

ENROLMENT FORM - OUT OF SCHOOL HOURS PROGRAM 2009

THE FOLLOWING INFORMATION IS CONFIDENTIAL

and held in accordance with the Privacy Act 2000

NAME OF SERVICE: FAIRHILLS PRIMARY SCHOOL OSHC

1. PARENTS/GUARDIAN DETAILS - ADULT A

FIRST NAME:	<input type="text"/>	SURNAME:	<input type="text"/>
ADDRESS:	<input type="text"/>		
	<input type="text"/>	POST CODE:	<input type="text"/>
OCCUPATION:	<input type="text"/>	D.O.B	<input type="text"/>
PHONE: (H)	<input type="text"/>	(W)	<input type="text"/>
(M)	<input type="text"/>		
EMAIL	<input type="text"/>		

2. PARENTS/GUARDIAN DETAILS - ADULT B

FIRST NAME:	<input type="text"/>	SURNAME:	<input type="text"/>
ADDRESS:	<input type="text"/>		
	<input type="text"/>	POST CODE:	<input type="text"/>
OCCUPATION:	<input type="text"/>	D.O.B	<input type="text"/>
PHONE: (H)	<input type="text"/>	(W)	<input type="text"/>
(M)	<input type="text"/>		
EMAIL	<input type="text"/>		

ACCOUNT DETAILS

RESPONSIBLE FOR ACCOUNTS (TICK PLEASE)			
PARENT /GUARDIAN - ADULT A	<input type="checkbox"/>	PARENT /GUARDIAN - ADULT B	<input type="checkbox"/>
EMAIL INVOICE: YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

CULTURAL INFORMATION - OPTIONAL

PRINCIPAL LANGUAGE SPOKEN AT HOME:	<input type="text"/>
RELEVANT CULTURAL DETAILS eg. Foods, activities etc:	<input type="text"/>
	<input type="text"/>

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD OTHER THAN PARENTGUARDIANS LISTED ABOVE

(MUST BE **18YRS** OR OVER & MAXIMUM OF 30 MINUTES FROM THE SERVICE)

(1) NAME: _____	RELATIONSHIP: _____	
(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>
(2) NAME: _____	RELATIONSHIP: _____	
(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>
(3) NAME: _____	RELATIONSHIP: _____	
(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>

CHILD DETAILSFIRST NAME: SURNAME:

CHILD RESIDES WITH (please circle)

Both parents **Mother** **Father** **Guardian**AGE: DATE OF BIRTH: MALE: FEMALE: GRADE: TEACHER:

SIBLINGS - 1. 2 3.

CUSTODY DETAILSAre there special access/custody arrangements? YES NO

If yes, please give details

If a court order exists please provide this information to the Co-ordinator.
It must be sighted to be enforced.**FEES**Have you applied for Child care Benefit? YES NO

(If yes, please provide relevant information)

(CRN = Customer Reference Number for Child Care Benefit) Your CRN is now linked to
your date of birth. This information is necessary to process your claimParent/Guardian CRN: Child CRN: Do any siblings attend childcare? YES NO Do you wish to claim Child Care Benefit for a child attending elsewhere ? YES NO **MEDICAL INFORMATION**

Does your child suffer from any medical condition that our program staff need to be aware of?

If yes give details:

Dietary needs: Medical Allergies: Medical Conditions: Other: Asthma: YES NO (If yes, please fill in Asthma Management Form)Has your child been immunised? YES NO **DOCTOR'S INFORMATION**Child's Doctor's Name: Phone: Address: Medicare No: Do you subscribe to an ambulance service? YES NO

If yes, please state Ambulance Subscription Number and Category: _____

Do you have private health insurance? YES NO

If yes, please include membership no. & company issued through: _____

PLEASE TICK-

PERMANENT BOOKING fill in below

CASUAL BOOKING leave blank

TICK THE DAYS YOUR CHILD WILL BE ATTENDING THE PROGRAM

BEFORE SCHOOL CARE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

AFTER SCHOOL CARE

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

PHOTO PERMISSION

I, give permission for my child to be photographed during OSHC times, whilst participating in activities for promotional display within the school community.

Parent/Guardian Signature: Date:

SUNSCREEN PERMISSION

I, give permission for my child to use the program sunscreen during the Sunsmart Terms. I understand that if my child has sensitive skin that I will send along an alternative. The sunscreen provided by the service is in line with the Sunsmart Policy.

Parent/Guardian Signature: Date:

ABOUT YOUR CHILD

PLEASE LIST BELOW THE THINGS THAT YOU CHILD LIKES TO DO. Eg. Craft, soccer etc

1 2
3 4

MEDICAL / GENERAL DECLARATION

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred. I authorise the Coordinator/ Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the 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 my child as soon as possible.

I understand that all Enrolment details are private and confidential. This information will be used for program purposes only and will be accessible to OSHC staff, Committee of Management, the Principal and/or the Sponsoring body. I understand that I can access this information and correct any necessary details whenever I wish.

Parents/Guardians Signature: Date:

OFFICE USE ONLY

Is there a medical alert for this child? (tick) YES NO

Has the maintenance fee been charged (tick) YES NO

*******IMPORTANT - PLEASE DOUBLE CHECK DATES OF BIRTH AND CUSTOMER REFERENCE**

NUMBERS (CRN) BEFORE SUBMITTING THIS FORM. INCORRECT DETAILS CAN AFFECT YOUR ENTITLEMENTS

