

# St Mary's OSHC 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 Mary's Outside School Hours Care

1 Frank Gilbert Drive, Bundaberg 4670

#### **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 & Risk Minimisation Plan Flow Chart followed (signed)								
	Family has received a copy of the Policies and Procedures including the Dealing with Medical Conditions Procedure								
	Specialist information e.g. from Early Intervention centre; Speech Pathologist								
Comme	☐ If specialist information provided, signed Form 1 mandatory  nts/Family Interview Notes for Consideration in Supporting Enrolment:								

# **REQUESTED DAYS OF ATTENDANCE**

CUSTOMER DETAILS										
This information is necess	ary for the s	ervice to a	apply for Ch	nild Care S	ubsidy (CC	S) on your	behalf, whi	ch is applie	ed directly t	o discount c
Child's Name:							Whose C	RN is the 0	Child linked	to:
Child's CRN							Date of	Birth		
Parent/ Carer 1 Name:										
Parent/ Carer 1 CRN							Date of	Birth		
Parent/ Carer 2 Name:										
Parent Carer 2 CRN (if applic.)						Date of	Birth			
Residential Address							Phone r	number:		
Approved Provider: The R			Corporation	for the	S	ervice Nam	e: St Mary'	s Outside S	School Hou	rs Care
Diocese of Rockhampton, Phone: 07 4994 8000	ABN 21 528	8 592 597	592 597				rank Gilber	t Dr, Thabe	eban, 4670	
Filone. 07 4994 8000					P	h: 0429 415	117 Emai	l: smbg_os	hc@rok.ca	thoilc.edu.au
Before School	Care hou	<b>rs</b> - 6.30	0am – 8:3	30am			Before	School	Care: \$2	0.00
After School C	are hour	<b>s</b> - 3:00p	om – 6:00	0pm			After S	School C	are: \$24	.50
Vacation Car	e hours -	- 7:30an	7:30am – 6:00pm			Vacation Care: \$52.50				
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