

#

SP.2 SP.3

MAWSON LAKES SCHOOL OUT of SCHOOL HOURS CARE/VACCARE

ASC: 0401 121 318

BSC: 0421 612 718

Email: oshc.mls987@schools.sa.edu.au

ENROLMENT FORM

Family Name: _____ Today's Date _____

Child/ren's Names:

1) _____ Sex: M / F Date of Birth ___/___/___ Child's CRN (Centrelink) _____

2) _____ Sex: M / F Date of Birth ___/___/___ Child's CRN (Centrelink) _____

3) _____ Sex: M / F Date of Birth ___/___/___ Child's CRN (Centrelink) _____

Are there any siblings at other centres (data used for CCS payments)? Y / N How many? _____

Parent/Guardian:

1) Name (Centrelink Account Holder) _____

Relationship to Child: _____

Address: _____ Post Code: _____

Account Email Address _____ May we email your accounts? Y / N

Mobile: _____ Work Phone: _____

Parent DOB ___/___/___ Parent's CRN (Centrelink) _____

2) Name: _____ Relationship to Child: _____

Address (if different) _____ Post Code: _____

Mobile: _____ Work Phone: _____

Parent DOB ___/___/___ Email address (if different from above) _____

Emergency Contacts: (If parents are unable to be contacted- Please prioritise)

1) Name: _____ Relationship to Child: _____

Mobile: _____ Work Phone: _____

2) Name: _____ Relationship to Child: _____

Mobile: _____ Work Phone: _____

People Authorised to collect Child/Children: (Please indicate relationship to child if not shown above)

1) _____ 2) _____

3) _____ 4) _____

Exception: Children must have written permission to leave the service without supervision.

	Monday	Tuesday	Wednesday	Thursday	Friday	Casual Booking
Before S.C						
After S.C.						
Vac Care	Please fill in Vaccare Booking Form					

➤ **WHEN WILL CARE NEED TO START?** _____

Custody: (To be completed if custody is an issue for the family)

If parents are separated/divorced:

Does the child/ren have contact with the other parent? _____

Is anyone legally denied access to the child? (documents must be supplied) _____

Doctor's Name: _____ **Phone:** _____

Clinic Name: _____

Medical Health Information: Medicare No. _____ Private Health Cover: Y / N
 Name of Private Health Provider _____ **Ambulance Cover?** Y / N
 Has the child/ren any physical limitations or medical conditions? _____

Is the child/ren undergoing any treatment or medication? YES / NO

Record Specifics: _____

Allergies of any kind: _____

Food: _____

Penicillin: _____

Other: _____

Describe reaction: _____

Does the child suffer from any illness that may re-occur? Eg: Chronic ear infection

Any other information relevant to the child: eg: Family, cultural or religious considerations

Parent Declaration – I understand that:

- The OSHC service reserves the right to refuse a child access to the service on the basis of overdue outstanding accounts.
- *I take full responsibility for payment of all OSHC debts.*
- Each child must be signed in for BSC and out for ASC on the Attendance Sheet.
- If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child/ren requiring urgent medical treatment, I authorise the care providers and staff to obtain the medical assistance which they deem necessary and agree to pay all medical and transport costs incurred on behalf of my child/ren.
- We strive to keep Mawson Lakes OSHC a happy and safe place for children. To do so, we must ask that the children in our care adhere to our behaviour rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.
- The supervision and care of children is strictly limited to the hours care is provided. Eg: Before School 6:45am – 8.40am and After School from 3.00pm – 6.00pm.
- The OSHC service must be notified if my child/ren are to be collected by someone other than those people nominated on this form.
- The OSHC service must be notified of any cancellations or changes to bookings or full fees will be charged.
- I/we give permission for my child/ren to be photographed and any information to be displayed in OSHC and our newsletters/pamphlets.
- My child may watch PG movies deemed appropriate by OSHC staff. (Please see staff if you would like to preview any of these movies first).
- I consent to my child(ren) going off site during OSHC/VACCARE excursions. More information will be given with each activity.

Signed: Date: