



# Christian Early Learning Day Care and Kindergarten

Outside School Hours Care Program

## Enrolment Form



Please read this document in conjunction with the  
 Fee Schedule and Parent Information Booklet.

 is a division of Life Ministry Centre Ltd, ABN 25 005 670 682/007  
15-49 Old Melbourne Road, CHIRNSIDE PARK VIC 3116 (INC. in Victoria). Melway Ref: 37E6

## MISSION STATEMENT

Oxley Kids is a Christian Early Childhood Centre, committed to excellence in education and care, through which children develop their abilities in a secure, yet stimulating setting. Each child is nurtured in a Christian environment and these Christian values are an integral part of all programs.

As part of Life Ministry Centre Ltd's educational services with Oxley Christian College, Oxley Kids upholds and actively promotes and encourages Christian values.

## PHILOSOPHY

We believe that every person is uniquely created by God and that all have the ability to learn and achieve. We believe that every child should be valued for their individual gifts and should be afforded the opportunity to develop to their full potential. We support children to develop an understanding of themselves in relation to others; nurturing a sense of respect and compassion in order to develop well rounded children with a strong moral foundation.

We believe that children need a warm, safe and secure environment in which to develop and learn - an environment which fosters confidence in themselves and their abilities – a place where they belong. We encourage children to form positive relationships with their peers across all age groups, as well as within their families. We encourage children to celebrate their own, and each other's, rich cultural heritage. We encourage our staff, children and families in sustainable practices and to care for our natural and built environments.

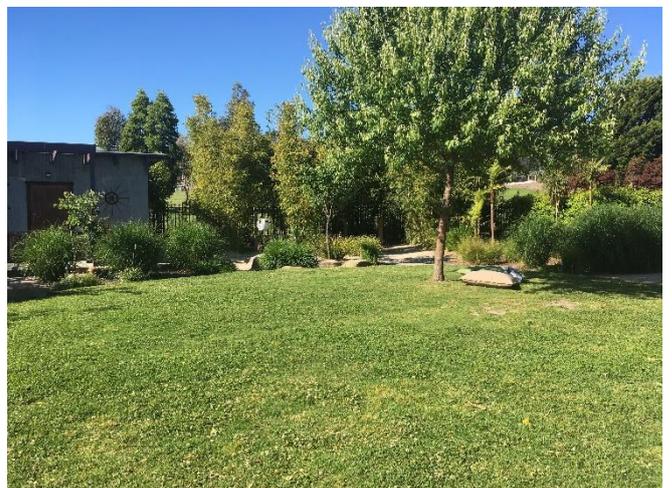
We believe that the family is the child's first and most influential educator and that children's learning occurs when children are strongly connected to family, community, culture and place<sup>1</sup>. We believe that when children feel strongly connected and experience a sense of belonging, they are confident to explore and learn.

We believe that in order to develop to their full potential we must ensure that all aspects of the child's health and well-being are supported. This includes the health, nutrition, spiritual and physical development of the child. Oxley Kids staff will work in partnership with parents to support their child's learning and development. We acknowledge and value parental input and feedback in all aspects of our service.

The requirements of the National Quality Framework are incorporated into our programs and encourage each child to grow in all areas, be it creative, social, physical, emotional or spiritual. We believe in providing a balanced program, involving a variety of experiences which provide opportunity for children to explore, enquire, discover, make meaning, investigate and create. We highly value the role of play in children's learning, recognising that play is a child's natural way of expressing, sharing, extending and modifying accumulated knowledge, skills, attitudes and values.

We believe that staff should be highly professional, well-resourced and trained, and committed to sharing Christian values with children and families. Educators are encouraged and supported to use a diversity of skills and experiences that enrich the children's time at the service.

<sup>1</sup> My Time, Our Place. Framework for School Aged Care



## CHILD DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ D.O.B: \_\_\_\_\_

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

Gender:  Male  Female Cultural background: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

If born outside of Australia, date of arrival: \_\_\_\_\_

Arrived as Refugee?  Yes  No Visa Details: \_\_\_\_\_

Is the child of Aboriginal and/or Torres Strait Islander origin?

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Neither

Child resides with:  Both parents  Mother  Father  Other: \_\_\_\_\_

Health Care/concession card?  Yes  No If Yes, please supply a copy of the card

Siblings (Please include half/step siblings if child has regular contact with them)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attends:  Oxley Kids  Oxley Christian College

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Attends:  Oxley Kids  Oxley Christian College

## Parenting/Court orders relating to the child

Part A: Are there any court orders, parenting orders or parenting plans relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?

No, go to the next section.  Yes, please complete Part B:

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?

No, go to the next section.  Yes, please complete Part B:

Part B:

1. Bring the original order/s for staff to sight and copy to attach to this enrolment form;

2. If these orders:

a) change the powers of a parent/guardian to:

- authorise the taking of the child outside the service by a staff member of the service;
- consent to the medical treatment of the child;
- request or permit the administration of medication to the child;
- collect the child from the service AND/OR

b) give these powers to someone else,

Please describe these changes and provide the contact details of any person given these powers:

\_\_\_\_\_  
\_\_\_\_\_

## CHILD CARE SUBSIDY (CCS)

If you wish to claim CCS you must register on the myGov portal and provide your Centrelink customer reference number (CRN) and date of birth for the parent registered. Please note that every individual has their own CRN.

Parent Registered for CCS (name): \_\_\_\_\_

Parent CRN: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Child CRN: \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION (PRIMARY CARER/S)**

**Parent 1**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Does the child reside with this parent?  Yes  No

Religion: \_\_\_\_\_ Which church do you attend (if applicable): \_\_\_\_\_

Country of birth: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

If born outside of Australia, date of arrival: \_\_\_\_\_

Did this parent arrive as a Refugee?  Yes  No Visa Details: \_\_\_\_\_

Does this parent identify as being of Aboriginal and/or Torres Strait Islander origin?

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Neither

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Do you hold a health care/concession card?  Yes  No If Yes, please supply a copy of the card

**Parent 2**

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Title: \_\_\_\_\_

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

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Does the child reside with this parent?  Yes  No

Religion: \_\_\_\_\_ Which church do you attend (if applicable): \_\_\_\_\_

Country of birth: \_\_\_\_\_ Languages spoken: \_\_\_\_\_

If born outside of Australia, date of arrival: \_\_\_\_\_

Did this parent arrive as a Refugee?  Yes  No Visa Details: \_\_\_\_\_

Does this parent identify as being of Aboriginal and/or Torres Strait Islander origin?

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Neither

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

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

Do you hold a health care/concession card?  Yes  No If Yes, please supply a copy of the card

**AUTHORISATIONS**

The *Education and Care Services National Law and Regulations* require that written authorisation is provided for any person other than a parent to carry out particular functions in relation to a child. Please provide details for any people you wish to authorise to perform particular functions on your behalf. Please indicate which functions you authorise each person to perform by checking the corresponding box.

I \_\_\_\_\_ (parent/s) hereby authorise the persons named below to perform the following functions as indicated in relation to my / our child \_\_\_\_\_.

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Land line: \_\_\_\_\_

- 1. Collect the child from the service Yes  No
- 2. to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted Yes  No
- 3. be authorised to consent to medical treatment of, or to authorise administration of medication to, the child Yes  No
- 4. be authorised to authorise an educator to take the child outside the education and care service premises. Yes  No

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Land line: \_\_\_\_\_

- 1. Collect the child from the service Yes  No
- 2. to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted Yes  No
- 3. be authorised to consent to medical treatment of, or to authorise administration of medication to, the child Yes  No
- 4. be authorised to authorise an educator to take the child outside the education and care service premises. Yes  No

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ Land line: \_\_\_\_\_

- 1. Collect the child from the service Yes  No
- 2. to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted Yes  No
- 3. be authorised to consent to medical treatment of, or to authorise administration of medication to, the child Yes  No
- 4. be authorised to authorise an educator to take the child outside the education and care service premises. Yes  No

Parent 1 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD INFORMATION

### Health Information

Name Doctor/Medical Service: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address Doctor/Medical Service: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Position number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Private Health fund: \_\_\_\_\_ Membership number: \_\_\_\_\_

Ambulance subscription number: \_\_\_\_\_ or included in health insurance cover:  Yes  No

### Immunisation

Has your child received all required immunisation?  Yes  No

In order for your enrolment to proceed you must provide:

- a copy of child's Immunisation History Statement from the Australian Childhood Immunisation Register or
- a copy of a medical exemption from immunisation requirements

### Medical Emergency

Authority to provide medical treatment, administration of medication or transport by Ambulance

In the event of an accident or illness, and where it is impractical to communicate with me/us, I/we authorise the persons nominated in the emergency contact list, the centre Director, or appointed staff member to organise/seek medical or surgical treatment from a registered medical practitioner, hospital or ambulance service, administer medication, transport by ambulance as may be deemed necessary.

Parent 1 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical conditions

If your child has a diagnosed medical condition you MUST provide a current copy of the medical management plan signed by a Medical Practitioner prior to your child commencing at Oxley Kids. A risk minimisation plan and a communication plan will be developed in conjunction with you, the parent, and Oxley Kids staff to ensure the appropriate management of your child's condition.

Does the child have any allergy?  Yes  No

Has the child been diagnosed as being at risk of Anaphylaxis?  Yes  No

Does the child have Asthma?  Yes  No

Does the child have any other medical condition? (e.g. epilepsy, diabetes,)  Yes  No

If yes, please provide details of the medical condition: \_\_\_\_\_

Does the child take any regular medications?  Yes  No

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

### Special considerations or Dietary requirements

Does the child have any dietary or other requirements/restrictions?  Yes  No

If yes, please provide details of the requirement/restrictions: \_\_\_\_\_

Reason for requirement/restriction:  religious  cultural  intolerance  personal preference

## CHILD INFORMATION

### Additional Needs

Does your child have any additional needs? (e.g. development or speech delay, autism spectrum disorder, etc)  Yes  No

Please describe additional need: \_\_\_\_\_

Is your child under the care of any specialists? (e.g. Speech therapist, paediatrician)  Yes  No

Please provide details: \_\_\_\_\_

## PERMISSIONS/CONDITIONS OF ENROLMENT

### Consent to take and use photographs of your child

At **Oxley Kids** we take many photos of the children to document our program. Mostly these photos are used within the centre, however, from time to time we also use photos outside of the centre to promote the service to the wider community. **Please tick** the following options to consent to the use of photographs of your child.

- Photos used within the centre to document the children's programs. This will include newsletters that are distributed electronically to all families and Kinder M8.
- Photos used by Oxley Kids in presentations and promotional material including but not limited to local papers, website etc. (We would consult you before using any photos for these purposes).

### Sun Smart

In line with our Sun Smart policy, the centre staff will apply sunscreen to your child as required. **Oxley Kids** will supply and apply a 50+ Sunscreen that complies with Australian Standard AS/NZ 2604:1997. If your child is sensitive to our sunscreen you will need to notify staff and supply a suitable sunscreen for your child to use at the centre.

I give permission for Oxley Kids staff to apply sunscreen supplied by the service

or

I give permission for Oxley Kids staff to apply a sunscreen supplied by myself

### Head Lice

In order to contain and prevent the spread of Head Lice, we require authority to allow **Oxley Kids** staff to check your child's hair for Head Lice during an outbreak, or if it is suspected that your child may have Head Lice.

In the event that your child is found to have Head Lice you will need to remove him/her from the centre until appropriate treatment has been performed.

If you do not give consent for **Oxley Kids** staff to check for head lice, and it is suspected that your child has head lice, you will be required to collect your child immediately from the centre and provide written confirmation from an appropriately qualified health professional that your child is free of head lice, before they can return to the centre.

I give permission for **Oxley Kids** staff to check my child's head if there are suspected cases of head lice in the centre.  Yes  No

### Health

In line with the **Oxley Kids** health policies, children who are suffering from any illness that may be contagious, i.e.: vomiting, diarrhoea, temperature, must be kept away from the centre for at least 24 hours after the symptoms of illness have subsided, or must be collected from the centre if the condition becomes apparent whilst the child is in the care of the service. Children suffering from infectious diseases will be excluded as per the exclusions table in the **Oxley Kids** health policies.

If your child has a life threatening condition (e.g. anaphylaxis or asthma) you must provide the centre with information relating to the management of the condition and ensure that at all times your child is in the care of **Oxley Kids**, all medication and equipment required to manage the condition is provided.

Please obtain a copy of the relevant policies from the centre Director.

**Incursions/Excursions**

I/we give permission for my child to attend any incursions or nominated activities that occur at the centre. I understand staff will provide written details of any activities. Yes  No

**Emergency Evacuation**

I/we give permission for the staff to evacuate the children in the event of an emergency or any evacuation rehearsal. The children will be evacuated in accordance with the centre *Emergency Evacuation Policy and Procedure*. Yes  No

**Observations**

I/we give permission for our child to be observed by **Oxley Kids** staff, students or visitors for planning and program purposes. Observations will include: photographs and/or written observations. I understand that more detailed information may be requested at specific times.

The above policies form part of the conditions under which you accept a placement at **Oxley Kids**. These and all other policies are available on the **Oxley Kids** website or in hard copy at the **Oxley Kids** office. Please take the time to read the centre policies and procedures. The following is a declaration that you have access to a copy of the centre policies and procedures, and that you agree to abide by the conditions of the centre.

Declaration:

I/we \_\_\_\_\_(print full name/s)  
a person/s with lawful authority of the child referred to in this enrolment form,

- Give permission for the staff of **Oxley Kids** to carry out those functions indicated above.
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell whilst at the centre.
- Acknowledge that I/we have access to and agree to abide by the conditions and policies set by the management of **Oxley Kids**.
- Accept responsibility for all fees and charges incurred for the provision of child care for our child as named on this enrolment form.
- Advise that \_\_\_\_\_ (name of person who will be responsible for the fees and charges) will be responsible for the payment of all fees and charges. This person will be regarded as the ‘debtor’ all financial issues will be addressed to this person only.
- have read the Statement of Faith, Christian Values (attached) and the Fee Schedule (as updated from time to time) and understand that the curriculum and teaching will be based on Biblical principles and values.
- agree to uphold the Christian Values of the Centre (attached).
- have signed in all places required in this enrolment form and other documents, and consent to Oxley Kids privacy provisions, including the collection and use of information as required.

Parent 1 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 **Signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## BILLING

### ACCOUNT SETUP FEE

A non-refundable Account Setup Fee of \$100 applies once per family.

To pay this fee, please complete the following: Please see Fee Schedule for transaction fee and charges.

Method of payment:  Credit card  EFT to Oxley Kids (BSB 063 167 A/c 10741197)

Card type:  Visa  Mastercard

Card No: \_\_\_\_\_ Expiry: \_\_\_ / \_\_\_ CCV: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Cardholder name: \_\_\_\_\_ Cardholder signature: \_\_\_\_\_

### PARENT / GUARDIAN ENROLMENT CHECK LIST

Please ensure you have attached the following documents with this enrolment.

- Account Setup Fee (if your family is new to Oxley Kids)
- Birth Certificate
- Immunisation History Statement, as taken from the Australian Childhood Immunisation Register
- Current copy of any/all medical management plans if child has a diagnosed medical condition i.e. Asthma, Anaphylaxis, Diabetes or Epilepsy
- Other reports relevant developmental or learning needs i.e. medical, psychologist, speech therapist etc
- Custodial Details - Court/Parenting Orders (if applicable)

This Enrolment Form together with Child Information (if applicable) and the Account Setup Fee (per family, non refundable) should be forwarded to **Oxley Kids**, PO Box 553, Lilydale VIC 3140, handed into **Oxley Kids** Reception or emailed to [office@oxleykids.vic.edu.au](mailto:office@oxleykids.vic.edu.au)

**PRIVACY**

Privacy Act 1988

Oxley Kids Collection Notice

1. Life Ministry Centre Ltd (LMC) collects personal information, including sensitive information about students, parents or guardians, contractors, volunteers, LMC members and other people. The primary purpose of collecting this information is to enable LMC to provide the services it offers through its operating divisions and to meet its legal obligations. As divisions of LMC, Oxley Christian College and Oxley Kids will share information, as required to facilitate our responsibilities for care of children.
2. Certain laws governing or relating to the operation of early childhood services require that certain information is collected. These include Public Health and Child Protection Laws.
3. Some of the information we collect is to satisfy Oxley Kids legal obligations, particularly to enable Oxley Kids to discharge its duty of care:
  - a. Health information about children is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We may ask you to provide medical reports about children from time to time.
  - b. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of your child.
  - c. Personal information collected regarding children is regularly disclosed to their parents or guardians. On occasions information such as program activities and other news is published in newsletters, magazines and on our website.
  - d. You may seek access to personal information collected about you and your child by contacting Oxley Kids. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of Oxley Kids duty of care to the child, or where children have provided information in confidence.
4. From time to time, LMC discloses personal and sensitive information to others for administrative and legal purposes. This includes to other Children’s Services, schools, Government Departments, medical practitioners, and people providing services to LMC and its divisions, including specialist visiting teachers, (sports) coaches and volunteers.
5. LMC, from time to time, engages in fundraising activities. Information received from you may be used to make an appeal to you. (It may also be disclosed to organisations that assist in LMC’s fundraising activities solely for that purpose.) We will not disclose your personal information to third parties for their own marketing purposes without your consent.
6. We may include your contact details in lists and directories to enable us to provide the services offered. If you do not agree to this you must advise us now.
7. If you provide LMC with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to LMC and why, that they can access that information if they wish and that LMC does not usually disclose the information to third parties.

**SIGNATURES OF BOTH PARENTS/GUARDIANS**

By signing this statement, you are agreeing to the collection and storage of information as described above. The full Privacy Policy is available on request.

Parent 1 **signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 **signature:** \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

## STATEMENT OF FAITH

### **The Bible**

We believe in the Divine inspiration, the infallibility and supreme authority of the Old and New Testaments in their entirety. They alone constitute the sole and absolute authority in all matters pertaining to Christian faith and practice.

### **Trinity**

We believe there is one God, perfect and holy, existing eternally in three equal divine persons of the Father, the Son and the Holy Spirit. God is the creator and sustainer of all things, both visible and invisible, the heavens, the earth and all that is contained in the universe.

### **Jesus Christ**

We believe that the Lord Jesus Christ is the eternally existing only begotten Son of God, the Lord of all creation who was with God in the beginning and at the appointed time took the form of man, lived a sinless life and died on a cross, being raised again on the third day.

### **Virgin Birth**

We believe that Jesus was the Word made flesh, supernaturally conceived by the Holy Spirit and born of the Virgin Mary.

### **Redemption**

We believe that Jesus Christ lived a sinless life and died as a sacrifice on the cross, shedding His blood for the remission of sin for all mankind. He is the only source of salvation from the penalty and consequence of sin.

### **Resurrection**

We believe that Jesus Christ rose from the dead in His own glorified body for man's justification, ascended into Heaven and is seated at the right hand of the Father.

### **Salvation**

We believe that all men are in a fallen sinful and lost condition as a result of the original sin of Adam and Eve who were created without sin. In this state of depravity man is helpless to save himself and is under the condemnation of God to eternal punishment in Hell. Salvation from this state is solely by grace and is received through genuine repentance toward God and trust in the Lord Jesus Christ. This experience is known as "new birth" and is an instantaneous and complete operation of the Holy Spirit who alone convicts men of sin, leads them to repentance, creates faith within them and regenerates. The regenerate person is indwelt by the Holy Spirit who imparts gifts and manifests fruits through the believer.

### **Second Coming**

We believe the Lord Jesus Christ will visibly return to earth in person to establish His Kingdom. This will occur at a date undisclosed by scripture.

### **Kingdom of God**

We believe that the Kingdom of God is made up of believers from all nations and denominations who are under the headship of the Lord Jesus Christ. The Church is the visible manifestation of the Body of Christ in the local community expressing itself through local congregations.

### **The Christian Life**

We believe that the Christian life is expressed outwardly by conformity to the standards expressed in the Bible which is the sole and absolute authority in all matters pertaining to Christian faith and practice.

## OUR CHRISTIAN VALUES

As a Christian body committed to our faith...

- **we worship God**
  - o because he has demonstrated His love to us and deserves our highest praise
- **we seek to model the life of Christ**
  - o because through Christ, God has shown us how he wants us to live
- **we uphold the standards of good and right acclaimed in the Bible**
  - o because we believe that the Bible is God's Word
- **we rely on prayer and the Holy Spirit**
  - o because we believe that God has provided these as a means of relating with Him
- **we spread the Good News and seek ways to serve God**
  - o because we believe that all people should have the opportunity to respond to the love of God and make the world a better place in which to live

As individuals...

- **we act with integrity, self control & humility**
  - o because we believe that God is just and holds us accountable for our actions
- **we practise moral values such as honesty, patience, justice & mercy**
  - o because we believe that God wants us to follow His example of righteousness
- **we base our relationships on love, forgiveness & reconciliation**
  - o because we believe that we should follow the example of Christ's love for us
- **we aspire to excellence and wisdom in the use of our abilities and talents for the benefit of others**
  - o because we believe that these are gifts entrusted to us by God

As members of the community...

- **we seek to discover who we are and our place in the universe**
  - o because we believe that we learn about God through his creation
- **we value the uniqueness of individuals and provide a nurturing, caring environment**
  - o because we are all precious in God's sight
- **we show respect, tolerance and live in harmony with others**
  - o because we believe in the equal right of all people to live in peace
- **we help those in need from a sense of compassion**
  - o because we believe that we should love one another
- **we seek ways to sacrificially serve the community**
  - o because we follow Christ's example of serving others

As mankind...

- **we have a hope for the future**
  - o because we believe that we are created by God and redeemed by Jesus Christ





# Out of School Hours Care Booking Request

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year level 2026: \_\_\_\_\_

BEFORE SCHOOL CARE:	
Day	Preferred times
Monday	to 8.30am
Tuesday	to 8.30am
Wednesday	to 8.30am
Thursday	to 8.30am
Friday	to 8.30am
Type of booking <input type="checkbox"/> Permanent <input type="checkbox"/> Casual Booking to commence: _____ Booking to cease: _____	
AFTER SCHOOL CARE:	
Day	Preferred times
Monday	3.30pm to
Tuesday	3.30pm to
Wednesday	3.30pm to
Thursday	3.30pm to
Friday	3.30pm to
Type of booking <input type="checkbox"/> Permanent <input type="checkbox"/> Casual Booking to commence: _____ Booking to cease: _____	
<b>Prep Early Finish Sessions</b> Do you require care for <b>Prep</b> early finishes in February <input type="checkbox"/> Yes <input type="checkbox"/> No Days required <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Parent Signature: _____ Date: _____	
<b>Office use only</b>	
Date received: _____ Qikkids updated: _____ Actioned by: _____ Confirmation Sent: _____	



## 2026 Out of School Hours Care Permission Form

As a ministry of Life Ministry Church (LMC) we are blessed to have an abundance of resources available to us on this beautiful property. As such we would like to extend the learning opportunities available to the children attending Oxley Kids Out of School Hours Care. As part of our program we will take the children on regular outings to various parts of the LMC property.

As part of the Out of School Hours Care program; the children are required to walk to and from Oxley Kids and the Junior School. This walk will take place every day that the program runs. We also have the opportunity to use the facilities at Oxley Stadium, the Oval, the outdoor Basketball Courts, the Tennis Courts, the Barn and surrounding area and the school playgrounds. This would require walking to and from the designated area. The children will be able to participate in a variety of outdoor games/activities whilst at the designated area.

When at any of the designated areas outside of Oxley Kids, the children will be in a space that is separate from other groups. When the outdoor Basketball courts are visited, Oxley Kids staff will use cones to block off access to the basketball courts, preventing cars from coming onto the court while we are there.

The children will be accompanied by educators (guided by the required child/staff ratios of 15 children to 1 staff member) and will be walking in an orderly fashion. A detailed risk assessment has been prepared and is available at the service. This includes areas of potential injury, illness & harmful dangers that have the potential to occur during the walk or activity.

### Daily Times and Destinations

Before School Care	Leaving Oxley Kids at 8:20	Arrive Class Rooms by 8:30
After School Care	Leaving ASC collection point by 3:45	Arrive Oxley Kids by 4:00

### Designated areas on the property the children may visit are as follows:

- Daily walking between school and Oxley Kids
- Oxley Stadium and activities
- Oval and activities
- Outdoor Basketball Courts and activities
- Tennis Courts and activities
- Barn plus surrounding areas and activities
- School Playgrounds and activities

We will provide the following information prior to any outings to the above areas:

- The period the child will be away from the premises
- The anticipated number of children attending the regular outing
- The anticipated ratio of educators to the number of children attending the regular outing
- The anticipated number of staff members and any other adults who will accompany and supervise the children on the regular outing

I give permission for my child to participate in the regular outings as listed above. I understand that my child will be accompanied and supervised at all times by Oxley Kids educators.

**Child's Name:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_