



**Middle Park SS P&C Association  
Outside School Hours Care**

PO Box 617, Mt Ommaney, 4074

Ph/Fax : 3715 5700 OSHC@middleparkschool.com

**2010** Is the family already enrolled in the centre? **Yes / No**

**Enrolment Form**

**Middle Park Outside School Hours Care**

The Following details are confidential

**Child Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female: \_\_\_\_\_ CRN: \_\_\_\_\_

**Child Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female: \_\_\_\_\_ CRN: \_\_\_\_\_

**Child Details:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female: \_\_\_\_\_ CRN: \_\_\_\_\_

**Would you like your statements emailed to you? Yes No**

This is our preferred method.

Please indicate the email address you would like your statements emailed to:

\_\_\_\_\_ @ \_\_\_\_\_

**1. Parent/Guardian Details** Indicate Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Sample signature: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**2. Parent/Guardian Details** Indicate Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Sample signature: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address: \_\_\_\_\_ DOB: \_\_\_\_\_

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

**Cultural Information**

Principal language spoken at home: \_\_\_\_\_

Relevant cultural details e.g food, activities: \_\_\_\_\_

\_\_\_\_\_

**Child Attendance**

**Permanent Basis** (regularly booked every week) **No Fortnight Bookings**

**Casual Basis** (does not have set days, attends care when needed)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After School</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE READ CAREFULLY!!!**

It is our policy that fees are paid 2 weeks in advance. All booking fees will be charged unless 7 days notice of cancellation is given. If you fail to inform us of your child's absence then a \$5 confirmation of absence fee will be incurred.

**Emergency Contacts Authorised To Collect Your Child/ren Other Than Parents/Caregivers (Maximum of 30 minutes travel to the centre)**

**Contact 1:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Contact 2:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Contact 3:**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Are there any court orders that we need to be aware of? If so please provide information and documentation.** \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child suffer from any medical condition staff should need to be aware of?

If yes,

give details: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other:(previous medical history staff should be aware of ie. Injuries and/or illness

Asthma: YES      NO      Asthma Medication/Treatment

Has your child been immunized?    YES    NO    If yes give details

\_\_\_\_\_

Does your child have any special needs that you wish to notify us of: \_\_\_\_\_

\_\_\_\_\_

Any Dietary considerations: \_\_\_\_\_

### **Doctor's Information**

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

Address: \_\_\_\_\_ Medicare No. \_\_\_\_\_

## **Terms and Agreements**

I agree to pay all fees and costs on time in accordance with the policies of Middle Park OSHC. I authorise the Coordinator in the event of any unforeseen accident or illness to obtain medical assistance as required.

I agree to having my details passed on to a third party only in the event that I do not pay my fees. I understand that by not paying my fees, I may receive a bad credit rating and that the bill and information will be passed onto debt collectors.

I understand that I will not receive childcare benefit until the centre has been informed by centrelink in writing.

I agree to give written notice of termination for my children attending this centre, and ensure all fees are paid.

I undertake to inform 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 myself or an authorised person will collect my child as soon as possible.

I agree that my child be photographed and involved in audiovisual recordings for use only in centre programs. I authorise staff to use Stingose, iodine/antiseptic spray and elastoplast spray to treat my child/ren in the event that it is required.

The information gathered on this enrolment form will be used for Program purposes only and will be accessible to OSHC staff, Management, the Principal and/or the Parents and Citizens Committee. I understand that I can access this information and correct or update any necessary details whenever I wish. I have been given a Family handbook and understand that I must abide by the Policies and Procedures of Middle Park OSHC which are available for me to view.

Parent/Guardian Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_