



Flemington Primary School

OUTSIDE SCHOOL HOURS CARE PROGRAM

Mt Alexander Road (PO Box 7), Flemington 3031
Telephone: 0412 250 131 / Facsimile: 9376 2230

CHILD'S SURNAME FIRST NAME

ADDRESS

..... POSTCODE

DATE OF BIRTH MALE / FEMALE GRADE

PARENTS/GUARDIAN INFORMATION

ADULT A

Name Relationship to Child

Phone (H) (W) (M)

Occupation

ADULT B

Name Relationship to Child

Phone (H) (W) (M)

Occupation

DAYS YOUR CHILD WILL BE ATTENDING

After Care (Please tick)

Commencement date to 200_

Monday	Tuesday	Wednesday	Thursday	Friday	OR	Casual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Before Care (Please tick)

Commencement date to 200_

Monday	Tuesday	Wednesday	Thursday	Friday	OR	Casual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD

(Must be within 30 minutes from service and over 16 years of age)

Name Phone (H) (W) (M)

Name Phone (H) (W) (M)

Name Phone (H) (W) (M)

ACCOUNT INFORMATION

Do any of your children attend another form of approved child care other than this program ie. Family Day Care, Child care Centre. If so how many children?

Have you applied for Child Care Benefit? YES / NO

Child CRN Number

CRN = Child Reference Number for Child Care Benefit)

CULTURAL INFORMATION

Principal language spoken at home

Relevant cultural considerations eg. Religion, family celebrations, foods, activities, etc.

MEDICAL INFORMATION

Does your child suffer from any medical condition that our program staff need to be aware of? eg. Asthma, ADHD, food allergies etc. YES NO

If YES please give details

Is any ongoing medication/treatment required? YES NO

If YES please give details

Child's Doctor's Name Phone

Address Medicare Number

I give permissions for my child to have 30+ sunscreen applied to my child as per the School Sunsmart Policy

YES / NO

FAMILY INFORMATION

Who does the child reside with?

Both parents Mother Father Guardian

Are there special access/custody arrangements? YES NO

If YES please give details

Please Note: If a court order exists please provide this information to the Co-ordinator

PLEASE READ CAREFULLY AND SIGN

I, the undersigned, approve of the above enrolment and agree to abide by the rules and conditions of the Out of School Hours Care program and meet any costs incurred. I authorise Flemington Primary School staff, 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 responsibly for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves 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 program 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, wither an authorised person or myself shall collect the child as soon as practical.

Flemington Primary School uses enrolment forms to collect personal information for the purpose of service enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to nay other party except as required by law. You are able to amend or correct information on request to Flemington Primary School staff.

Parents/Guardian Signature Date