



St. Joseph's Mackay Vacation Care Enrolment Form

Please use **BLOCK LETTERS** and sign each page.

We welcome your child and family to our Outside School Hours Care (OSHC) service as part of the Catholic Education Diocese of Rockhampton. This Enrolment Form is part of your child's enrolment record and is to be completed annually. We are committed to providing a quality education and leisure program in a caring environment. The OSHC is a community of faith where the Gospel values are essential to the life of our Diocese. The program is developed to cater for the total formation of the individual.

PLEASE RETURN THE COMPLETED ENROLMENT FORM AND REQUIRED DOCUMENTATION TO:

St. Joseph's OSHC

4 Canberra Street, North Mackay, Qld, 4740

oshc_sjnm@rok.catholic.edu.au

ASSISTANCE REQUIRED

If you require assistance interpreting the attached Terms and Conditions or any information contained in this Enrolment Form, please contact the centre/service.

KEEPING RECORDS UP-TO-DATE



Please inform the centre/service in writing if any information provided on this form (such as contact details, address, and medical information) needs to be amended.

OFFICE USE ONLY

Documentation (tick where applicable):

- ☐ Sighted Birth Certificate or Government issued document with child's name and date of birth; or confirmed with School/Kindergarten administration (Mandatory)
- ☐ Sighted child health record (a notation to that effect). Comment: _____
- ☐ ICT Form (Mandatory if child does not attend School/Kindergarten)
- ☐ Terms and Conditions signed (Mandatory)
- ☐ Immunisation status declared (Mandatory)
- ☐ Medical Practitioner – name, address and contact details completed (Mandatory)
- ☐ Baptism Certificate (if not on file at School/Kindergarten)
- ☐ Copies of Court/Parenting/Consent Orders, Family Agreements etc.
- ☐ Medical/Individual Action Plans by Medical Practitioner (signed)
- ☐ Specialist information e.g. from Early Intervention centre; Speech Pathologist
 - ☐ If specialist information provided, signed Form 1 mandatory

Comments/Family Interview Notes for Consideration in Supporting Enrolment:

REQUESTED DAYS OF ATTENDANCE

CUSTOMER DETAILS				
This information is necessary for the service to apply for Child Care Subsidy (CCS) on your behalf, which is applied directly to discount daily fees.				
Child's Name				
Child's CRN		Date of Birth		
Parent/ Carer 1 CRN		Date of Birth		
Parent Carer 2 CRN (if applic.)		Date of Birth		
Residential Address		Phone number:		
Email Address				
Approved Provider: <i>The Roman Catholic Trust Corporation for the Diocese of Rockhampton</i> , ABN 21 528 592 597 Phone: 07 4994 8000		Service Name: ST JOSEPH'S OUTSIDE SCHOOL HOURS CARE Address: 4 CANABERRA STREET, NORTH MACKAY, QLD, 4740 Phone: 0417 710 251 Email: oshc_sjnm@rok.catholic.edu.au		
Vacation Care 6:45am – 6:00pm		Fees: Please refer to our <i>Fee Schedule</i> for details		

☐ Routine Booking

REQUESTED DAYS OF ATTENDANCE OUTSIDE SCHOOL HOURS CARE FOR 9/12/19 TO 24/1/20

PLEASE ALSO COMPLETE ALL INCURSION/EXCURSION FORMS, SWIM ABILITY FORM AND FOOD ORDER FORMS

WEEK 1	MON 9/12/19	TUES 10/12/19	WED 11/12/19	THURS 12/12/19	FRI 13/12/19
	SCHOOL'S OUT CHILL OUT	MACKAY KINDNESS ROCKS	CONSTRUCTION CHALLENGE	STUFFLERS PROJECTS	MAKE AND MOULD
	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book
WEEK 2	MON 16/12/19	TUES 17/12/19	WED 18/12/19	THURS 19/12/19	FRI 20/12/19
	CHRISTMAS CRAFT	CHRISTMAS HAIR AND NAILS	WATER SLIDES	CHRISTMAS COOKING	CHRISTMAS PARTY
	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book
WEEK 3	MON 6/1/20	TUES 7/1/20	WED 8/1/20	THURS 9/1/20	FRI 10/1/20
	MONDAY FUNDAY	POPCORN AND MOVIES	MINUTE TO WIN IT	KARATE SKILLS INCURSION	TRASH TO TREASURE
	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book
WEEK 4	MON 13/1/20	TUES 14/1/20	WED 15/1/20	THURS 16/1/20	FRI 17/1/20
	TREASURE HUNT	CRAFT DAY	EXCURSION TIMEZONE	WET DAY	TIE DYE WORKSHOP
	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book
WEEK 5	MON 20/1/20	TUES 21/1/20	WED 22/1/20	THURS 23/1/20	FRI 24/1/20
	USE YOUR NOODLE	EXCURSION POOL	MAD HATTERS TEA PARTY	YOU CHOOSE THE CHALLENGE	SPORT STAR DISCO
	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book	<input type="checkbox"/> Tick to Book

FRIDAY 24/1/20 - DISCO DAY PIZZA ORDER		
PIZZA VARIETY	FULL	HALF
CHEESE		
HAWAIIAN		
MEATLOVERS		
HAM AND CHEESE		
PIZZAS ARE A FULL SIZE 8 SLICE PIZZA - \$10 FULL, \$5 HALF		

TUESDAY 21/1/20 - POOL EXCURSION HOT DOG ORDER	
NUMBER OF HOT DOGS	

Confirmed Booking by Coordinator or Delegate (Signature): _____

I confirm:

- That my details in the enrolment form, as well as the details of the child I am enrolling are correct.
- I have agreed to days of care within the service and understand that my child will only attend during the sessions of care as per the Service Approval.
- That care may be provided on a casual or flexible basis where available at my service at my request.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as a Fee Schedule or Parent Handbook) which are subject to change over time based on advice from the provider and acceptance by me.

Please sign and return this form, as confirmation of the Complying Written Agreement.

Parent/Guardian Signature: _____

Date: ____/____/____

