



Address: Yolanda Drive, Annandale, Townsville 4814
College Phone: (07) 4725 2082 **Fax:** (07) 4725 4178

Postal Address: PO Box 1366, Aitkenvale, Qld 4814
OSHC Mobile: 0431728736 **Email:** oshc@acc.qld.edu.au

2023 CONFIDENTIAL REGISTRATION FORM

ACCOUNT HOLDER'S DETAILS

Name of Person Registering Child/ren (i.e. the Account Holder):

Title: Dr Mr Mrs Ms Miss Other (please specify)

First Name(s):

Preferred Name:

Surname:

Date of Birth: (DD/MM/YY)

Account Holder Family Assistance Office Reference Number (CRN) for subsidy purposes: _____ / _____ / _____

Relationship to Child/ren:

Child/ren's Residential Address:

Postcode:

Account Holder's Primary Contact Number:

Email Address:

CHILD/REN'S DETAILS

	CHILD 1	CHILD 2	CHILD 3
Surname:			
First Name(s):			
Preferred Name:			
Date of Birth (DD/MM/YY)			
Gender (Please Circle)	MALE FEMALE	MALE FEMALE	MALE FEMALE
Year/Grade Level (Classroom If Known)			
Child's CRN: (For CCB Purposes)	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
Children's Medicare Number			
Does this child attend any other registered Child Care Service?	YES NO	YES NO	YES NO
If your answer to the question above is YES, please provide details of that service.			
Is this child of Aboriginal or Torres Strait Islander origin? (Please Circle)	YES Aboriginal YES Torres Strait Islander YES Both Aboriginal and Torres Strait Islander NO Neither Aboriginal or Torres Strait Islander	YES Aboriginal YES Torres Strait Islander YES Both Aboriginal and Torres Strait Islander NO Neither Aboriginal or Torres Strait Islander	YES Aboriginal YES Torres Strait Islander YES Both Aboriginal and Torres Strait Islander NO Neither Aboriginal or Torres Strait Islander
Main Language Spoken at Home			

PARENT / GUARDIAN DETAILS

	PARENT / GUARDIAN 1	PARENT / GUARDIAN 2
Surname:		
First Name:		
Title: (Mr, Mrs, Miss, Ms, Dr)		
Parent's Centrelink Customer Reference Number (CRN): (For subsidy purposes)	_____ / _____ / _____	_____ / _____ / _____
Date of Birth: (For CCS purposes)		
Residential Address: (If different to child/ren)		
	POSTCODE:	POSTCODE:
Does the child/ren live with this parent? (Please Circle One)	YES Full Time YES Shared Arrangement NO	YES Full Time YES Shared Arrangement NO
Occupation:		
Employer:		
Work Address:		
Telephone Numbers:	Mobile: Work: Home:	Mobile: Work: Home:
Primary language spoken at home:		
Authorized to collect child/ren	YES NO	YES NO

CUSTODY ARRANGEMENTS

Are there any court orders relating to the powers and responsibilities of the parents in relation to this child/ren or access to this child/ren?
(Please Circle) **YES** **NO**

If YES:

- ☐ I/We will provide a copy of the court order with this Registration Form.
- ☐ I/We affirm that the court orders provided are current and complete.
- ☐ I/We will immediately provide the OSHC Coordinator with copies of new documentation should any changes to the original Court Order be negotiated. That is: If these orders, at any time change the powers of a parent/guardian to:
- Authorise the taking of the child outside the service by a staff member of the service
 - Consent to the medical treatment of the child
 - Request or permit the administration of medication to the child
 - Collect the child

PEOPLE AUTHORISED TO COLLECT CHILDREN *(Other than Parents / Guardians)*

PERSON 1: (MUST be at least 18 years of age)

Name:	Home Phone:
	Mobile:
Address:	Relationship to Child:

PERSON 2: (MUST be at least 18 years of age)

Name:	Home Phone:
	Mobile:
Address:	Relationship to Child:

☐ I understand that I must notify the OSHC Coordinator **by SMS or email** if any person other than those whose names are included in the above list is sent to pick up my child/ren and that photographic ID must be provided before my child/ren is/are given into their care.

EMERGENCY CONTACTS (located a maximum 30 minutes from the Service)

Staff of the Annandale Christian College OSHC program will take all possible steps to ensure a safe environment for the children under their care. In the event of an accident or emergency parents/guardians will be contacted immediately. If parents/guardians are not contactable, the OSHC staff will contact a nominated person. Please provide details of **two Emergency Contacts** whom you authorize to act on your behalf.

PERSON 1:

Name:	Home Phone:
	Mobile:
Address:	Relationship to Child:

PERSON 2:

Name:	Home Phone:
	Mobile:
Address:	Relationship to Child:

☐ I consent to the staff of Annandale Christian College OSHC seeking emergency medical, hospital and/or dental treatment through Queensland Ambulance service or other emergency necessary transport, in the unlikely event of an accident and neither parent/guardians nor authorised Emergency Contacts can be contacted. I accept responsibility for all financial costs that may be incurred in seeking this emergency medical care.

☐ I consent to the trained First Aid Staff of Annandale Christian College OSHC to administer basic First Aid to my child.

☐ I consent for Sarah Forrest (or responsible person) to take my child off premises if emergency and/or I give consent to transport the child if needed.

Signatures of parents and/or guardians:

Father / Guardian: _____ Date: _____
Mother / Guardian: _____ Date: _____

EX/INCURSIONs

As a part of the OSHC daily program, children will be taken on outings to different areas of the school including the Pioneer Hall, oval, playgrounds, spiderweb and the library. We have risk assessments available in person and online on the school website for you to peruse.

I/We understand that the Annandale Christian College OSHC service will regularly make use of college facilities (particularly: the Outside covered basketball courts; College Oval; Pioneer (Multi-Purpose) Hall; H1 Computer Lab; College Playgrounds and Equipment) to offer the best possible educational program, and that always the appropriate Staff: Child ratios will be maintained.

Excursion do not happen often, but parents will be notified in advance and a letter will be sent out asking for consent, with risk plans attached.

Signatures of parents and/or guardians:

Father / Guardian: _____ Date: _____
Mother / Guardian: _____ Date: _____

HEALTH AND WELL-BEING

	CHILD 1	CHILD 2	CHILD 3
	Name:	Name:	Name:
Does this child take regular medication?	YES NO If YES, provide details on the Medication Request Form	YES NO If YES, provide details on the Medication Request Form	YES NO If YES, provide details on the Medication Request Form
Is this child fully immunised for his/her age? (Please Circle)	YES NO	YES NO	YES NO
Signature of co-ordinator or assistant co-ordinator upon sighting the child/ren's immunisation records			
Has this child been diagnosed with any allergies?	YES NO If YES, provide details:	YES NO If YES, provide details:	YES NO If YES, provide details:
Has this child been diagnosed at risk of Anaphylaxis?	YES NO	YES NO	YES NO
If YES, please tick to confirm: <input type="checkbox"/> An auto injection device (EpiPen or Anapen) has been provided to the Service. <input type="checkbox"/> An Anaphylaxis Management Plan has been provided to the Service.			
Has this child been diagnosed with Asthma?	YES NO	YES NO	YES NO
If YES, What are the known triggers? Please tick to confirm: <input type="checkbox"/> A blue/grey reliever puffer has been provided to the Service; <input type="checkbox"/> An Asthma Action Plan has been provided to the Service.			
Further Information:			
Epilepsy:	YES NO		
Diabetes:	YES NO		
Vision Impairment:	YES NO		
Hearing Impairment:	YES NO		
Learning Needs:	YES NO		
Other:	YES NO		

MEDICAL EMERGENCY

Name of Family Doctor:

Name of Practice (if applicable):

Address:

Doctor's Telephone Number:

Family's Medicare Number:

FAMILY BACKGROUND / SPECIAL INTERESTS

Family Ethnicity / Culture:
(e.g. Chinese, Aboriginal or Torres Strait Islander etc.)

Is there any way in which you would like to share your culture with us? (e.g., giving a talk, sharing recipes, games, photos etc.)

Is your family part of the Australian Defence Forces (ADF)? (Please Circle) YES NO

If YES, Please remember to notify OSHC staff in times of Deployment.

Is any family member disabled in any way? YES NO
(OPTIONAL – Please detail so that we can make every effort to meet your family's needs)

Does the student have any siblings other than those enrolling in ACC OSHC? If YES, please supply their names and ages?

What are your child/ren's special interests?

Are there any dietary requirements or restrictions you would like us to know about?

Is there anything else you would like us to know about your family in order to provide quality care for your child/ren?

INITIAL ATTENDANCE BOOKINGS

PLEASE NOTE: Any subsequent changes to these initial bookings must be submitted in writing to the OSHC Coordinator (Email: oshc@acc.qld.edu.au)

BEFORE SCHOOL CARE (available 7am – 8.30am)

PERMANENT BOOKINGS

☐

MONDAY

☐

TUESDAY

☐

WEDNESDAY

☐

THURSDAY

☐

FRIDAY

☐ I authorize this permanent Before School Care booking to commence _____ (Please insert Date)

I/We wish to register for CASUAL/EMERGENCY Before School Care only

☐

AFTER SCHOOL CARE (available 3.00pm – 6.00pm)

☐

MONDAY

☐

TUESDAY

☐

WEDNESDAY

☐

THURSDAY

☐

FRIDAY

☐ I authorize this permanent After School Care booking to commence _____ (Please insert Date)

I/We wish to register for CASUAL/EMERGENCY After School Care only

☐

PLEASE NOTE: After instructing the service to make a permanent booking for your child/children, you will be charged the stated fee for each booking even in the event of your child not attending the service for the booked session.

PLEASE NOTE: Requests for Casual Care/Emergency MUST be telephoned to the College Office (47 252082) before 12 noon on the day of care. Requests for Casual care may need to be refused if Staff: Student ratios (i.e. 1:15) cannot be maintained.

2020 OSHC FEES

Before School Care (Fee quoted is per child)	Permanent Booking: \$15 per session (including breakfast)	Casual/Emergency Booking \$17 per session (including breakfast)
After School Care (Fee quoted is per child)	Permanent Booking: \$19 per session	Casual/Emergency Booking \$21 per session
Late fee After 6.00pm (Fee quoted is per child)	\$5.00 per 5 mins or part thereof	

PLEASE NOTE: Families may be entitled to claim Child Care Subsidy as a fee reduction provided by the Federal Government through Centrelink / DEEWR. Assistance is based on an income assessment. **The Coordinator cannot arrange for Child Care Subsidy unless parents provide birth dates and Family Assistance Office (Centrelink) CRNs for themselves and each child so that a CCS enrolment can be made.** Attendances are forwarded to CCS each week online for each child. You can contact Family Assistance on 13 6150 to check your entitlement **Full fees (as outlined above) will be charged until the Coordinator is provided with all necessary CRNs and birth dates and the Service is advised by CCS of the relevant rebate.**

PAYMENT METHOD

Payment for **permanent bookings** is by **direct deposit**. Families are required to pay the total amount of the weekly statement that gets emailed to you as soon as you receive it. The College bank details, BSB and information about payment methods, can be obtained from the OSHC Coordinator. If you do not wish to pay by direct deposit, you can pay your total amount each fortnight at the College Office.

Options for **casual bookings** include: **Cash**, **EFPTOS** (through the College Office), or **Credit Card** (in person or over the phone **4725 2082** through the College Office). Casual bookings must be **paid for within 24 hrs of booking**.

NOTE: Families using **casual bookings** often find having an 'in credit' account, reduces the stress of ensuring payment is made prior to the provision of care. Please contact our College Finance Officer, Mrs Lisa Regan, at finance@acc.qld.edu.au or **4725 2082** for further information.

PLEASE NOTE. Outstanding fees, for more than two weeks, will result in registration being suspended until the fees are cleared. In the event that families default on payment and fees become 4 weeks in arrears OSHC placement is automatically and immediately forfeited for the entire family.

PARENT AGREEMENTS

Media Release

I/We give consent for Annandale Christian College Outside School Hours Care staff to take and use photographs, video or sound recordings of my child/ren for the purposes of advertising, promotion, media publicity, publication, display or school web page usage of Annandale Christian College.

☐ **YES**, I do consent ☐ **NO**, I do not consent ☐ **Partial Consent** (Please explain)

Parental Guidance (PG) Movies

I/We acknowledge that movies may occasionally be shown during the OSHC program. I/We understand that, as a general rule, these movies are selected by OSHC Staff and will be G-rated. I/We understand that at times other children in care of the Service bring or request movies that may be PG rated. No PG movies will be shown without prior viewing and approval by OSHC Staff.

☐ **YES**, I give permission for my child/ren to watch OSHC Staff approved PG rated movies;
☐ **NO**, I do not give permission for my child/ren to watch OSHC Staff approved PG rated movies.

Internet Usage

I/We give permission for my child/ren to use internet facilities under supervision of OSHC Staff will under the care of the Service within the guidelines allowed by Annandale Christian College.

☐ **YES**, ☐ **NO**

Payment Agreement

I/we understand that:

- ☐ Fees are payable on receipt of invoice.
- ☐ Full fees will be charged for all booked days that my child/ren does not attend (i.e. if ill and not notified by 9am, on holidays during term time, if picked up early by parent/guardian or on parental/guardian's RDOs).
- ☐ My place for my child/ren will be suspended if fees become two weeks overdue and no arrangement has been made with the OSHC Coordinator or College Finance Officer, Mrs Lisa Regan.
- ☐ My place for my child/ren will be automatically and immediately forfeited if fees are 4 weeks in arrears and no arrangement has been made with the College Finance Officer, Mrs Lisa Regan.
- ☐ Notice of intention to withdraw my child/ren must be given **in writing 1 week before withdrawal**.

General

- ☐ I am fully aware of the Colleges evangelical Christian character and understand that this student will be immersed in an environment with Christian values based on Biblical principles.
- ☐ I will be supportive of the OSHC's ethos, aims and objectives as outlined in its advertising and enrolment information and will support the OSHC in this endeavour.
- ☐ I will actively partner with the College in its OSHC program that relates to the education and care of the student at OSHC.
- ☐ I understand that the College has a high expectation of student behaviour and discipline, and I will support OSHC staff and the College leadership team in the pursuit and application of these standards.
- ☐ I understand that the College reserves the right to terminate the child's enrolment in OSHC as a consequence of serious or repeated breaches of the College's Care and Conduct Policy or the College ethos.

Other Conditions of Registration:

I/we understand that:

- ☐ I/We acknowledge that I/we have received a Family Handbook and agree to abide by the rules, policies and procedures of the Service.
- ☐ I am / we are fully aware that the Annandale Christian College OSHC program is a service provided primarily to parents of Annandale Christian College and to others in the community as vacancies allow.
- ☐ I am / we are fully aware that the Annandale Christian College OSHC program reflects the College's evangelical Christian character and will be supportive of the College's values.
- ☐ I/We will actively support OSHC staff by reinforcing the behaviour standards expected of children participating in the OSHC program.
- ☐ I/We accept full responsibility for the payment of fees, levies and charges (including late pick-up fees) as set out in this document and Parent Handbook and notified by the OSHC Coordinator from time to time.
- ☐ I/We understand that OSHC program fees are payable one week in advance.
- ☐ I/We agree to promptly notify the Coordinator of any changes to the information provided in the Family Registration Form.
- ☐ I/We accept that the signatories below are responsible for payment of fees.
- ☐ I/We agree that the OSHC program Coordinator and the College may exchange information about my child/ren to facilitate quality care.
- ☐ I/We understand the Annandale Christian College site is a Non-Smoking environment and will refrain from smoking anywhere on the property.

Signatures of parents and/or guardians:

Father / Guardian: _____ Date: _____

Mother / Guardian: _____ Date: _____

(NOTE: Where two adults share the parenting, **both** should sign. If the student is in the custody of one parent only, only one signature is required.)