ENROLMENT FORM

OUT OF SCHOOL CHILD CARE
RAMSHAW PLACE,
P.O. BOX 50
GERALDTON WA 6531
Phone: (98) 9921 6768   Fax: (08) 9964 2634

CHILDREN’S NAMES

1. ________________________ Address: ______________________________________
2. ________________________ Address: ______________________________________
3. ________________________ Address: ______________________________________
4. ________________________ Address: ______________________________________
5. ________________________ Address: ______________________________________
ENROLMENT FORM
THE FOLLOWING INFORMATION IS CONFIDENTIAL

Parent/Guardian Details
Name of Parent/Guardian/Mother: _________________________ Home Ph: _____________________
DOB: _________________________ CRN: _________________________
Home Address: _________________________________________________
Postal Address: _________________________________________________
Place of work or study: _________________________ Phone: _________________________ Mobile: _________________________
Work Address: _________________________________________________
Email Address: _________________________________________________

Name of Parent/Guardian/Father: _________________________ Home Ph: _________________________
DOB: _________________________ CRN: _________________________
Home Address: _________________________________________________
Postal Address: _________________________________________________
Place of work or study: _________________________ Phone: _________________________ Mobile: _________________________
Work Address: _________________________________________________
Email Address: _________________________________________________

Are there any court orders affecting custody or access to the child/ren?  
☐ Yes  ☐ No
Give details and provide staff with a copy of relevant documents:
____________________________________________________________________________

If the above contacts are authorised to deliver/collect child to/from OSCCA, and/or to be the emergency contact person, please stipulate in the following areas.

Persons authorised to deliver/collect child to/from OSCCA
Name: _________________________________________________ Relationship to child: _________________________
Home Ph: _________________________ Work Ph: _________________________ Mobile: _________________________
Name: _________________________________________________ Relationship to child: _________________________
Home Ph: _________________________ Work Ph: _________________________ Mobile: _________________________
Name: _________________________________________________ Relationship to child: _________________________
Home Ph: _________________________ Work Ph: _________________________ Mobile: _________________________

Emergency contact persons (other than Parent/Guardian)
Name: _________________________________________________ Relationship to child: _________________________
Home Ph: _________________________ Work Ph: _________________________ Mobile: _________________________
Name: _________________________________________________ Relationship to child: _________________________
Home Ph: _________________________ Work Ph: _________________________ Mobile: _________________________
Home Ph: __________________ Work Ph: __________________ Mobile: ________________ 
Name:___________________________________________________________________________ 
Home Address: __________________________________Relationship to child: 
Home Ph: __________________ Work Ph: __________________ Mobile: ________________ 

**Children's Details**

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<tr>
<th>Full name (surname first)</th>
<th>M/F</th>
<th>Age</th>
<th>Date of Birth</th>
<th>CRN</th>
<th>School</th>
<th>Year</th>
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**Medical Details**

Please give details of any medical conditions the child/ren have which staff should be aware of. For example, medical conditions/medication, allergies, dietary needs etc

Child’s name: ____________________
Child’s name: ____________________
Child’s name: ____________________
Child’s Medical Practitioner: ____________________ Phone: ____________________

The Centre is unable to care for children who are sick or have contagious illnesses. Medicines or tablets will only be administered to children by staff when written authorisation form has been completed.

**Immunisation Details: (please complete attached form)**

**Accident And Emergency**

IN THE EVENT OF AN ACCIDENT OR SERIOUS ILLNESS, I AUTHORISE THE OBTAINING OF SUCH MEDICAL ASSISTANCE THAT MY CHILD/REN MAY REQUIRE INCLUDING BEING TRANSPORTED BY AMBULANCE/PRIVATE VEHICLE. I AGREE TO MEET ANY EXPENSE ATTACHED THERETO.

SIGNATURE: ____________________ DATE: ____________________

**Transport**

I GIVE PERMISSION FOR MY CHILD/REN TO TRAVEL BY COMMUNITY EDUCATION CENTRE VEHICLES/Bus OR BY HIRE VEHICLES/Bus OR BY TAXIS FOR EXCURSIONS OR PICK UP AFTER SCHOOL.

SIGNATURE: ____________________ DATE: ____________________

**Photo Permission**

I DO/DO NOT GIVE PERMISSION FOR MY CHILD/REN TO BE PHOTOGRAPHED FOR PROMOTIONAL/CENTRE USE.

SIGNATURE: ____________________ DATE: ____________________
Excursions and Activities

It is the responsibility of parents to familiarise themselves with the activity programme and inform staff in writing if there are any activities or excursions which they do not want their child/ren participating in.

Fees

Fees must be paid one (1) week in advance for Casual Bookings and two (2) weeks in advance for Permanent Bookings. Accounts are to be settled in full within these trading terms. Failure to do so will result in your debt being referred to a collection agency and enrolment refusal until the debt is cleared. Should the debt be referred to a collection agency, you may be liable for all the collection fees or court costs associated with the recovery of outstanding monies.

If you are having financial difficulties please discuss this with the Finance Manager by calling 9921 4477 immediately.

Casual Bookings require 24 hours notice to cancel and Permanent Bookings require one (1) week’s notice to cancel or fees will be charged.

All fees are made variable when families are entitled to Child Care Benefits. (Ask staff for details).

Additional Fees

Children must be collected by 6.00pm and a penalty fee of $10.00 will be charged per family for every 15 minutes or part thereof that children are left at the Centre after 6:00pm. Please phone to advise staff when you are going to be late.

PARENT STATEMENT

I HAVE READ THE ENROLMENT FORM IN ITS ENTIRETY AND UNDERSTAND MY OBLIGATIONS. ALL INFORMATION I HAVE PROVIDED IN THIS ENROLMENT FORM IS TRUE AND CORRECT.

SIGNATURE: ______________________________ DATE:__________________

Parent Information and Updates

RE-SIGN AND DATE HERE

____________________________________________  _____/_____/_____

____________________________________________  _____/_____/_____