

# Our Lady Queen of Peace School

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## Outside School Hours Care (OSHC)

## Application for Enrolment

Student Name:

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*Surname name*

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*Given name*

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*Today's date*

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*School year*

## Student details

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Given name: \_\_\_\_\_ Surname name: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ Middle names: \_\_\_\_\_  
Gender (Please circle): Male / Female Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Post code: \_\_\_\_\_

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Is the student of Aboriginal or Torres Strait Islander origin?

- No  
 Yes, Aboriginal  
 Yes, Torres Strait Islander  
 Yes, both Aboriginal and Torres Strait Islander
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Country of birth: \_\_\_\_\_ Main language spoken: \_\_\_\_\_  
Religion: \_\_\_\_\_

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Does the student have any siblings? If YES, please record their names below:

Sibling 1 name: \_\_\_\_\_ Sibling 2 name: \_\_\_\_\_  
Sibling 3 name: \_\_\_\_\_ Sibling 4 name: \_\_\_\_\_

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## Days requiring care

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Do you require permanent bookings or casual bookings?  Permanent  Casual

Please tick the days that your child requires care:

	Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE school care					
AFTER school care					

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## Family details – Parent 1 / Guardian 1

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Title: Mrs Ms Miss Mr Dr Surname name: \_\_\_\_\_  
Given name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Parent 1 / Guardian 1 CRN: \_\_\_\_\_

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Residential address: \_\_\_\_\_  
Post code: \_\_\_\_\_

Postal address: \_\_\_\_\_  
(if different to above)

Contact information: Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If not currently employed, do you receive a government benefit:  YES  NO

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Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

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Living with child:  Yes, full-time  Yes, part-time  No

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Are there any Family Court or other relevant Court orders?  YES  NO

If YES, please provide a current copy of that order.

Are the student's parents separated or divorced?  YES  NO

If YES, does the child have contact with the other parent?  YES  NO

Is anyone legally denied access to your child?  YES  NO

If YES, please record who below:

\_\_\_\_\_

\_\_\_\_\_

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## Family details – Parent 2 / Guardian 2

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Title: Mrs Ms Miss Mr Dr Surname name: \_\_\_\_\_  
Given name/s: \_\_\_\_\_ Preferred name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Parent 2 / Guardian 2 CRN: \_\_\_\_\_

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Residential address: \_\_\_\_\_  
Post code: \_\_\_\_\_

Postal address: \_\_\_\_\_  
(if different to above)

Contact information: Home phone: \_\_\_\_\_  
Work phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

If not currently employed, do you receive a government benefit:  YES  NO

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Country of birth: \_\_\_\_\_ Cultural background: \_\_\_\_\_

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Living with child:  Yes, full-time  Yes, part-time  No

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Are there any Family Court or other relevant Court orders?  YES  NO

If YES, please provide a current copy of that order.

Are the student's parents separated or divorced?  YES  NO

If YES, does the child have contact with the other parent?  YES  NO

Is anyone legally denied access to your child?  YES  NO

If YES, please record who below:

\_\_\_\_\_

\_\_\_\_\_

## Emergency contact information

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Emergency contact 1 (person other than parent / guardian)

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Emergency contact 2 (person other than parent / guardian)

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## Authorised persons

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Persons authorised to collect the student:

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## General consents

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- I consent to my child taking part in supervised walking excursions within the local area as part of the centre's program.  YES  NO
- I consent to my child being photographed as a record of OSHC activities, which may also be used on the school's social media page.  YES  NO
- I consent to a staff member supervising the application of sun block and/or insect repellent to my child, if required.  YES  NO
- I consent to staff members collecting information about my child's strengths / interests as part of the National Quality Accreditation process.  YES  NO
- I consent to my child viewing PG movies at the discretion of the Director.  YES  NO

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\_\_\_\_\_  
Parent / Guardian name

\_\_\_\_\_  
Parent / Guardian signature

\_\_\_\_\_  
Date

## Student medical health information

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Name of doctor / medical centre:

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Address:

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Phone number:

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Student's Medicare number:

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Private health cover:

YES

NO

If YES, private health provider name:

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Does your child have any allergies?

YES

NO

If YES, please provide details:

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Does your child have any physical limitation or medical condition?

YES

NO

If YES, please provide details:

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Does your child suffer any illness that may re-occur?

YES

NO

If YES, please provide details:

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Is there any other medical information we need to know?

YES

NO

If YES, please provide details:

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Does your child have any dietary needs (cultural / religious)?

YES

NO

If YES, please provide details:

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## Student medical health information (continued)

Does your child take any prescribed medications, including inhalers?  YES  NO

If YES, please provide details:

Medication name	Dose	When and how taken	Side effects?

Has your child received the following immunisations?

<b>2 months:</b>	Diphtheria, tetanus, whooping cough, hepatitis B, polio, Hib	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meningococcal B – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 months:</b>	Diphtheria, tetanus, whooping cough, hepatitis B, polio, Hib	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meningococcal B – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6 months:</b>	Diphtheria, tetanus, whooping cough, hepatitis B, polio, Hib	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6 months to 5 years:</b>	Influenza – annually	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>12 months:</b>	Meningococcal ACWY	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumococcal	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Meningococcal B – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles, mumps, rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>18 months:</b>	Diphtheria, tetanus, whooping cough	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hib	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Measles, mumps, rubella, chickenpox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4 years:</b>	Diphtheria, tetanus, whooping cough, polio	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Pneumococcal – ATSI children	<input type="checkbox"/> Yes <input type="checkbox"/> No		

- Vaccination schedule from [www.health.gov.au/childhood-immunisation/immunisation-schedule](http://www.health.gov.au/childhood-immunisation/immunisation-schedule).
- Hib = Haemophilus influenzae type b
- ATSI children = Aboriginal and Torres Strait Islander children
- I accept full responsibility if my child is not immunised.
- I agree that the staff at the centre may administer simple first aid to my child if the need arises.
- In case of an accident or emergency, every effort will be made to contact parents / caregivers prior to taking action or seeking treatment.
- In the event of my child receiving injuries requiring urgent medical treatment, I authorise the care providers and staff to obtain medical assistance. Ambulance cover is provided for all enrolled Our Lady Queen of Peace students. Students with pre-existing conditions (ie asthma, anaphylaxis, diabetes, etc) are not covered by the school's ambulance cover.

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Parent / Guardian name

Parent / Guardian signature

Date

## Respectful Relationships Policy

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Outside of School Hours Care (OSHC) follows guidelines consistent with Our Lady Queen of Peace School's "Respectful Relationships Policy" document, regarding:

- Rights and responsibilities,
- Harassment,
- Personal safety,
- Resilience.

Students are expected to act in accordance with this policy's expectations. Parents are expected to support the school's policies.

## Child care assistance

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Assistance with the cost of OSHC fees is available from the Commonwealth Family Assistance Office.

- It is the parent's responsibility to have their eligibility for child care assistance assessed by contacting Family Assistance at Centrelink. You can also do your assessment through the myGov website using your Centrelink online account.
- Child care assistance will be deducted from weekly fees. Accounts will show the percentage of child care assistance, which is claimed from the full fees.

Families will only be eligible for child care assistance if:

- attendance records are accurately completed and signed by the parent / guardian on a daily basis,
- **Full fees will apply until the OSHC service receives notification from Family Assistance Office.**

## Child care cash rebate scheme

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The Family Assistance Rebate Scheme is available to ALL families paying child care fees. Families who don not qualify for child care assistance may still be eligible for the cash rebate. This can be claimed when you do a tax return.

## OSHC fee agreement

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- I have read and understood the fee policy and am aware of the procedure / process for the non-payment of fees as agreed.
- I am aware that further policies and procedures for OSHC are available upon request.
- I am aware of the Complying Written Agreement (CWA). The CWA is an ongoing agreement between a service provider and a parent / guardian to provide care in return for fees.

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Parent / Guardian name

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Parent / Guardian signature

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Date

For special consideration with your payment of fees, please see the Director, Principal or Finance Officer. A written agreement will be signed and kept on record.