

# Carmel & Co Gymnastics OSHC Enrolment Form

(January 2011)

CCB approved Vacation Care  
(for children 5 to 12 years, currently attending School)



This enrolment form is used to register families to use our CCB approved Outside School Hours Care (OSHC) Vacation Care Program. Those families who have previously filled out an OSHC enrolment form only need to complete Vacation Care booking forms prior to each School Holiday Period if they are using our vacation care service.

## Step 1

→ If you are already registered for CCB (Child Care Benefit) and you know both your own, your partners and your child's CRN (Customer Reference Number) then you only need complete the enrolment form and attach your child's immunization records.

If you have forgotten your own or your child's CRN, or you are not registered for CCB we recommend you contact the Family Assistance Office on 136 150. Even if you don't wish to claim CCB as reduced fees, you may still be eligible to claim them as a lump sum at the end of the financial year and you will still need CRN's to do this. If you are asked for a provider number, please inform the operator that Carmel & Co Gymnastics are under CCMS.

## Step 2

→ Download and read our OSHC Parent Handbook. It contains all of our rules, policies and procedures. Then, complete all sections of this enrolment form, and return it to us, along with relevant documentation to be eligible for CCB. (even if you wish to claim as a lump sum)

## Step 3

→ Our Administration Staff will email you a fees estimate (based on your CCB percentage), or phone letting you know what your fees will be. Once fees are paid for the entire Vacation Care period, your child's booking is confirmed.

### Children Attending

**Child A:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ M / F  
School Attending: \_\_\_\_\_ School Grade in 2011: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ **Child's CRN:** \_\_\_\_\_

**Child B:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ M / F  
School Attending: \_\_\_\_\_ School Grade in 2011: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ **Child's CRN:** \_\_\_\_\_

**Child C:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ M / F  
School Attending: \_\_\_\_\_ School Grade in 2011: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ **Child's CRN:** \_\_\_\_\_

### Background Information

Are any of the children of Aboriginal or Torres Strait Island Background?  Yes  No  
 Child A  Child B  Child C

Are any of the children of Non English Speaking Background ?  Yes  No  
 Child A  Child B  Child C

### Parent/Guardian Information

**Please ensure the names here are consistent with those registered at the Family Assistance.**

#### Primary Parent/Guardian (all correspondence)

First Name: \_\_\_\_\_ M / F  
Surname: \_\_\_\_\_  
Ph Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
**Centrelink CRN:** \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_

Single Supporting Parent?  Yes  No  
Is English your first Language?  Yes  No  
If no, what language is spoken at home? \_\_\_\_\_  
Aboriginal or Torres Strait Islander?  Yes  No  
Do you work?  Yes  No  
Occupation: \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Status:  F/T  P/T  Casual  
If Part time/ Casual, please indicate the days you work:  
 Mon  Tues  Wed  Thurs  Fri

#### Other Parent/Guardian

First Name: \_\_\_\_\_ M / F  
Surname: \_\_\_\_\_  
Ph Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Country of Birth: \_\_\_\_\_  
**Centrelink CRN:** \_\_\_\_\_  
Home address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
Email: \_\_\_\_\_

Single Supporting Parent?  Yes  No  
Is English your first Language?  Yes  No  
If no, what language is spoken at home? \_\_\_\_\_  
Aboriginal or Torres Strait Islander?  Yes  No  
Do you work?  Yes  No  
Occupation: \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employment Status:  F/T  P/T  Casual  
If Part time/ Casual, please indicate the days you work:  
 Mon  Tues  Wed  Thurs  Fri

### Emergency Contact Information

Please provide the names of **two authorised** people to pick up your child/ren **other than the Parents/Guardians**

1. Name: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_ Mob: \_\_\_\_\_  
Relationship to Children: \_\_\_\_\_ Are they authorised to sign your children in and out of care?  Yes  No

2. Name: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_ Mob: \_\_\_\_\_  
Relationship to Children: \_\_\_\_\_ Are they authorised to sign your children in and out of care?  Yes  No

### Vacation Care Booking & Payment Policy

Our Vacation Care activities vary from term to term. Approximately 5 weeks before the school term ends, Vacation care activities and booking forms will be available from reception at the club, or from our website at [www.carmelandcogymnastics.com.au](http://www.carmelandcogymnastics.com.au)

Booking forms must be completed, and returned to Administration. We will then calculate your fees (after CCB subsidy, if any) and email an invoice to you. Bookings are not confirmed until full payment is received.

We strongly urge all parents to give us an email address, so we can email you a vacation care booking sheet for each school holiday period once we have finalized the program.

### Court Orders

Are any of the children you are enrolling involved in a court order? If so, please provide a copy of the court orders for our records.

**Child A**  
 Yes    No

**Child B**  
 Yes    No

**Child C**  
 Yes    No

### Child Care Benefit

We strongly recommend that all Parents have their Children registered through the Family Assistance Office. Is your child registered with the Family Assistance Office for CCB subsidy?

**Child A**  
 Yes    No

**Child B**  
 Yes    No

**Child C**  
 Yes    No

We are under CCMS (Child Care Management System) which means you don't need to let the Family assistance office know you'll be using our service. It's all done electronically. However, if you intend to claim your CCB as either reduced fees or a lump sum at the end of the financial year we must have your CRN's to lodge your child's attendances.

### Medical Information

Are the children you are enrolling immunized according to the National Immunisation Schedule? (If you are enrolling for the first time, please provide copies of immunization records. Without immunisation records, you cannot claim CCB)

**Child A**  
 Yes    No

**Child B**  
 Yes    No

**Child C**  
 Yes    No

Have any of the children you are enrolling been diagnosed with disabilities, or are they undergoing diagnosis / assessment? If yes, please specify the kind of disability, and any management plans, including Medication\*\*.

**Child A**    Yes    No   If yes, details: \_\_\_\_\_

**Child B**    Yes    No   If yes, details: \_\_\_\_\_

**Child C**    Yes    No   If yes, details: \_\_\_\_\_

\*\*Please note: If you require us to administer medication to your child, you will need to fill out and sign a Medication Authority Form which are available from reception.

Have any of the children you are enrolling been diagnosed with a medical condition? Eg Asthma, Anaphylaxis, epilepsy, allergies etc. If yes, please specify the kind of condition, and any management plans, including Medication.

**Child A**    Yes    No   If yes, details: \_\_\_\_\_

**Child B**    Yes    No   If yes, details: \_\_\_\_\_

**Child C**    Yes    No   If yes, details: \_\_\_\_\_

Do any of the children you are enrolling have any behavioural conditions? Eg ADHD, non-responsive etc. If yes, please specify the kind of condition, and any management plans, including Medication\*\*.

**Child A**     Yes     No    If yes, details: \_\_\_\_\_

**Child B**     Yes     No    If yes, details: \_\_\_\_\_

**Child C**     Yes     No    If yes, details: \_\_\_\_\_

**\*\*Please note:** If you require us to administer medication to your child, you will need to fill out and sign a Medication Authority Form which are available from reception.

Do any of the children you are enrolling suffer from any fears or phobias? If yes, please specify which, and tell us how to manage it appropriately.

**Child A**     Yes     No    If yes, details: \_\_\_\_\_

**Child B**     Yes     No    If yes, details: \_\_\_\_\_

**Child C**     Yes     No    If yes, details: \_\_\_\_\_

**Panadol**

Do you give permission for Carmel & Co Gymnastics staff permission to administer panadol, or a paracetamol substitute, to your child/ren in the event of pain or nausea?                       Yes     No

**Dietary Requirements**

Are there any special dietary requirements of the children you are enrolling? If yes, please give details.

**Child A**     Yes     No    If yes, details: \_\_\_\_\_

**Child B**     Yes     No    If yes, details: \_\_\_\_\_

**Child C**     Yes     No    If yes, details: \_\_\_\_\_

**Doctors Details**

Doctor / Medical Centre Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Family Medicare Details**

Medicare Number: \_\_\_\_\_

Reference Numbers    Child A: \_\_\_\_ Child B: \_\_\_\_ Child C: \_\_\_\_

**Photography**

Do you give permission for Carmel & Co gymnastics to take, and use photos of your child to use in promotional material such as newsletters, reception at the club, our website etc?

Yes     No

**Please read carefully and Sign**

**Code of behaviour**

I have read the code of behavior (from the Parent handbook) and agree to abide by it. I have also explained it to my child/ren and I understand that breaches of the code of behavior will result in the implementation of Carmel & Co Gymnastics behavior management policy. This may ultimately lead to my child being suspended from the service depending on the severity of their behavior.

Yes  No

**Parent Handbook**

I have read Carmel & Co gymnastics OSHC Parent Handbook, and agree to abide by the policies, rules and I understand the information contained within it.

Yes  No

**Priority of Access**

I have read the priority of access policy in the OSHC Parent handbook. I understand that under federal law, priority is given firstly to children at risk, secondly to Parent/s who meet the work/training/study test under section 14 of the Family assistance act, and then parents from the Local Government Area (should the service become full)

Yes  No

**Privacy Policy**

I have read the privacy policy, and I understand that my personal information will be available to staff members in full, but that this information will not be disclosed to anyone unless required by law, or in order to provide Carmel & Co Gymnastics with an external service such as insurance etc.

Yes  No

**Fees Policy**

I have read Carmel & Co Gymnastics OSHC Fees policy, and understand that fees are always paid for the entire Vacation care period to confirm the booking. I understand that refunds are not given, but make up days (subject to availability) are offered within the same vacation care period. (e.g. Winter school holidays)  
In the event that fees remain unpaid (e.g. dishonored cheque), and cannot be recovered by Carmel & Co Gymnastics, they will be handed over to an external debt recovery agency. I understand all costs incurred will be passed on to me.

Yes  No

**Medical Attention**

I understand that every endeavour will be made to contact me prior to any Medical attention being given. Where it is not practical to contact me, I hereby authorise the First aid officer / team manager, or designated representative of Carmel & Co Gymnastics, to seek medical intervention (including treatment, emergency transport, hospitalization, an anaesthesia, and medication) in the event of any accident, mishap or illness during my child's participation in gymnastics throughout the year. I understand that these services will be sought at my expense and as deemed necessary and / or appropriate by the coaching team of Carmel & Co Gymnastics.

Yes  No

**Gymnastics Activities**

I understand that Gymnastics is a large part of the Vacation Care service at Carmel & Co gymnastics and give permission for my child/ren to participate in such activities, and other physical games and activities as deemed appropriate by the staff at Carmel & Co Gymnastics.

Yes  No

I hereby give my permission for my children, \_\_\_\_\_ (Full name Child A)

\_\_\_\_\_ (Full name Child B)

\_\_\_\_\_ (Full name Child C)

to attend Carmel & Co Gymnastics Outside School Hours Care service. I have read, and understand, Carmel & Co Gymnastics enrolment information as indicated above, and in the OSHC Parent Handbook.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_