St Anthony’s Primary Out of School Care Activities (OOSCA)

In accordance with the Catholic Education Office Enrolment Policy and Regulations

2015 Enrolment Form

<table>
<thead>
<tr>
<th>Family Name</th>
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<table>
<thead>
<tr>
<th>Child 1</th>
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</thead>
<tbody>
<tr>
<td>School</td>
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<table>
<thead>
<tr>
<th>Child 2</th>
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<tbody>
<tr>
<td>School</td>
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<table>
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<tr>
<th>Child 3</th>
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<tr>
<td>School</td>
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</table>

**Billing Information**

Statements will only be available electronically. Please write the email address you would like to receive your statements on below:

<table>
<thead>
<tr>
<th>Email</th>
</tr>
</thead>
</table>

Please check that you and/or your partner have completed all the sections and questions you need to answer and have signed and dated where necessary.

If you have any questions about this form, please contact

**St Anthony’s Primary Out of School Care Activities (OOSCA)**

161 Wheeler Crescent, Wanniassa ACT 2903
Ph: 6296 2261  Fax: 6296 4825
Email: oosca@cg.catholic.edu.au
Necta Gianakis (M) 4099 161 456
Nikki’s Napier (M) 0447 891 414

**Enrolment Forms need to be updated annually.**

**Booking forms for Vacation Care will need to be completed for each program.**

<table>
<thead>
<tr>
<th>Staff use only:</th>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Enrolment form dated on receipt</td>
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<tr>
<td>All relevant attachments received</td>
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<td>CRN details completed</td>
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<tr>
<td>Billing email supplied</td>
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<tr>
<td>Details updated/created on Qikkids</td>
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</table>
Parent A

Given name:  
Family name:  

Date of Birth:  
CRN: (to claim CCB & CCR)  

Are you the parent that receives the Family Assistance Office Child Care Benefit (CCB) and Child Care Rebate (CCR)? (Please tick)  
Yes □ No □

Relationship to child/ren:  
□ Mother  
□ Father  
□ Other (Please specify)  

Street address:  

Suburb:  
State:  
Postcode:  

Home Phone:  
Mobile phone:  

Work Phone:  
Email:  

Work Status: (please tick)
□ Full time employment  
□ Part time employment  
□ Actively seeking employment
□ Studying full time  
□ Other (Please specify)  

Occupation:  
Employer:  

Country of birth:  
Religion:  

Other languages spoken at home? (other than English)  

Are you of Aboriginal or Torres Strait Islander Background? (Please tick)  
Yes □ No □

Parent B

Given name:  
Family name:  

Date of Birth:  
CRN: (to claim CCB & CCR)  

Are you the parent that receives the Family Assistance Office Child Care Benefit (CCB) and Child Care Rebate (CCR)? (Please tick)  
Yes □ No □

Relationship to child/ren:  
□ Mother  
□ Father  
□ Other (Please specify)  

Street address:  

Suburb:  
State:  
Postcode:  

Home Phone:  
Mobile phone:  

Work Phone:  
Email:  

Work Status: (please tick)
□ Full time employment  
□ Part time employment  
□ Actively seeking employment
□ Studying full time  
□ Other (Please specify)  

Occupation:  
Employer:  

Country of birth:  
Religion:  

Other languages spoken at home? (other than English)  

Are you of Aboriginal or Torres Strait Islander Background? (Please tick)  
Yes □ No □
### Emergency Contacts

**Emergency Contact 1: (Other than Parent’s listed previously)**

<table>
<thead>
<tr>
<th>Given name:</th>
<th>Family name:</th>
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</thead>
<tbody>
<tr>
<td>Street address:</td>
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<tr>
<td>Suburb:</td>
<td>State:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Mobile Phone:</td>
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<tr>
<td>Work Phone:</td>
<td>Relationship to child/ren:</td>
</tr>
</tbody>
</table>

Is this person authorised to collect the child/ren from care? (Please tick)  
Yes [ ] No [ ]

Is this person authorised to consent to medical treatment?  
Yes [ ] No [ ]

**Emergency Contact 2: (Other than Parent’s listed previously)**

<table>
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<tr>
<th>Given name:</th>
<th>Family name:</th>
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<tbody>
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<td>Street address:</td>
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<td>Suburb:</td>
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<tr>
<td>Home Phone:</td>
<td>Mobile Phone:</td>
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<tr>
<td>Work Phone:</td>
<td>Relationship to child/ren:</td>
</tr>
</tbody>
</table>

Is this person authorised to collect the child/ren from care? (Please tick)  
Yes [ ] No [ ]

Is this person authorised to consent to medical treatment?  
Yes [ ] No [ ]

### Other People Authorised To Collect the Child

**Contact 1**

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<tr>
<td>Home Phone:</td>
<td>Mobile Phone:</td>
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<td>Relationship to child/ren:</td>
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**Contact 2**

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**Contact 3**

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<td>Home Phone:</td>
<td>Mobile Phone:</td>
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<tr>
<td>Work Phone:</td>
<td>Relationship to child/ren:</td>
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</table>
Doctor’s Details

Doctor’s name: 

Street address: 

Suburb: State: Postcode: 

Phone: Medicare Number: 

Other Children in Approved Care

Please supply details of any other children in approved care (to claim CCB & CCR)

<table>
<thead>
<tr>
<th>Given Name</th>
<th>Family Name</th>
<th>Date of Birth</th>
<th>Sex</th>
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Authorisations and Conditions of Care

Medical Treatment Permission
I give permission for the staff to give first aid treatment in the event of minor injuries to my child.

In the event of an accident or serious illness regarding my child I give permission for staff to seek medical attention or arrange ambulance transport to the hospital if considered necessary for the welfare and safety of my child. I understand that I will be required to pay for any costs associated with transport and/or treatment of my child.

I understand that the centre is unable to care for sick children or children with contagious illness. The centre reserves the right to exclude any child not well enough to cope with planned activities and will contact parents to arrange collection of their child

Signature: 

Fees Consent:
I/we agree to make regular payments and finalise the account before the end of each term. Care may be cancelled if accounts are overdue according to the Centre Policy. I/we understand that in the event of financial hardship, application may be made to the Centre Finance Officer for consideration of special arrangements. Otherwise, I/we understand that the centre is entitled to the recovery of outstanding fees.

Signature: 

Behaviour Guidelines:
I/We have read the Behaviour Management Policy and guidelines (see the Parent Handbook) and agree to abide by the guidelines. I/We have informed the child/ren of the guidelines and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following these guidelines and the strategies that are outlined in the Behaviour Management Policy will be implemented if the child/ren is in breach of the guidelines.

Signature: 

Privacy:
I/We understand the service protects the confidentiality and privacy of individuals by ensuring records about individual children and families are kept in a secure place and only accessed by or disclosed to those people who need the information to fulfil their responsibilities at the service or have a legal right to know.

Signature: 
Child 1

Details:

Child’s name:    Family name:    
Date of Birth:  Sex:    Male    Female  
Child’s CRN: (to claim CCB & CCR)  Year Level in 2015:  
Street address:  
Suburb:  State:  Postcode:  
What country was this child born in?  
What languages does this child speak at home? (other than English)  

Is this child of Aboriginal or Torres Strait Islander Background? (Please tick)    Yes    No  
Please tick if this child is: 
☐ From a culturally and linguistically diverse background 
☐ From a refugee background who has been subjected to trauma 
☐ In the care of the state or other forms of out of home care 
☐ If this place has been sought by a state or territory child protection worker

Immunisation: 

Is this child immunised? (Please tick)    Yes    No  

Court Orders: 

Is this child involved in a court order, parenting order or parenting plan? (Please tick)    Yes    No  
If yes, please supply a copy (to be enforced documents must be provided) 
Is this child involved in a court order relating to the child’s residence?    Yes    No  
If yes, please supply a copy (to be enforced documents must be provided) 
Is this child involved in a court order relating to the child’s contact with a parent or other person?    Yes    No  
If yes, please supply a copy (to be enforced documents must be provided) 

Medical Information: 

Has this child been diagnosed with a medical condition? Eg. Asthma, seizures, allergies, anaphylaxis, etc. (Please tick and give details)    Yes    No  
If yes, please supply a current medical action plan from (if required)  

Dietary Requirements: 

Are there any specific dietary requirements for your child? (Please tick and give details)    Yes    No  

Please fill out a medical form for any dietary or medical condition (enclosed in enrolment pack)
**Additional Needs:**
Has this child been diagnosed with a disability or additional needs or is undergoing any diagnosis (Please tick and give details)  
Yes ☐ No ☐

**Cultural or Religious Requirements:**
Are there any specific cultural or religious requirements for your child? (Please tick and give details)  
Yes ☐ No ☐

**Fears or Phobias:**
Does this child suffer from fears or phobias? (Please tick and give details)  
Yes ☐ No ☐

**Interests and Hobbies:**
What are the child’s interests and hobbies? Eg. Sports, drawing, cooking, board games, reading, etc

**Consents**
Do you give permission for this child to have their face painted?  
Yes ☐ No ☐

Do you give permission for this child to have their hair sprayed?  
Yes ☐ No ☐

Do you give permission for this child to be photographed or videoed for the purposes of displaying in the service?  
Yes ☐ No ☐

Do you give permission for this child to be photographed or recorded for the purposes of documenting yours and other children’s learning at OOSCA?  
Yes ☐ No ☐

Do you give permission for this child to watch PG rated programs (TV, DVD, movies) and play PG rated computer games?  
Yes ☐ No ☐

Do you give permission for this child to participate in short excursions away from the centre within the surrounding suburbs eg. Local Parks?  
Yes ☐ No ☐

Please sign below to acknowledge that you understand the consents you have ticked above

Signature: ____________________________

**Bookings:** Please circle Weekly / Fortnightly / Casual  
Starting Date: ____________

Please tick the days/sessions you would like your child to attend OOSCA.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
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<td><strong>Child’s name:</strong></td>
<td>Family name:</td>
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<td><strong>Date of Birth:</strong></td>
<td>Sex: Male □ Female □</td>
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<tr>
<td><strong>Child’s CRN:</strong> (to claim CCB &amp; CCR)</td>
<td><strong>Year Level in 2015:</strong></td>
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<td><strong>Postcode:</strong></td>
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<td><strong>What country was this child born in?</strong></td>
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<td><strong>What languages does this child speak at home?</strong> (other than English)</td>
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<tr>
<td><strong>Is this child of Aboriginal or Torres Strait Islander Background?</strong> (Please tick) Yes □ No □</td>
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</tbody>
</table>

Please tick if this child is:
- □ From a culturally and linguistically diverse background
- □ From a refugee background who has been subjected to trauma
- □ In the care of the state or other forms of out of home care
- □ If this place has been sought by a state or territory child protection worker

**Immunisation:**

Is this child immunised? (Please tick) Yes □ No □

**Court Orders:**

Is this child involved in a court order, parenting order or parenting plan? (Please tick) Yes □ No □

**If yes, please supply a copy (to be enforced documents must be provided)**

Is this child involved in a court order relating to the child’s residence? Yes □ No □

**If yes, please supply a copy (to be enforced documents must be provided)**

Is this child involved in a court order relating to the child’s contact with a parent or other person? Yes □ No □

**If yes, please supply a copy (to be enforced documents must be provided)**

**Medical Information:**

Has this child been diagnosed with a medical condition? Eg. Asthma, seizures, allergies, anaphylaxis, etc. (Please tick and give details) Yes □ No □

**If yes, please supply a current medical action plan from (if required)**

**Dietary Requirements:**

Are there any specific dietary requirements for your child? (Please tick and give details) Yes □ No □
**Additional Needs:**
Has this child been diagnosed with a disability or additional needs or is undergoing any diagnosis (Please tick and give details)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Cultural or Religious Requirements:**
Are there any specific cultural or religious requirements for your child? (Please tick and give details)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Fears or Phobias:**
Does this child suffer from fears or phobias? (Please tick and give details)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

**Interests and Hobbies:**
What are the child’s interests and hobbies? Eg. Sports, drawing, cooking, board games, reading, etc

**Consents**
Do you give permission for this child to have their face painted?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>

Do you give permission for this child to have their hair sprayed?

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<th>Yes</th>
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Do you give permission for this child to be photographed or videoed for the purposes of displaying in the service?

<table>
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Do you give permission for this child to be photographed for the purposes of documenting yours and other children’s learning at OOSCA?

<table>
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<tr>
<th>Yes</th>
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Do you give permission for this child to watch PG rated programs (TV, DVD, movies) and play PG rated computer games?

<table>
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Do you give permission for this child to participate in short excursions away from the centre within the surrounding suburbs eg. Local Parks?

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Please sign below to acknowledge that you understand the consents you have ticked above

Signature: ____________________________

**Bookings:** Please circle Weekly / Fortnightly / Casual  Starting Date: _______

Please tick the days/sessions you would like your child to attend OOSCA.

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</table>
Additional Child

Details:
Child’s name: ____________________  Family name: ____________________
Date of Birth: ____________________  Sex: Male □  Female □
Child’s CRN: ____________________  (to claim CCB & CCR)  Year Level in 2015: ____________________
Street address: ____________________
Suburb: ____________________  State: ____________________  Postcode: ____________________
What country was this child born in? ____________________
What languages does this child speak at home? (other than English) ____________________

Is this child of Aboriginal or Torres Strait Islander Background? (Please tick) Yes □  No □
Please tick if this child is:
□ From a culturally and linguistically diverse background
□ From a refugee background who has been subjected to trauma
□ In the care of the state or other forms of out of home care
□ If this place has been sought by a state or territory child protection worker

Immunisation:
Is this child immunised? (Please tick) Yes □  No □

Court Orders:
Is this child involved in a court order, parenting order or parenting plan? (Please tick) Yes □  No □
If yes, please supply a copy (to be enforced documents must be provided)
Is this child involved in a court order relating to the child’s residence? Yes □  No □
If yes, please supply a copy (to be enforced documents must be provided)
Is this child involved in a court order relating to the child’s contact with a parent or other person? Yes □  No □
If yes, please supply a copy (to be enforced documents must be provided)

Medical Information:
Has this child been diagnosed with a medical condition? Eg. Asthma, seizures, allergies, anaphylaxis, etc. (Please tick and give details) Yes □  No □
If yes, please supply a current medical action plan from (if required)

Dietary Requirements:
Are there any specific dietary requirements for your child? (Please tick and give details) Yes □  No □

Please fill out a medical form for any dietary or medical condition (enclosed in enrolment pack)
**Additional Needs:**
Has this child been diagnosed with a disability or additional needs or is undergoing any diagnosis (Please tick and give details)  
Yes □ No □

**Cultural or Religious Requirements:**
Are there any specific cultural or religious requirements for your child? (Please tick and give details)  
Yes □ No □

**Fears or Phobias:**
Does this child suffer from fears or phobias? (Please tick and give details)  
Yes □ No □

**Interests and Hobbies:**
What are the child’s interests and hobbies? Eg. Sports, drawing, cooking, board games, reading, etc

**Consents**
Do you give permission for this child to have their face painted?  
Yes □ No □
Do you give permission for this child to have their hair sprayed?  
Yes □ No □
Do you give permission for this child to be photographed or videoed for the purposes of displaying in the service?  
Yes □ No □
Do you give permission for this child to be photographed for the purposes of documenting yours and other children’s learning at OOSCA?  
Yes □ No □
Do you give permission for this child to watch PG rated programs (TV, DVD, movies) and play PG rated computer games?  
Yes □ No □
Do you give permission for this child to participate in short excursions away from the centre within the surrounding suburbs eg. Local Parks?  
Yes □ No □

Please sign below to acknowledge that you understand the consents you have ticked above
Signature: __________________________

**Bookings:** Please circle  
Weekly / Fortnightly / Casual  
Starting Date:__________

Please tick the days/sessions you would like your child to attend OOSCA.

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