



# Croydon Shire Council

## Croydon Outside School Hours Care

### Enrolment Form 2013

**Enrolment Forms must be submitted before children can attend  
After-School Care and/or Vacation Care**

Please return to: Croydon Outside School Hours Care Service  
Croydon Shire Council  
PO Box 17  
Croydon QLD 4871

Forms can also be returned to the Croydon State School Administration Office or the Croydon OSHC Office (Youth Hall) between 2.15 and 4.45 pm.

For any enquiries please contact:

#### PARTICIPANT DETAILS

| Details  | Child 1 | Child 2 | Child 3 | Child 4 |
|--|---------|---------|---------|---------|
| Family Name  |         |         |         |         |
| Given Name   |         |         |         |         |
| Date of Birth  |         |         |         |         |
| Gender (M/F)   |         |         |         |         |
| Year Level   |         |         |         |         |
| Home Address   |         |         |         |         |
| Immunisation Status <b>(Records must be attached to this form)</b> |         |         |         |         |

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*). The information collected may be retained as required by the *Public Records Act 2002*.

**MEDICAL/DIETARY REQUIREMENTS**

|  | Child 1<br>Name..... | Child 2<br>Name..... | Child 3<br>Name..... | Child 4<br>Name..... |
|--|----------------------|----------------------|----------------------|----------------------|
| Medical Conditions –<br>Please indicate any<br>medical or physical<br>conditions for each<br>child. Please attach<br>a medical<br>management plan. |                      |                      |                      |                      |
| Dietary<br>Requirements –<br>Please indicate any<br>special dietary<br>requirements for<br>each child. Please<br>attach details if<br>necessary.   |                      |                      |                      |                      |

Medicare Number.....

Family Doctor..... Ph:.....

**RELEVANT INFORMATION**

Is there any relevant information needed to assist with the care of your child?  
(E.g. religious, cultural values/beliefs, special needs, likes and dislikes)

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Please indicate your child's level of swimming ability:

***Non-swimmer / Beginner / Competent (circle most appropriate answer)***

Added Comments: \_\_\_\_\_

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Please indicate the predominant language spoken by the child at home? \_\_\_\_\_

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**PARENT/GUARDIAN DETAILS**

|                               | Parent/Guardian 1  | Parent/Guardian 2  |
|-------------------------------|--|--|
| Name                          |  |  |
| Residential Address           |  |  |
| Postal Address                |  |  |
| Relationship                  |  |  |
| Home Phone                    |  |  |
| Work Phone                    |  |  |
| Mobile                        |  |  |
| Email                         |  |  |
| <i>Tick where appropriate</i> | <input type="checkbox"/> Authorised to consent to medical treatment or administration of medication    | <input type="checkbox"/> Authorised to consent to medical treatment or administration of medication    |
| <i>Tick where appropriate</i> | <input type="checkbox"/> Authorised to give permission to an educator to remove the child from service | <input type="checkbox"/> Authorised to give permission to an educator to remove the child from service |

**EMERGENCY CONTACT:** Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Contact Numbers: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (m) \_\_\_\_\_

**OTHER PERSONS AUTHORISED FOR COLLECTION OF CHILDREN**

\*Please note: Persons under the age of 16 years are not permitted to sign out and collect children from Outside School Hours Care

|                               | Person 1   | Person 2   |
|-------------------------------|--|--|
| Name                          |  |  |
| Home Phone                    |  |  |
| Work Phone                    |  |  |
| Mobile                        |  |  |
| <i>Tick where appropriate</i> | <input type="checkbox"/> Authorised to consent to medical treatment or administration of medication    | <input type="checkbox"/> Authorised to consent to medical treatment or administration of medication    |
| <i>Tick where appropriate</i> | <input type="checkbox"/> Authorised to give permission to an educator to remove the child from service | <input type="checkbox"/> Authorised to give permission to an educator to remove the child from service |

Are there any special conditions for custody of your child? Yes/No (circle one)

If yes, please indicate which parent/guardian of the above information has sole custody and the conditions of the custody agreement (please attach copy of court order for records)

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I, \_\_\_\_\_ have read and agree to the following:  
(Print name)

**I have received a Parent Handbook upon Enrolment and I have read and understood the relevant Policies and Procedures carried out at the service.**

**Absences:** I realize it is my responsibility to let the program coordinator know, prior to collection or sign in, if my child is not attending on any booked days.

**Activities:** I give permission for my child/ren to participate in all activities offered in the program. I agree that it is my responsibility to familiarize myself with the program and to advise staff if I do not wish my child to participate in a particular activity.

**Behaviour:** I support the behavioural support and management procedures outlined in the parent handbook and I agree to support staff in the decision to exclude my child for behavioural reasons (as per services policies and procedures)

**Collection Details:** I will ensure that the persons listed to collect my child are over the age of 16. I will also ensure that my child will be picked up by 4:45pm at the Youth Hall. I understand that only the authorized persons listed on this Enrolment Form are to collect my child from the Service, and that photo ID may be required.

**Illness and Accident:** I realize that it is my responsibility to inform the OSHC Coordinator if my child contracts any illness that could be detrimental to the health of others at the Service. In the event of an accident or illness, I authorize qualified staff members to administer first aid until professional medical assistance arrives (if necessary).

**Sun Protection:** I have read the Sun Smart Policy outlined in the Parent Handbook and I agree to provide my child with appropriate sun protective equipment when attending the OSHC Service.

**Supervision and Safety:** I accept that program staff will maintain appropriate standards of supervision and safety. I also understand, however, that accidents do occur and staff of Croydon OSHC will handle these situations appropriately.

**Transportation:** I give permission for my child, where necessary, to be transported by community bus, or escorted by foot between the two licensed areas (Youth Hall and Rec Grounds).

**Photos:** I Do/Do Not (circle one) give consent for my child's photo to be taken for record purposes. I understand that my permission will be gained before using these photos for promotional purposes.

I acknowledge that the information given in this document is true and correct.

**NAME (please print)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Croydon Outside School Hours Care Program**

**PERMISSION FORM**

**BUS TRANSFER**

I, \_\_\_\_\_, give permission for my child/children  
(Print Name)

\_\_\_\_\_ to travel on a bus driven by  
(Print all children's names)

Licensed staff members of the Croydon Shire Council Outside School Hours Service to travel between the two licensed areas for Croydon Outside School Hours Care (Youth Hall and Croydon Recreation Grounds) during the days I have booked my child/children in during the 2013 calendar year.

NAME (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_