



OUT OF SCHOOL HOURS CARE PROGRAM 2009 ENROLMENT FORM

The Syndal South Primary School Out of School Hours Care Program operates between **7:15 – 8:45am** and **3:30 – 6:30pm** every day of the school year unless otherwise advised. Vacation Care operates during the school holidays for Term 1,2,3 and at the beginning of each school year. Fee Relief is available for all programs for families who are eligible; contact the Coordinator or the Family Assistance Office for more information. Families that have a child with additional needs can also apply for additional funding provided by the City of Monash, to assist with support while attending the program, for more information and application forms, contact the Coordinator.

- 1. Name of CHILD:..... **MALE or FEMALE (circle)**
- 2. Child Child Care Benefit CRN: _ _ _ _ _
- 3. Date of Birth (D.O.B):..... 4. Grade:.....
- 5. Full name of PARENT/GUARDIAN #1:.....
#2.....
- 6. Name of PARENT claiming CCB:..... D.O.B:.....
- 7. Family Child Care Benefit CRN: _ _ _ _ _
- 8. Address:.....
.....
- 9. Home Telephone number:.....
- PARENT #1 mob:..... PARENT #1 business:.....
- PARENT #2 mob:..... PARENT #2 business:.....
- 10. Name of person usually collecting child:.....
Name of persons with permission to collect child: eg siblings, grandparents:.....
.....
- 11. Do any custody restrictions apply to this CHILD?.....
(if YES, you must present official documents and give details to support the claim)
- 12. EMERGENCY CONTACT #1:..... relationship to child:.....
Telephone:..... Or
- EMERGENCY CONTACT #2:..... relationship to child:.....
Telephone:..... Or
- 13. Doctor's Name:..... Telephone:.....
- 14. Will the child require regular medication whilst at the program? **YES NO (circle)**
(IF YES, CHILD MEDICATION FORM NEEDS TO BE OBTAINED FROM THE COORDINATOR)
- 15. Is your child **ALLERGIC** to any medications, foods, drinks etc? **YES NO (circle)**
If YES please specify:.....
.....
- 16. Does your child need to do **HOMEWORK** while in the program? **YES NO (circle)**
If YES, how often and for how long?.....
- 17. OTHER: eg nicknames, hobbies, interests:.....
.....
.....

SHOULD ANY INJURY OR SERIOUS ILLNESS BE SUFFERED BY MY CHILD/REN I GIVE PERMISSION FOR MEDICAL ATTENTION TO BE SOUGHT AND ACCEPT THE FINANCIAL LIABILITY FOR SUCH ACTION.

18. Ambulance Subscription number:.....

19. Medicare Number:.....

I FURTHER AGREE THAT I MAY BE CHARGED AT \$1.00 PER MINUTE FOR LEAVING MY CHILD AT THE PROGRAM OUTSIDE OPERATING HOURS.

I HAVE RECEIVED AND READ THE OUTSIDE SCHOOL HOURS CARE HANDBOOK

I HAVE READ THE OUTSIDE HOURS SCHOOL CARE BEHAVIOUR MANAGEMENT POLICY AND AGREE TO ITS TERMS AND WILL COOPERATIVELY WORK WITH THE COORDINATOR AND PRINCIPAL IF ANY ISSUES MAY ARISE

I UNDERSTAND THAT ALL PERSONAL/CONFIDENTIAL INFORMATION WILL BE STORED ACCORDINGLY WITH THE REGULATIONS SET BY THE PRIVACY LEGISLATION

I UNDERSTAND THAT “SIGNING IN” AND “SIGNING OUT” MY CHILD/REN IN THE ATTENDANCE RECORD LOCATED IN THE OSHC ROOM IS A REQUIREMENT WHEN ATTENDING ALL PROGRAMS

I HAVE READ THE OSHC PG VIEWING POLICY AND AGREE TO ITS TERMS

I UNDERSTAND THAT THE SERVICE IS NOT HELD RESPONSIBLE FOR ANY LOSS OR DAMAGE OF ELECTRONIC GAMES AND MOBILE PHONES AS THEY ARE NOT ALLOWED INSIDE THE PROGRAM

I GIVE PERMISSION FOR THE OSHC PROGRAM TO TAKE PHOTOGRAPHS OF MY CHILD/REN SPENDING TIME AT THE PROGRAM FOR DISPLAY PURPOSES ONLY.

I, THE UNDERSIGNED DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND GIVE PERMISSION FOR MY CHLD TO ATTEND THE SYNDAL SOUTH PRIMARY OUT OF SCHOOL HOURS CARE PROGRAM AS ARRANGED. I DO NOT HOLD THE SYNDAL SOUTH PRIMARY SCHOOL COUNCIL OR ANY OF ITS PERSONNEL RESPONSIBLE FOR ANY INJURY OR ILLNESS TO MY CHILD/REN OR FOR ANY LOSS OR DAMAGE TO PROPERTY THAT MAY BE INCURRED DURING THE PROGRAM.

DATE:..... SIGNED PARENT/GUARDIAN #1.....

DATE:..... SIGNED PARENT/GUARDIAN #2.....
