



## St. Joseph's OSHC Mackay 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 THE:**

### St. Joseph's OSHC

4 Canberra Street, North Mackay, Qld, 4740

[oshc.sjnm@rok.catholic.edu.au](mailto: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 CRN		Date of Birth	
Parent/ Carer 1 CRN		Date of Birth	
Parent Carer 2 CRN (if applic.)		Date of Birth	
Residential Address		Phone number:	
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: Address: Phone:                      Email:	

<b>Before School Care hours</b> - 6.45am – 8:30am <b>After School Care hours</b> - 3:00pm – 6:00pm	<b>Fees:</b> Please refer to our <i>Fee Schedule</i> for details
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### ☐ Routine Booking

Requested days of attendance Outside School Hours Care from \_\_\_\_/\_\_\_\_/\_\_\_\_.

Requested attendance - standard week

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

(Optional) Requested attendance - alternate week

CHILD'S NAME	MON		TUES		WED		THURS		FRI	
	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC	BSC	ASC

## AND/OR

### ☐ Casual Booking

Requested date for cessation of care \_\_\_\_/\_\_\_\_/\_\_\_\_.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_