

NORTHCOTE PRIMARY SCHOOL - 9489 0347

2009

ENROLMENT FORM – BEFORE AND AFTER SCHOOL CARE PROGRAM

**THE FOLLOWING INFORMATION IS CONFIDENTIAL**

1. PARENTS/GUARDIAN DETAILS

First Name: <input type="text"/>	Surname: <input type="text"/>	D.O.B: / /
Address: <input type="text"/>		
<input type="text"/>		
Occupation: <input type="text"/>		
Phone: (H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>

2. PARENTS/GUARDIAN DETAILS

First Name: <input type="text"/>	Surname: <input type="text"/>	D.O.B: / /
Address: <input type="text"/>		
<input type="text"/>		
Occupation: <input type="text"/>		
Phone: (H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>

ACCOUNT DETAILS

(Tick please)

PARENT/GUARDIAN 1  OR PARENT/GUARDIAN 2

CULTURAL INFORMATION

Principal language spoken at home:

Relevant cultural details eg. Foods, activities etc:

EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO COLLECT YOUR CHILD  
(Maximum of 30 minutes from the service)

Name:	Phone:(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>
Name:	Phone:(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>
Name	Phone:(H) <input type="text"/>	(W) <input type="text"/>	(M) <input type="text"/>

## CHILD DETAILS

FIRST NAME:  SURNAME:

CHILD RESIDES WITH (please circle)

Both Parents

Mother

Father

Guardian

AGE:  DATE OF BIRTH:  MALE:  FEMALE:

SCHOOL:  GRADE:  TEACHER:

## CUSTODY DETAILS

Are 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.

## MEDICAL INFORMATION

Does your child suffer from any medical condition that our program staff should be aware of? If yes give details

Allergies:

Medical Allergies:

Medical Conditions:

Other:

Asthma: YES  NO

Asthma Medication/Treatment:

Has your child been immunised? YES  NO

Have you provided a Medical Management Plan? 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:

**FEES**

Have you applied for Child Care Benefit? YES  NO   
(If yes, please provide relevant information)  
(CRN = Customer Reference Number for Child Care Benefit)

Please indicate which parent is claiming CCB:            1            or            2            (please circle)

Parent/Guardian CRN1:

Parent/Guardian CRN2:

Child CRN:

**TICK THE DAY/S YOUR CHILD WILL BE ATTENDING THE PROGRAM**

**BEFORE CARE**

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY     CASUAL

**AFTER CARE**

MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY     CASUAL

**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: