             | <input type="checkbox"/> Fortnightly             | <input type="checkbox"/> Fortnightly             | <input type="checkbox"/> Fortnightly             | <input type="checkbox"/> Fortnightly             |

### Permanent booking

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

### Casual booking

This is not a guaranteed booking, notification is required. Parents must notify at least 24 hours prior - subject to availability.

### Excursion Notification (COVID-19 protocols will be followed)

I/we hereby give permission for my child/ren to participate in local supervised excursions to areas in MCC grounds and directly surrounding area ie. bushland area at the back of Junior School, Playgrounds and grass areas outside our licensed space, Powerhouse building, Library and shared space classrooms in 3/4 & 5/6 block, and Undercover areas in Prep, Year 1/2 block, 3/4 block & 5/6 block.

**Where/address:** Providence campus 17 Ambrose Way, North Mackay **Date:** Various times throughout the program

**Planned Activities:** Supervised bush walks, organised group activities **Who:** OSHCare children from Prep onwards

**Departure time:** 7:30 am **Returning time:** 5:30 pm **Transport/Access to seatbelts:** N/A

**Approximate Travelling time:** N/A **Approximate Cost:** N/A

**Anticipated Number of Children:** 22+ **Anticipated Adult/Child Ratio:** 1/10

**Persons in charge:** OSHCare Coordinator – Mrs Chantal Maritz

Signature - Mother/Caregiver:

Date:

Signature - Father/Caregiver:

Date:

## Transport Permission Between Campuses

**Transport required:** Before School Care  After School Care  Both  **Date:** All days enrolled

**Transport between:** King's Park Campus (9 Quarry Street) and Providence Campus (17 Ambrose Way) North Mackay

**Description:** Supervised transport of child/ren between campuses via OSHCare Minibus/Road worthy staff vehicle or supervised walk.

**Departs:** 8.00am (Before School Care) and 3:15pm (After School Care)

**Arrives:** 8:15am (Before School Care) and 3:30pm (After School Care)

**Travelling time:** Approximately 15 minutes

**Supervised by:** MCC OSHCare staff member

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

**Persons in Charge:** Mrs Chantal Maritz - OSHCare Coordinator or nominated staff with an open licence

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

Signature - Mother/Caregiver:

Date:

Signature - Father/Caregiver:

Date:

## Getting to Know Your Child

**Basic Information Child 1:** 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 centres this year? \_\_\_\_\_

These are a few of my child's favourite things: \_\_\_\_\_

Other information: \_\_\_\_\_

**Basic Information Child 2:** 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 centres this year? \_\_\_\_\_

These are a few of my child's favourite things: \_\_\_\_\_

Other information: \_\_\_\_\_

**Basic Information Child 3:** 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 centres this year? \_\_\_\_\_

These are a few of my child's favourite things: \_\_\_\_\_

Other information: \_\_\_\_\_

**Basic Information Child 4:** 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 centres this year? \_\_\_\_\_

These are a few of my child's favourite things: \_\_\_\_\_

Other information: \_\_\_\_\_

## Internet Use

Children may use the internet facilities by using their own MCC account under supervision of staff at OSHCare within the guidelines allowed by Mackay Christian College (this applies only to children from Year 5 and above currently attending the college).

## Policies

Please read the Family Handbook provided for more information about MCC OSHCare. Copies of our full policies are available on the college website and upon request at MCC OSHCare.

## 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 Parent Handbook.

**I have read and understand this information in this Enrolment Application.**

Signature - Mother/Caregiver:

Date:

Signature - Father/Caregiver:

Date: