

ST RAPHAEL'S OOSH

2017 RE-ENROLMENT FORM

82 George Street SOUTH HURSTVILLE
 Postal Address: PO Box 242 SANS SOUCI
 NSW 2219
 Phone: 0400 119 971
 Email: straphaelsoosh@hotmail.com
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Child Details

1st Child's Surname: _____ Child's First Name: _____
 Date of Birth: _____ / _____ / _____ Class at School: _____

2nd Child's Surname: _____ Child's First Name: _____
 Date of Birth: _____ / _____ / _____ Class at School: _____

3rd Child's Surname: _____ Child's First Name: _____
 Date of Birth: _____ / _____ / _____ Class at School: _____

Enrolment Details

Please circle Care type: Permanent / Casual

Days of attendance: Please mark with a tick

Please Note: Before School Care is held at OOSH at SGCS

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Please specify any special care details e.g. alternate weeks of care/ casual care:

Parent/ Guardian Details

Surname: _____ First Name: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address: _____ Occupation: _____

Work Name and Address: _____

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Details

Surname: _____ First Name: _____

Other name/s parent is known by: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address: _____ Occupation: _____

Work Name and Address: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

Primary Parent/ Guardian Details

Surname: _____ First Name: _____

Other name/s parent is known by: _____

Best Contact Phone: _____ Second Contact Phone: _____

Parent/ Guardian Details

Surname: _____ First Name: _____

Other name/s parent is known by: _____

Best Contact Phone: _____ Second Contact Phone: _____

Authority to Collect/ Emergency Contacts

Please list at least one person (other than custodial parents) authorised to collect your child and at least two people that we may contact if we cannot locate you in an emergency:

Contact 1

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Contact 2

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Contact 3

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect: YES [] / NO []

Authority to authorise an educator to administer medication YES [] / NO []

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Permission Forms

Consent to administer sunscreen

My child is allergic to a certain sunscreen/insect repellent

If yes, please state the brand name _____

YES []/NO []

YES []/NO []

Consent to administer/apply first aid/ medical

I/We provide permission for St Raphael's OOSH educators to apply:

- First Aid strips- such as bandaids

YES []/NO []

- Antiseptic cream- such as dettol

YES []/NO []

- One dosage only of Panadol in the event of a child's body temperature rising above 37.5°C

YES []/NO []

Any concerns, please specify _____

- Acknowledge that my child will not attend the Centre if suffering from an infectious or contagious disease

YES []/NO []

Leave the premises

I/We provide permission for St Raphael's OOSH educators to remove my child from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my child to participate in organised fire drills.

YES []/NO []

I /We give permission for my child to be walked or use other forms of transport on excursion outings and to and from school to the Centre.

YES []/NO []

Parent/Guardian Signature: _____

Date: _____

Privacy Permission

I/We provide permission for St Raphael's OOSH:

To take and use photographs of my child to use in any displays within the service

YES []/NO []

To take photographs of my child to be used to observe/report on my child

YES []/NO []

To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions.

YES []/NO []

I/We understand that all information will be treated confidentially, and that my child's full name will not be disclosed with any photography, and that I may exclude any of the specific permissions provided in the above list. YES []/NO []

Medical Emergency

In the case of an accident or emergency including every effort will be made to contact the parent/guardian immediately.

In the event that my child requires medical attention including dental emergencies.

I/We authorise the employees at St Raphael's OOSH to obtain/provide medical assistance, and agree to pay any medical/transport cost incurred, including ambulance.

YES []/NO []

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Child participation

I/We understand that all due care will be taken by St Raphael's OOSH and that the service or educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the Before School Care, After School Care and Vacation care program unless caused by the proven negligence of St Raphael's OOSH educators

YES [] / NO []

I/We the undersigned, approve of my child/ren's involvement in St Raphael's OOSH program

YES [] / NO []

I/We give permission for my child/ren to participate in Centre-based activities organised for the days my child will be attending

YES [] / NO []

I/We understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the Centre

YES [] / NO []

I/We agree that the information I/We have provided on this form is correct

YES [] / NO []

I/We have read the handbook and agree with and understand that I/we must abide by all policies/ procedures and Centre daily functioning rules

YES [] / NO []

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Payment Agreement

Fee Payment

- I/We acknowledge that a session fee is payable for each session in which my child is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my child.
- I/We acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence for illness/holidays or for any other reasons.
- I/We acknowledge that if fees are not paid on time then my child's enrolment at St Raphael's OOSH will be terminated.
- I/We understand that fees charged may be changed/increased during the time my child is enrolled in care.
- I/We acknowledge that if I decide to withdraw my child from the Centre then I/we will provide two weeks written notice of my intention, and I agree to pay all monies outstanding prior to the withdrawal of my child.
- I/We acknowledge that all fee payments are paid via Ezi Debit.
- I/We understand that failure to regularly pay our fees on time will result in our account being referred to a debt collector where further fees will be incurred.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____