



# Bishop Druitt College

## Out Of School Hours Care

### Enrolment Form



111 North Boambee Road  
PO Box 8004  
Coffs Harbour NSW 2450



**Please complete one Enrolment Form for EACH child.**

Need help filling this form in? Contact Beck or Bethany at the Centre on 6651 7400 or email [oosh@bdc.nsw.edu.au](mailto:oosh@bdc.nsw.edu.au) or Helen Parkes on 6651 5644 ext 209.



If you are not yet registered for Child Care Benefit please call the Family Assistance Office (FAO) on 136 150 as you may be eligible.

Please let us know the Customer Reference Numbers (CRN) that FAO give you so we can reduce your fees with a Child Care Benefit.

<p><b>CHILD</b>          Family Name _____ First name _____          CRN _____ Date of Birth _____ Male / Female (circle one)          Address _____ Post Code _____          Home Phone _____ School Name _____</p>															
<p><b>MOTHER / GUARDIAN</b>          Name _____          Date of Birth _____          Address _____          _____          Phone (H) _____                    (W) _____                    (M) _____</p>	<p><b>FATHER / GUARDIAN</b>          Name _____          Date of Birth _____          Address _____          _____          Phone (H) _____                    (W) _____                    (M) _____</p>														
<p>May drop off/pick up child YES / NO (circle one)      May drop off/pick up child YES / NO (circle one)          Parent/Guardian registered for Child Care Benefit _____ CRN _____          Email address for correspondence _____          Child lives with: Both parents <input type="checkbox"/>    Mother <input type="checkbox"/>    Father <input type="checkbox"/>    Other <input type="checkbox"/> (specify) _____</p>															
<p><b>AUTHORITY TO COLLECT</b>          (Please specify someone other than parents)</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Name _____</td> <td style="width: 50%;">Name _____</td> </tr> <tr> <td>Address _____</td> <td>Address _____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Phone (H) _____</td> <td>Phone (H) _____</td> </tr> <tr> <td>          (W) _____</td> <td>          (W) _____</td> </tr> <tr> <td>          (M) _____</td> <td>          (M) _____</td> </tr> <tr> <td>Relationship to Child _____</td> <td>Relationship to Child _____</td> </tr> </table>		Name _____	Name _____	Address _____	Address _____	_____	_____	Phone (H) _____	Phone (H) _____	(W) _____	(W) _____	(M) _____	(M) _____	Relationship to Child _____	Relationship to Child _____
Name _____	Name _____														
Address _____	Address _____														
_____	_____														
Phone (H) _____	Phone (H) _____														
(W) _____	(W) _____														
(M) _____	(M) _____														
Relationship to Child _____	Relationship to Child _____														
<p><b>Note:</b> Children will not be released into the care of anyone other than an authorised person, without written consent.</p>															

**MEDICAL INFORMATION**

Doctor's Name \_\_\_\_\_ Medicare Number \_\_\_\_\_  
Address \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Does your child have asthma? Yes / No (circle one)

If yes, is it Mild / Moderate / Severe (circle one)

Please provide us with a copy of their current Asthma Management Plan and any other details

\_\_\_\_\_

Does your child have any allergies such as grasses, food sun cream etc? Yes / No (circle one)

If yes, please provide us with a copy of their current Allergy Management Plan and any other details

\_\_\_\_\_

Does your child have diet restrictions such as food colouring, milk, yeast, meat etc? Yes / No (circle one)

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Is your child on prescribed medication? Yes / No (circle one)

If yes, please refer to the OOSH Policy on Administration of Medication and complete the Administration of Medication Form (both available by contacting OOSH).

**GENERAL INFORMATION**

Does your child have any special needs? Yes / No (circle one)

If yes, please give relevant details \_\_\_\_\_

\_\_\_\_\_

Dependent on the nature of the special needs identified, we may request further information.

Does your child have any cultural needs / restrictions or religious customs which the staff need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Please describe how your child interacts with other children \_\_\_\_\_

\_\_\_\_\_

Please describe how your child interacts with adults \_\_\_\_\_

\_\_\_\_\_

Is your child ever aggressive to others? Yes / No (circle one)

If yes, under what circumstances and how do you deal with it? \_\_\_\_\_

\_\_\_\_\_

Is there any other information which you feel may be useful in meeting your child's needs (interests, dislikes, fears)? \_\_\_\_\_

\_\_\_\_\_

**PARENT / GUARDIAN AUTHORITY**

Please  
respond  
here



- I give permission for my child's photo to be used in school and OOSH publications or for promotional purposes. Yes / No (circle one)
- I authorise staff to apply sunscreen to my child. Yes / No (circle one)
- I authorise my child to attend routine excursions stated on the program.
- I understand that a full copy of the Centre policy is available for my inspection.
- I agree to pay all fees within 21 days of the end of the month as per monthly statements that I will receive.
- I authorise staff to call ambulance / hospital / medical or dental services in the case of an emergency and I agree to pay any costs this may entail.
- In the event of an emergency, I authorise the service to arrange a suitable alternative placement, and if necessary, to transport my child to that location.
- I agree to complete the daily attendance record by recording and signing the actual arrival and departure times daily on delivery and collection of my child.
- I agree to sign written permission to administer any medication to my child.
- I agree to provide the service staff with a copy of court orders / custody papers relating to the access to my child.
- I understand the priority of access as determined by the government for allocation places which identifies priority.
- **I have read and agree to abide by the above agreement and authorisations.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please print full name of signatory

\_\_\_\_\_



Children are requested not to use mobile phones while at the centre. If a child needs to communicate with parents while at the centre staff will be happy for them to use the centre phone.

Electronic games, Gameboys, ipods etc are strongly advised to be left at home. If they are brought to the Centre, we advise that they should be labeled, and handed to centre staff for safe keeping.

**Privacy Statement:** Bishop DrUITT College OOSH collects your personal information to meet regulatory requirements and to assist us in meeting your childcare needs as requested. The information collected will be held in the strictest confidence and will only be disclosed to authorised officers of the service, or authorised persons as specified by law or public health and safety requirements. You can gain access to your personal information by contacting OOSH administration on 6651 5644 ext 209 (Helen Parkes) or email [oosh@bdc.nsw.edu.au](mailto:oosh@bdc.nsw.edu.au)