

QUALITY JUNIOR PROGRAMS



OSHC Enrolment Form



Quality Junior Programs Australian Head Office
Phone (03) 9543 3077 or from outside Victoria 1800 460 870
Office 4 / 13-15 Howleys Rd Notting Hill VIC 3168

QUALITY JUNIOR PROGRAMS OSHC ENROLMENT FORM

School Name: _____

Accounts to be emailed to (please print clearly): _____

CHILD 1 - First name: _____ Surname: _____ DOB: _____ / /

Male / Female _____ Class / Year level _____

Medical Conditions (Asthma / Allergies): _____

Medication (Additional form to be completed): _____

Other special needs: _____

CHILD 2 - First name: _____ Surname: _____ DOB: _____ / /

Male / Female _____ Class / Year level _____

Medical Conditions (Asthma / Allergies): _____

Medication (Additional form to be completed): _____

Other special needs: _____

CHILD 3 - First name: _____ Surname: _____ DOB: _____ / /

Male / Female _____ Class / Year level _____

Medical Conditions (Asthma / Allergies): _____

Medication (Additional form to be completed): _____

Other special needs: _____

Children's interests to include in the program: _____

PARENT / GUARDIAN 1: First name: _____ Surname: _____

Relationship To Child: _____

Telephone home: _____ Work: _____ Mobile: _____

Address: _____

Suburb _____ State: _____ P/code _____

Email: _____

PARENT / GUARDIAN 2: First name: _____ Surname: _____

Relationship To Child: _____

Telephone home: _____ Work: _____ Mobile: _____

Address: _____

Suburb _____ State: _____ P/code _____

Email: _____

If any of the details alter throughout the year, please notify Coordinator of OSHC in writing ASAP.

Is your child/ren the subject of any custody or access order? Yes No

If yes, please attach a copy of order and supply details (This information is confidential)

Children reside with: Both Parents _____ Mother Father

Other: _____

Does your child/children have any Special Dietary Requirements:? Yes / No _____

Child's Name: _____

If YES, give details: _____

PEOPLE AUTHORISED TO COLLECT YOUR CHILD / EMERGENCY CONTACTS

SHOULD BE WITHIN 30 MINUTES OF PROGRAM:

CONTACT 1: First name: _____ Surname: _____

Telephone home: _____ Work: _____ Mobile: _____

CONTACT 2: First name: _____ Surname: _____

Telephone home: _____ Work: _____ Mobile: _____

DOCTOR'S DETAILS

Doctor's Name: _____ Contact Number: _____

CULTURAL INFORMATION

Language spoken at home: English Other _____

Relevant cultural considerations (Religion, family celebrations, foods, activities...)

BOOKINGS

CASUAL BOOKINGS: for irregular users of the program.

HOLIDAY PROGRAM BOOKINGS: USE SEPARATE HOLIDAY PROGRAM FORM

PERMANENT BOOKINGS:

For children who consistently use the program. We have a limited number of funded places. A permanent booking guarantees you a place.

Commencement date for permanent bookings ____/____/____

Specify your permanent before and after care bookings here:

	MON	TUES	WED	THU	FRI	CASUAL
CHILD 1						
BSC*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHILD 2						
BSC*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CHILD 3						
BSC*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* Not all programs offer Before School Care. Please refer to your Parent Handbook.

CHILDCARE BENEFIT

It is important that all families register with the Family Assistance Office (FAO) to receive Childcare Benefit. Contact the FAO on 13 61 50 and provide our CRN number which is available from your parent handbook.

PRIVACY

QJP uses enrolment forms to collect personal information for the purpose of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You are able to amend or correct information on request to QJP staff. WE COMPLY WITH THE PRIVACY ACT.

Please do not send me additional program information.

ACCOUNTS AND PAYMENTS

Accounts will be emailed/issued fortnightly and credit card is the preferred payment option. Fees

I _____ authorise QJP to charge my credit card for my OSHC fees. I will advise QJP of any change to my credit card details.

Credit Card Details: Visa M'card

Name of credit card holder: _____

EXPIRY /

Signature of credit card holder: _____ Date: _____

QJP Holdings Pty Ltd / Quality Junior Programs (QJP) Terms and Conditions

1 - I give my permission for program staff to seek and/or provide medical attention for my child/children in the event of an accident or emergency which cannot be treated by basic first aid and agree to meet any expenses that may result. I give permission for my child/children to be released into the care of a medical practitioner or any other medical personnel as deemed necessary. 2 - I give permission for my child to be photographed for non public displays - ie - a photoboard within the OSHC program. 3 - I understand that Staff do not supervise my child/children until they are signed into the program. Neither are they supervised after they have been signed out of the program by a parent/guardian. 4 - I accept full responsibility for my child's belongings whilst attending this program. 5 - I undertake to inform the program staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect the child as soon as practical. 6 - I give permission for my child/ren to participate in program-based activities organised for the days my child/ren will be attending, including watching PG Rated videos / movies. 7 - QJP does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the program due to any cause whatsoever unless caused by the proven negligence of QJP, its directors or employees. 8. I authorise staff to apply sunscreen to my child if I do not provide such. 9 - I fully understand that if my child continuously misbehaves after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program. 10 - I certify that the information supplied on this form is correct at the time of completion. I have read the regulations and agree to abide by the policies contained therein. I agree to advise QJP in writing of any changes to these details as they occur. 11. I authorise QJP staff to access my contact information that is held by the school as and when required for administrative purposes.

Signature of Parent/Guardian: _____ Date: _____

Name of Parent/Guardian _____