

My child/ren are currently enrolled at St Raphael's OOSH for care in 2016. I wish to re-enrol my child/children in care for 2017.

I have completed the following form as **my contact information and emergency information are still correct.** I understand if any information requires updating, I will need to complete a Re-Enrolment Form 2017- Information Change.

Frurther information is also available at www.straphaelsoosh.com.au

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
Website: www.straphaelsoosh.com.au

Parent/ Guardian Details

Surname: _____ First Name: _____
Address: _____ Postcode: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email Address: _____
Parent/Guardian Signature: _____ Date: _____

Child Details

Child's Surname: _____ Child's First Name: _____
Gender: Male [] / Female [] Date of Birth: ____/____/____

Child's Surname: _____ Child's First Name: _____
Gender: Male [] / Female [] Date of Birth: ____/____/____

Child's Surname: _____ Child's First Name: _____
Gender: Male [] / Female [] Date of Birth: ____/____/____

Enrolment Details

Please circle Care type: Permanent/ Casual

Days of attendance: Please tick required days

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

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

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 service. 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 a accident or emergency including, every effort will be made to contact the parent/guardian immediatley. In the event that my child requires medical attention including dental emergencies, I/we authorise the employess at St Raphael's OOSH to obtain provide medical assistance, and agree to pay any medical/transport cost incurred, including ambulance. YES [] / NO []

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 []

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 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 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: _____