

## **2025 OSHC & VACATION CARE ENROLMENT FORM**

Family Name:    First Name:   Other:	COMPUL	-00K1						
Date of Birth:	Family N	lame:				Ye	ar Level in	2025
Date of Birth:	First Nar	ne:			Other:			
Indigenous Status: Aboriginal: Yes / No TS Islander: Yes / No  BILLING INFORMATION FOR ENROLLING PARENT: (all accounts will be emailed)  COMPULSORY  Name:  Date of Birth: / / CRN:  Relationship to Child:  Address: (number, street)  Suburb: Postcode:  Email Address for Accounts:  Phone: (M) (W) (H)  REBATES  To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date or birth to our service. PLEASE BE AWARE — If you child/ren has a break between care of more infourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to re-enrolled. CCS payments will not be received until enrolment is reactivated, which car be done through MyGot COLLECTION AUTHORITIES (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent's or Guardian) ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name: Relationship to Child:  Phone: (M) (W) (H)	Known a	s:					Gender:	F/M
BILLING INFORMATION FOR ENROLLING PARENT: (all accounts will be emailed)  COMPULSORY  Name:  Date of Birth:	Date of E	Birth:	1	1	CRN:			
Name:  Date of Birth:	Indigeno	us Status:	Aboriginal:	Yes / No	TS Is	lander: `	res / No	
Name:  Date of Birth:			FOR ENROLLI	NG PARENT:	(all accounts	will be e	mailed)	
Relationship to Child:  Address: (number, street)  Suburb:								
Address: (number, street)  Suburb:	Date of E	Birth:			CRN:			
Suburb:  Email Address for Accounts:  Phone:  (M)  (W)  (W)  (H)   REBATES  To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE — If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to I re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGricological forms and the collecting them so please indicate all possibilities, other than Parent's or Guardian)  ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name:  Relationship to Child:  Phone:  (M)  (W)  (H)  Relationship to Child:  Phone:  (M)  (M)  (H)	Relations	ship to Child:						
Email Address for Accounts:  Phone: (M) (W) (H)  REBATES  To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE – If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to I re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGo.  COLLECTION AUTHORITIES (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent's or Guardian)  ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name: Relationship to Child:  Phone: (M) (W) (H)	Address	: (number, street)						
Accounts:  Phone:  (M) (W) (H)  REBATES  To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE — If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGo.  COLLECTION AUTHORITIES (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent's or Guardian) ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name:  Relationship to Child:  Phone:  (M)  (W)  (H)	Suburb:						Postcode:	
To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE – If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to I re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGoverner of the program without an authorised adult collecting them so please indicate all possibilities, other than Parent/s or Guardian)  ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name:  Relationship to Child:  Phone:  (M)  (W)  (H)								
To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE – If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to I re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGo.  COLLECTION AUTHORITIES (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent/s or Guardian)  ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name:  Relationship to Child:  Phone:  (M)  Relationship to Child:  Phone:  (M)  (W)  (H)	Phone:		(M)		(W)		(H)	
your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling parent's CRN number and date of birth, together with the child's CRN number and date of birth to our service. PLEASE BE AWARE — If you child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to I re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGo.  **COLLECTION AUTHORITIES** (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent/s or Guardian)  **ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM**  Name: Relationship to Child:   Phone: (M) (W) (H)  **Relationship to Child: (H)  Relationship to Child: (H)	REBATE	rs						
Collecting them so please indicate all possibilities, other than Parent/s or Guardian)  ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM  Name: Relationship to Child:  Phone: (M) (W) (H)  Address:  Relationship to Child:  Phone: (M) (W) (H)	your Cen provide the birth to or weeks (i.e.	trelink online acconne enrolling parerour service. PLEAS e. during the school	ount through my nt's CRN numbe SE BE AWARE pol term, betwee	/Gov. Parents/ er and date of t — If you child/r en Vacation Ca	Guardians wis oirth, together en has a brea re) their enroli	shing to cl with the <b>c</b> k betweer ment will b	aim Child Ca child's CRN care of mor be ceased ar	are Subsidy must number and date of the than fourteen and you will need to be
Phone: (M) (W) (H)  Address:  Name: Relationship to Child:  Phone: (M) (W) (H)	collecti	ng them so pleas	se indicate all po	ossibilities, oth		nt/s or Gua	ardian)	n authorised adult
Address:    Name: Relationship to Child:   Phone: (M) (W) (H)			MOLO / INLE /	EQUIRED FRO		S ENROL	MENT FORI	M
Name: Relationship to Child: H)	Name:				OM PREVIOU	_	MENT FORI	M
Phone: (M) (W) (H)		(M)	, wo come n	Re	OM PREVIOU elationship to	_		M
	Phone:	(M)		Re	OM PREVIOU elationship to	_		M
Address:	Phone: Address:	(M)		Ro (W	OM PREVIOU elationship to )	Child:		M
	Phone: Address: Name:			Ro	elationship to	Child:	(H)	M

PARENTING PLANS / ORDERS relating to this child							
Are parents separated or divorced?  Does the child have contact with the other parent?  Is the child under the Guardianship of the Ministry?  Is anyone legally denied access to the child?  If Yes, please provide copies of court documents.  Any other details:  YES / NO  YES / NO  YES / NO							
EMERGENCY CONTACTS: (other than Enrolling Parent) ONLY COMPLETE IF CHANGES ARE REQUIRED FROM PREVIOUS ENROLMENT FORM							
(1) Name:							
Address:							
Relationship to Child		1					
Phone:	(M)	(W)	(H)				
i none.	(M)	(**)	(11)				
(2) Name							
Address:				7			
Addi 000.							
Relationship to Child				_			
Phone:	(M)	(W)	(H)				
MEDICAL AND HEALTH INFORM COMPULSORY	IATION						
Has your child any conditions/m	edications?		YES / NO				
If Yes, please give specifics and		Asthma – Ventilin):					
			V50 / N0				
Has your Child any additional/sp If Yes, please give specifics and			YES / NO				
ii res, piease give specifics and	any related medication.						
Has your child any special dietary needs not related to allergies?  YES / NO							
If Yes, please give specifics:							
Has your child any kind of allerg		· · · · ·	YES / NO				
Foods:	Reaction / Medica	tion:					
Penicillin/Other:	Reaction / Medica	ntion:					
Has your child received all immu	unisations appropriate for her/	his age?	YES / NO				
If No, please give details:							
Has your child any disabilities?	YES / NO						
If yes, please record specifics:							
Doctor's Name/Medical Centre: Telephone:							
Address:							

## SPIKE CHILDCARE APP

To book into OSHC and Vacation care please use the Spike Parent App, allowing you to view your child's bookings, immunisation status, health and dietary conditions as well as your invoices and statements.

Use your phones camera app to scan the QR code below.



Your username is your email address and your password is your PIN. If you do not know your PIN, or your PIN is not working click on 'reset your password'. You will receive an email from Economic Outlook with the subject 'reset password'. Resetting your password does not change your PIN for the electronic attendance system.

You will be guided to install the App.

## CONSENTS & AGREEMENT

## **COMPULSORY**

I give consent for my child to be taken to the local hospital or doctor's surgery in the event of an injury.

YES / NO

I consent for my child to be photographed and for their image or name to be published in circumstances the Director deems to be appropriate such as photobooks, wall displays, SeeSaw and the School Newsletter, Facebook and Instagram pages.

YES / NO

I give consent for sunscreen to be applied to my child when the UV rating is 3 or above, if they do not have their own personal sunscreen.

YES / NO

I have provided the School with a copy of my child's Medication Management Plan. I agree to update this annually by a Medical Professional or as required when the medical needs of my child changes.

YES / NO

Date

- I agree to pay current OSHC fees within seven days and in accordance with the OSHC Parents and Caregivers Handbook.
- I have read and accept the Policies and Rules of the Service, as set out in the OSHC Parent and Caregivers Handbook.
- I certify that the information entered upon this form is true to the best of my knowledge, and I undertake to inform the OSHC Service if any of these details change.

Signature of Parent/Guardian	Date / /
A \$30.00 Ar	nnual Registration Fee per family applies and will be invoiced
OFFICE USE ONLY:	
Details updated on Spike:	
Emergency Updates Phone:	
Communication: SeeSaw	Email

**Director Signature**