Prospect Primary School – Out of School Hours Care
Enrolment Form

Confidential: Restricted Access

CHILD			
First Name:		Family Name:	
Known as:		Gender:	M F
Date of Birth:	/ /	CRN:	
Street Address: Suburb: Postcode:			
Primary Language spoken at home:			
Do you identify as Aboriginal or Torres Strait Islander?		Y N	
School:			

ACCOUNT HOLDER (FOR BILLING PURPOSES)			
First Name:		Family Name:	
Date of Birth:	/ /	CRN:	
Relationship to Child:			
Street Address: Suburb: Postcode:			
Email:			

Are there any parenting orders OSHC should be aware of? Attach any additional info if necessary.

PARENTS/GUARDIANS			
Contact Priority 1			
First Name:		Last Name:	
Relationship to Child:			
Phone: Mobile		Phone: Home	
Phone: Work		Phone: Other	
Street Address: Suburb: Postcode:			
Contact Priority 2			
First Name:		Last Name:	
Relationship to Child:			
Phone: Mobile		Phone: Home	
Phone: Work		Phone: Other	
Street Address: Suburb: Postcode:			

COLLECTION PRIORITIES/EMERGENCY CONTACTS			
Contact Priority 3			
First Name:		Last Name:	
Relationship to Child:			
Phone: Mobile		Phone: Home	
Phone: Work		Phone: Other	
Street Address: Suburb: Postcode:			
Contact Priority 4			
First Name:		Last Name:	
Relationship to Child:			
Phone: Mobile		Phone: Home	
Phone: Work		Phone: Other	
Street Address: Suburb: Postcode:			

HEALTH AND MEDICAL INFORMATION			
Immunisations			
Has the child received all immunisations appropriate for his/her age?		Y	N
If no, please give details:			
Has the child receives these specific immunisations?		10-13 years	12-18 years
	Hepititis B	Y N	Y N
	Varicella (chickenpox)	Y N	Y N
	Human Papillomavirus (HPV)	Y N	Y N
I accept full responsibility if my child is not immunised: Parent/Guardian Signature:			
Medical Conditions			
Has the child any medical conditions that may be affected by OSHC activities?		Y	N
If yes, please give details:			
Disabilities			
Has the child any disabilities?		Y	N
If yes, please give details:			
Special Needs			
Has the child any special needs?		Y	N
If yes, please give details:			
Dietary Needs			
Has the child any special needs?		Y	N
If yes, please give details:			
Allergies			
Has the child any allergies?		Y	N
If yes, please give details:			

Is there any other medical information we might need to know?			
Note: Please supply the service with required medications in original containers with the child's name clearly marked. Please also supply an accompanying action plan written and signed by a doctor outlining the administrative requirements.			
Usual Medical Attendant			
Doctors Name:		Phone:	
Clinic Name:		Address:	

Consents:

- I give permission for my child to participate in supervised walks/visits to the local shop etc. as part of the OSHC program.
- I consent for OSHC staff to call an ambulance to transport my child to the local hospital in circumstances that deem it necessary for my child's health and safety.
- I consent for OSHC staff to supply sun block to my child to apply when required.
- I consent for OSHC staff to exchange information relating to my child with school staff and appropriate persons (i.e. an emergency situation – special needs for my child). I understand that this information will be handled confidentially.
- I consent for my child to be photographed and for their image and work to be published in OSHC letters, booklets and newsletters.

Agreements:

- I am aware of and agree to comply with the services policies and procedures.
- I am aware of and agree to comply with the services booking and cancellation policy, where I will provide the service 48 hours' notice of a cancellation for BSC, ASC, Vacation Care and Pupil Free Days.
- I am aware of the penalty rates that will be applied if I do not comply with the booking and cancelation policy.
- I am aware of the penalty rates that will be applied if I collect my child after 6.15pm.
- I am aware and agree to comply with the services payment policy, where I will pay the required fees of my child's care within 14 days of receiving the invoice.
- I understand debt collection procedures will commence if I do not pay the required fees, including but not limited to my child being denied access to the service until outstanding feeds are paid.

Name: _____

Sign: _____ Date: _____