

Mount Carmel College OSHC
Enrolment Form: Part 1

 17 Pennington Terrace, Pennington SA
 5013, AU
 Ph: 8447 0584 or 0439 991 828

oshc@mcc.catholic.edu.au

CHILD

Family Name:	<input type="text"/>	Gender:	<input type="text"/>
First Name(s):	<input type="text"/>	Known as:	<input type="text"/>
Date of birth:	<input type="text"/>	CRN:	<input type="text"/>
Address	<input type="text"/>	Town/	<input type="text"/>
No. / Street:	<input type="text"/>	Suburb:	<input type="text"/>
Postcode:	<input type="text"/>	Primary	<input type="text"/>
		Language:	<input type="text"/>
Indigenous status:	Aboriginal:	Yes / No	TS Islander:
		Yes / No	

PARENTING PLANS / ORDERS relating to this child

ELIGIBLE PARENT/GUARDIAN & BILLING DETAILS

Name:	<input type="text"/>		
Date of birth:	<input type="text"/>	CRN:	<input type="text"/>
Relationship to child:	<input type="text"/>	Contact Priority:	<input type="text"/>
		Primary Language:	<input type="text"/>
Address: (h)	<input type="text"/>		
(w)	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
Email:	<input type="text"/>		

OTHER PARENT/GUARDIAN (if applicable)

Name:	<input type="text"/>		
Relationship to child:	<input type="text"/>	Contact Priority:	<input type="text"/>
		Primary Language:	<input type="text"/>
Address: (h)	<input type="text"/>		
(w)	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
Email:	<input type="text"/>		

EMERGENCY CONTACTS & COLLECTION AUTHORITIES

Name:	<input type="text"/>	Contact Priority:	<input type="text"/>
Address:	<input type="text"/>		
Relationship to child:	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>

Name:	<input type="text"/>	Contact Priority:	<input type="text"/>
Address:	<input type="text"/>		
Relationship to child:	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>

N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.

COLLECTION AUTHORITIES ONLY

Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Address:	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>

Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Address:	<input type="text"/>		
Phone: (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>

N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency.

Enrolment Form: Part 2

Child's Name:

MEDICAL AND HEALTH INFORMATIONHas the child received all immunisations appropriate for their age? ☐ Yes / ☐ No

If no, please give details:

I accept full responsibility if my child is not immunised.

Parent / Guardian signature:

Has the child received the following immunisations? (please tick):

12 - 13
years

Diphtheria

☐

Tetanus

☐

Pertussis (Whooping Cough)

☐

Human Papillomavirus (HPV)

☐

Has the child any conditions / medications that may be effected by OSHC activities?

If yes, please give specifics and any related medication:

Has the child any disabilities?

☐ Yes / ☐ No

Effective date:

__/__/____

If yes, please record specifics:

Has the child any special needs?

☐ Yes / ☐ No

Effective date:

__/__/____

If yes, please record specifics:

Does the child usually require special aids (e.g. glasses, hearing aid etc.)?

If yes, please give details:

Has the child any special dietary needs not related to allergies?

If yes, please give specifics:

Has the child suffered any illness that may re-occur (e.g. chronic ear infection)?

If yes, please give details:

Has the child had any kind of allergic reactions or food intolerances?

Foods:

Reaction / Medication:

Penicillin:

Reaction / Medication:

Others:

Reaction / Medication:

Is there any other medical information we might need to know?

Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please complete a permission to administer medication form together with any medication records where necessary.

Usual Medical attendant

Doctor's name:

Phone No.:

Clinic name:

Address:

Usual Dental attendant

Dentist's name:

Phone No.:

Clinic name:

Address:

Medical Benefits cover with:

Ambulance cover with:

Medicare number:

Health Care Card number:

Child's Name:

BSC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

From: / / for: weeks / or until: / / or Ongoing (tick) ☐

ASC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.

From: / / for: weeks / or until: / / or Ongoing (tick) ☐

VAC

Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
	DO NOT FILL IN					
SEPARATE FORMS ARE USED						

From: / / for: weeks / or until: / / or Ongoing (tick) ☐

(e.g. 1. any personal, religious or cultural practices/prohibitions that you would like the service to know or 2. comments on homework, behaviour management etc.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Please initial next to each item to which you consent.

I understand the OSHC service closes at 6pm: children need to be collected prior to this time. ☐

I consent to photographs (still or video) being taken of my child/children as part of the OSHC program and published on social media. ☐

I consent to photographs (still or video) being taken of my children as part of the OSHC program and displayed in the OSHC area, in books, on boards and in newsletters.

I consent for a staff member to apply sunblock and insect repellent to my child if required. ☐

I consent for my child to participate in the the OSHC program and activities.
I understand that OSHC staff will notify parents/guardians of each individual excursion or incursion that occurs in vacation care via specific consent forms.
I understand it is my responsibility to advise staff if I do not wish my child/ children to participate in a particular activity.

I consent to OSHC Educators exchanging information relating to my child with school staff and to the appropriate person(s) (eg in an emergency/special needs of my child).

I consent to my child's work being displayed in the OSHC area, being published in an OSHC newsletter and on social media. ☐

AGREEMENTS

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I agree that the staff of the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/hospital/ambulance expenses incurred in the treatment of my child.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service if any of these details change.

Parent / Guardian signature: _____ Date: ____/____/____

sighted a child health record (tick) ☐

Interviewed / Accepted by:		Date:	__ / __ / __
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DIRECT DEBIT REQUEST – OSHC



Request and Authority to debit the account named below to pay Catholic Church Endowment Society Inc

Request and Authority to debit	Surname or company name _____ Given names or ACN/ARBN _____ ("you") request and authorise Catholic Church Endowment Society Inc Debit User ID 113325 to arrange for any amount Catholic Church Endowment Society Inc may debit or charge you to be debited through the Bulk Electronic Clearing System from an account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement [and any further instructions provided below].
Insert the name and address of financial institution at which account is held	Financial institution name _____ Address _____
Insert details of account to be debited	Name of account (holder) _____ BSB number __ _ _ - __ _ _ Account number __ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Acknowledgment	By signing this Direct Debit Request you acknowledge having read and understood the terms and conditions governing the debit arrangements between you and Catholic Church Endowment Society Inc as set out in this Request and in your Direct Debit Request Service Agreement.
Payment Details	<input type="checkbox"/> The first debit may be made on ____ / ____ / ____ and at weekly / fortnightly / monthly / quarterly / half yearly / intervals after that <input type="checkbox"/> Payment Amount is to be \$ _____ and/or as amended in accordance with written instructions provided by you. <input type="checkbox"/> This authority will remain in place until: ____ / ____ / ____ (or) : Written request to cancel/suspend payments is provided by you. (please delete one of these options)
Please Tick Insert your signature, address and Telephone No	<input type="checkbox"/> I have received and read a copy of the Direct Debit Service Agreement Signature _____ (If signing for a company, sign and print full name and capacity for signing eg. director) Address _____ _____ Date ____ / ____ / ____ Telephone No: _____ Child's Name _____

FOR MCC USE ONLY ↓

New Agreement / Amendment of Existing Authority No. _____

CDF Account Name **MOUNT CARMEL COLLEGE**

CDF Account Number: **2347S2**

Contact Person: **Virginia Reimann**
84470502

DEBTOR CODE: _____

OSHC BPAY REF NO: _____

OTHER INFO:

Date Loaded:

Loaded By:

Authority Number:

Direct Debit Request Service Agreement

Definitions

account means the account held at *your financial institution* from which we are authorised to arrange for funds to be debited.

agreement means this Direct Debit Request Service Agreement between *you* and *us*.

business day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

debit day means the day that payment by *you* to *us* is due.

debit payment means a particular transaction where a debit is made.

direct debit request means the Direct Debit Request between *us* and *you* (and includes any Form PD-C approved for use in the *transitional period*).

transitional period means the period commencing on the industry implementation date for Direct Debit Requests (currently 31 March 2000) and concluding 12 calendar months from that date.

us or *we* means **Mount Carmel College** *you* have authorised by signing a *direct debit request*.

you means the customer who signed the *direct debit request*.

your financial institution is the financial institution where *you* hold the *account* that *you* have authorised *us* to arrange to debit.

1. Debiting your account

- 1.1 By signing a *direct debit request*, *you* have authorised *us* to arrange for funds to be debited from *your account*. *You* should refer to the *direct debit request* and this *agreement* for the terms of the arrangement between *us* and *you*.
- 1.2 We will only arrange for funds to be debited from *your account* as authorised in the *direct debit request*.
- 1.3 If the *debit day* falls on a day that is not a *business day*, we may direct *your financial institution* to debit *your account* on the previous *business day*.
If *you* are unsure about which day *your account* has or will be debited *you* should ask *your financial institution*.

2. Changes by us

- 2.1 We may vary any details of this *agreement* or a *direct debit request* at any time by giving *you* at least fourteen (14) days' written notice.

3. Changes by you

- 3.1 Subject to 3.2 and 3.3, *you* may change the arrangements under a *direct debit request* by contacting Mrs Virginia Reimann (08) 84470502 or Mr David Cotton (08) 84470525.
- 3.2 If *you* wish to stop or defer a *debit payment* *you* must notify *us* in writing at least 28 days before the next *debit day*. This notice should be given to *us* in the first instance.
- 3.3 *You* may also cancel *your* authority for *us* to debit *your account* at any time by giving *us* 7 days notice in writing before the next *debit day*. This notice should be given to *us* in the first instance.

4. Your obligations

- 4.1 It is *your* responsibility to ensure that there are sufficient clear funds available in *your account* to allow a *debit payment* to be made in accordance with the *direct debit request*.
- 4.2 If there are insufficient clear funds in *your account* to meet a *debit payment*:
 - (a) *you* may be charged a fee and/or interest by *your financial institution*;
 - (b) *you* may also incur fees or charges imposed or incurred by *us*; and
 - (c) *you* must arrange for the *debit payment* to be made by another method or arrange for sufficient clear funds to be in *your account* by an agreed time so that we can process the *debit payment*.
- 4.3 *You* should check *your account* statement to verify that the amounts debited from *your account* are correct
- 4.4 If National Australia Bank Limited A.C.N. 004 044 937 ("National") is liable to pay goods and services tax ("GST") on a supply made by the National in connection with this *agreement*, then *you* agree to pay the National on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

5 Dispute	<p>5.1 If you believe that there has been an error in debiting <i>your account</i>, you should notify us directly on (08) 8210 8211 and confirm that notice in writing with us as soon as possible so that we can resolve your query more quickly.</p> <p>5.2 If we conclude as a result of our investigations that <i>your account</i> has been incorrectly debited we will respond to <i>your query</i> by arranging for <i>your financial institution</i> to adjust <i>your account</i> (including interest and charges) accordingly. We will also notify you in writing of the amount by which <i>your account</i> has been adjusted.</p> <p>5.3 If we conclude as a result of our investigations that <i>your account</i> has not been incorrectly debited we will respond to <i>your query</i> by providing you with reasons and any evidence for this finding.</p> <p>5.4 Any queries you may have about an error made in debiting <i>your account</i> should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to <i>your financial institution</i> which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.</p>
6. Accounts	<p>You should check:</p> <ul style="list-style-type: none"> (a) with <i>your financial institution</i> whether direct debiting is available from <i>your account</i> as direct debiting is not available on all accounts offered by financial institutions. (b) <i>your account details</i> which you have provided to us are correct by checking them against a recent <i>account statement</i>; and (c) with <i>your financial institution</i> before completing the <i>direct debit request</i> if you have any queries about how to complete the <i>direct debit request</i>..
7. Confidentiality	<p>7.1 We will keep any information (including <i>your account details</i>) in <i>your direct debit request</i> confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.</p> <p>7.2 We will only disclose information that we have about you:</p> <ul style="list-style-type: none"> (a) to the extent specifically required by law; or (b) for the purposes of this <i>agreement</i> (including disclosing information in connection with any query or claim).
8. Notice	<p>8.1 If you wish to notify us in writing about anything relating to this <i>agreement</i>, you should write to : Mount Carmel College PO Box 35, Port Adelaide Business Centre SA 5015.</p> <p>8.2 We will notify you by sending a notice in the ordinary post to the address you have given us in the <i>direct debit request</i>.</p> <p>8.3 Any notice will be deemed to have been received two <i>business days</i> after it is posted.</p>