WELCOME TO WULGURU OUTSIDE SCHOOL HOURS CARE

Please return this form to OSHC or the Front Office

Contact us on 4729 1833 / 0458 012 047 or email wulguruoshc@hotmail.com
# Wulguru Outside School Hours Care
## Enrolment Form

All information on this form will be treated as STRICTLY CONFIDENTIAL.

Where necessary, documents to verify the below information will be asked to be sighted by the Coordinator.

### Parent/Guardian Details

**Mother/Guardian 1**

- Name: _____________________________________________________________________
- Address: ____________________________________________________________________
- Home No: ___________________________ Mobile No: ______________________________
- Work No: ___________________________ Occupation: _____________________________
- Occupation Address: __________________________________________________________
- Main Language Spoken at Home: __________________ Nationality: __________________
- Permission to Collect: Y / N DOB: ________________ CRN: ________________________
- Email: ____________________________________________________________________

Account Holder: [ ] Please Tick

**Father/Guardian 2**

- Name: _____________________________________________________________________
- Address: ____________________________________________________________________
- Home No: ___________________________ Mobile No: ______________________________
- Work No: ___________________________ Occupation: _____________________________
- Occupation Address: __________________________________________________________
- Main Language Spoken at Home: __________________ Nationality: __________________
- Permission to Collect: Y / N DOB: ________________ CRN: ________________________
- Email: ____________________________________________________________________

Account Holder: [ ] Please Tick
Emergency Contacts
(Other than parents)

Contact 1

Name: ____________________________________________
Address: ____________________________________________
_______________________________________________________________________
Phone No: ____________________________ Mobile No: __________________________
Relationship to Child: ____________________________ Authorised to collect YES / NO

Contact 2

Name: ____________________________________________
Address: ____________________________________________
_______________________________________________________________________
Phone No: ____________________________ Mobile No: __________________________
Relationship to Child: ____________________________ Authorised to collect YES / NO

Parenting Orders

Who has long term decision making responsibility of the child/ren?
Joint  □  Mother  □  Father  □  Guardian  □
Is there any Court orders?: ____________ Copy provided:  YES  NO
Is anyone legally denied access to child/ren?: _________________________________________
Please list any other special family circumstances, emotional concerns or considerations?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
# Children Booking Form

I ___________________________ wish to book the below Children into *Wulguru Outside School Hours Care*.

<table>
<thead>
<tr>
<th>Child Details</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td>/ /</td>
<td>CRN</td>
</tr>
<tr>
<td>Year level at School</td>
<td></td>
<td>Male / Female</td>
</tr>
<tr>
<td>Nationality</td>
<td></td>
<td>Main Language Spoken</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td>Cultural Background</td>
</tr>
</tbody>
</table>

## Permanent Booking

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>BSC</td>
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<td>VAC</td>
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</tbody>
</table>

Does your child have any of the following?

- Asthma ☐
- Seizures ☐
- Allergies ☐
- Others ☐

Please give Details if Yes: ____________________________________________________

Does your child take prescribed medication on a regular basis?

- Yes ☐
- No ☐

Please give Details if Yes: ____________________________________________________

Does your child have a disability or special needs?

- Yes ☐
- No ☐

Please give Details if Yes: ____________________________________________________

Does your child have any special dietary requirements?

- Yes ☐
- No ☐

Please give Details if Yes: ____________________________________________________

Anything else that can assist our staff:

_________________________________________________________________________
_________________________________________________________________________
Medical Information

Medicare No: ______________________________ Doctor: ______________________________
Phone No: _____________________________ Medical Centre: __________________________

Consent Statement

- I consent to my child/ren to participate in the program.
- I understand that a separate permission form will need to be signed for each excursion or activity for which consent is required.
- I acknowledge that it is my responsibility as a parent/caregiver to advise the centre if my child/ren will be absent from a booked session.
- I acknowledge that the centre will not accept responsibility unless a parent/guardian signs in children attending.
- I understand that I must notify OSHC staff if an unauthorised person will be collecting my child.
- I agree fees are to be paid weekly, unless otherwise agreed by Management/Coordinator.
- I acknowledge that if my child/ren are not collected from Wulguru Outside School Hours Care by closing time that I will incur a late fee penalty as per specified in the policy/parent handbook.
- I understand that unacceptable behaviour of my child/ren may result in early collection, and may eventually lead to suspension/expulsion.
- I have read and agree with the centre’s Behaviour Plan Agreement and understand the consequences for my child/ren’s actions.
- I am aware of the centre’s Policies and Procedures and agree to all policies.
- I understand that I am financially responsible for any willful damage of equipment or property by my child/ren.
- I agree that all prescribed medicine will only be administered by staff when a medication form is completed with the relevant information.
- I agree that in the event of a sudden illness or accident, if I or the emergency contact, cannot be contacted, the Coordinator in charge shall have the discretionary power to seek immediate medical attention. In the event of my child receiving injuries requiring urgent medical treatment, I agree to pay all medical costs incurred on behalf of my child/ren.
- I understand that the centre will notify me immediately if my child is sick, and I will arrange for the child/ren to be picked up from the centre immediately.

I give permission for my child/ren’s photo to be taken and used at the service. Yes ☐ No ☐
I give permission for my child/ren’s photo to be taken and used for media releases. Yes ☐ No ☐
I give permission for the application of sunscreen. Yes ☐ No ☐

Name ___________________ Date ___________ Signature ___________________
Name ___________________ Date ___________ Signature ___________________