

OUT OF SCHOOL HOURS CARE PROGRAM
ENROLMENT FORM

The Out of School Hours Care Program operates between 7.15 – 8.45am and 3.30 – 6.30 pm every day of the school year unless otherwise advised. Vacation Care operates during the school holidays for Terms 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 children 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 & application forms contact the Coordinator.

A ONCE ONLY MAINTENANCE LEVY OF \$5.00 per child WILL BE CHARGED UPON ENROLMENT, WHEN FIRST ACCOUNT ISSUED.

1. NAME OF CHILD:..... please circle MALE or FEMALE

2. D.O.B: ..... 3. GRADE.....

4. FULL NAME OF PARENT/GUARDIANS #1.....

5. #2.....

6. ADDRESS:.....

7. HOME TELEPHONE NUMBER: .....

8. PARENT #1 BUSINESS..... MOBILE:.....

PARENT #2 BUSINESS..... MOBILE: .....

7. NAME OF PERSON USUALLY COLLECTING CHILD:.....

NAME OF PERSON/S WHO ALSO HAVE PERMISSION TO COLLECT THE CHILD: eg siblings, grandparents

8. DO ANY CUSTODY RESTRICTIONS APPLY TO THIS CHILD?..... IF YES, YOU must present official documents, give details

9. EMERGENCY CONTACT #1:..... Relationship to child.....

TEL..... or .....

EMERGENCY CONTACT #2:..... Relationship to child.....

TEL..... or .....

10. DOCTOR'S NAME:..... TEL:.....

11. WILL CHILD REQUIRE REGULAR MEDICATION WHILST AT THE PROGRAM? Y/N

IF YES, CHILD MEDICATION FORM NEEDS TO BE OBTAINED FROM THE COORDINATOR

12. IS YOUR CHILD ALLERGIC TO ANY MEDICATIONS, FOOD OR DRINKS? Y/N

IF YES PLEASE SPECIFY.....

13. DOES YOUR CHILD NEED TO DO THEIR HOMEWORK WHILE AT O.S.H.C

If so how often and for how long.....

I, the undersigned, declare that the above information is true and correct and give permission for my child to attend the Syndal South Primary School 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; or for any loss or damage to property that may be incurred during the Program.

Should any injury or serious illness be suffered by my child, I give permission for medical attention to be sought and accept the financial liability for such action.

AMBULANCE SUBSCRIPTION No..... MEDICARE No.....

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 an Out of School Hours Care Parent Handbook.

I have read the Out of School Hours Care Discipline Policy and agree to its terms. And will cooperatively work with the Coordinator & 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 Act (see Parent Handbook) and will only be available to the Coordinator.

I understand that "signing in" and "signing out" my child/ren in the attendance record located in the o.s.h.c. room, is a requirement when attending all programs.

I have read the Out of School Hours Care P.G. Viewing Policy and agree to its terms.

I understand that the Service is not held responsible for any loss or damage of electronic equipment (eg. gameboys) or mobile phones that belong to the children, and these items are the children's responsibility while at the service.

I give permission for the o.s.h.c. program to take photographs of my child/ren spending there time at the program for display purposes only.

I give permission for the o.s.h.c. program to display my families contact phone numbers and emergency numbers on the attendance sheets to ensure up to date information is stored and to assist with emergency procedures.

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

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