



# OUT OF SCHOOL HOURS CARE SERVICE ENROLMENT FORM

Please submit one enrolment form per child.

The information you provide will be used to process your application and will be available to supervising staff only.

Information provided by you will be kept confidential

Please return this completed form to:  
 St Aloysius College  
 53 Wakefield Street  
 ADELAIDE SA 5000  
 Email: oshc@sac.sa.edu.au

## Child's Details

Family Name:		Given Name/s:	
Child's Preferred Name: (What would you like us to call your child?)			
Gender:		Date of Birth :      /      / 20	
Year Level:		Home Class:	
Residential Address:			Postcode:
Child's CRN (Centrelink Reference Number): (Must be 9 numeric digits followed by 1 alpha character)			
Cultural Background:			
Does the child speak a language other than English at home?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If 'Yes' above, what other language does the child speak?			

## Booking Details

Please indicate your required OSHC Service bookings below:

Before School Care					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	
After School Care					
Odd Weeks:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Even Weeks:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Proposed Start Date:	/	/	/ 20	This is an ongoing permanent booking:    Yes    No	



Declaration

I/We understand the need to provide the names and contact details of the emergency contacts/collection authorities (on the previous page) and that they have been made aware of their nomination.

	Parent/Caregiver 1	Parent/Caregiver 2
Signature:		

### Other Nominated Collection Authorities

Please provide the names and contact details of anyone else you authorise to collect your child. Please note that collection authorities must be 16 years of age or older. It is very important that you inform these people that you have nominated them as a unique PIN code

Does your child require any special provisions/routine health care needs to be met (eg – medication, disabled access) ? Please provide details in the space below.	Yes No
Does your child have any special dietary requirements? Please provide details in the space below.	Yes No
Does your child usually require aids or equipment? Please provide details in the space below.	Yes No
Is there any other medical and/or health information we might need to know? Please provide details in the space below.	Yes No

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## Declarations and Permissions

- 1) I/We agree and accept the policies and rules of \_\_\_\_\_ service.
- 2) I/We consent for our child using all facilities at St Aloysius College.
- 3) I/We consent for OSHC educators to \_\_\_\_\_ administer first aid to my/our child if the need arises.
- 4) In the event of accident or illness, I/we authorise OSHC staff to obtain all necessary medical assistance and treatment for my/our child and agree to meet any expenses attached to such treatment and \_\_\_\_\_ associated transport.
- 5) I/We consent for an OSHC educator to give my/our child assistance \_\_\_\_\_, if needed, to change soiled or wet clothing.
- 6) I/We acknowledge that my/our child will not attend the S \_\_\_\_\_ service if she is suffering from an infectious or communicable disease, as identified by the Department of Health.
- 7) I/We agree to notify the \_\_\_\_\_ Service in writing of any changes to details on this form, including regular bookings.
- 8) I/We understand that the Service \_\_\_\_\_ reserves the right to vary and update its policies.
- 9) I/We agree to pay for all the days my/our child is booked into the Service.
- 10) The information I/we have provided is true and correct, and I/we have provided Centrelink with this same information.
- 11) I/We understand that if any details provided \_\_\_\_\_ by me/us are incorrect, then \_\_\_\_\_ full fees are payable to the Service until the details are updated \_\_\_\_\_ by Centrelink.
- 12) I/We acknowledge that, except as otherwise expressly required by law, the Service \_\_\_\_\_ does not accept any liability for personal injury, property damage or loss sustained by any \_\_\_\_\_ participant as a result of participation at the S \_\_\_\_\_ service due to any cause whatsoever unless caused by the proven negligence of the S \_\_\_\_\_ service or employees.
- 13) I/We certify that the information provided on this form is true to the best of my/our knowledge and I/w \_\_\_\_\_ e undertake to inform the service if any of this information changes \_\_\_\_\_.

Parent/Caregiver 1 Signature:	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parent/Caregiver 2 Signature:	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>