

TRINITY COLLEGE BLAKEVIEW OUT OF SCHOOL HOURS CARE AND VACATION CARE ENROLMENT FORM

CHILDREN DETAILS

Children's Full Names: (as enrolled at Centrelink)

1. _____ Sex M/F D.O.B _____ Known as _____ CRN _____
2. _____ Sex M/F D.O.B _____ Known as _____ CRN _____
3. _____ Sex M/F D.O.B _____ Known as _____ CRN _____
4. _____ Sex M/F D.O.B _____ Known as _____ CRN _____
5. _____ Sex M/F D.O.B _____ Known as _____ CRN _____

PLEASE NOTE THAT CHILD AND PARENT CRN NUMBERS ARE DIFFERENT.

PARENT/GUARDIAN DETAILS (as per registered at Centrelink)

1. Full name: _____ Relationship to child _____ CRN _____
D.O.B _____ Contact priority _____
Address: _____ Postcode _____
Postal address: (if different) _____ Postcode _____
Phone: Home _____ work: _____ mobile: _____
Email Address: _____ (I can email your accounts)
Name/Address of Workplace: _____

2. Name: _____ Relationship to child _____ Contact priority _____
Address: (if different to above) _____ Postcode _____
Phone: Home _____ work _____ mobile _____
Name/Address of Workplace: _____

CHILD ELSEWHERE: are you claiming Childcare Benefit at another Approved Child Care Service if so for how many children _____

EMERGENCY CONTACTS (If parents are unable to be contacted)

1. Name: _____ Relationship to child _____ Home phone : _____
Address: _____ Postcode _____ Work phone No: _____
Contact priority : _____ Mobile No : _____

2. Name: _____ Relationship to child _____ Home phone : _____
Address: _____ Postcode _____ Work phone No: _____
Contact priority : _____ Mobile No : _____

Other Adults authorised to collect Children: (indicate relationship to child if not shown above)

1. _____ 2. _____

CUSTODY ISSUES (if applicable)

If parents are separated/divorced: _____

Do the children have contact with other parent? _____

Is anyone legally denied access to the children? _____

If yes please provide legal documents.

MEDICAL INFORMATION

Doctor's name: _____ Phone: _____

Practice Name and Address: _____

Dentist's Name _____ Phone: _____

Practice Name and Address: _____

Medical Benefits cover with: _____ Ambulance cover with: _____

Any medical information or other relevant information regarding each child:

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Allergies					
Disabilities					
Emotional/behavioural Problems					
Special Dietary requirements					
Serious Illness					
Asthma or use of Puffers (Medical plan required)					
Any special needs					
Childs Indigenous status					
Cultural/religious Requirements					
Any allergic reactions to food or medication					
Are all immunisations up to date					
Medicare Number					

Please remember that we are unable to administer any medication without a medical plan filled out by a Medical Practitioner.

Is there any other information you feel we might need to know:

If your child/ren doesn't attend Trinity College which school do they attend?

Before School Care 6.30 - 8.30 am

ongoing booking YES/NO

Child's name	Monday	Tuesday	Wednesday	Thursday	Friday

Date of commencement: _____

After School Care 3.15 - 6.00pm (please write collection times)

ongoing booking YES/NO

Child's name	Monday	Tuesday	Wednesday	Thursday	Friday

Date of commencement: _____

If your child is in reception or year one please write below their year level and their teacher as we notify teachers that your child needs to be bought up to ASC: _____

ALL VACATION CARE BOOKINGS WILL BE TAKEN FROM WEEK 6 BY FILLING IN THE BOOKING AND CONSENT FORM GIVEN OUT WITH THE PROGRAM EACH TERM.

Do you know what After School Activities your child/ren will be participating in?

CONSENTS

- Consent is given for my child/ren to be photographed and for their image (not their name) to be displayed with in the OSHC and Vacation Care service **YES/NO**
- Consent is given for the centre staff to apply sun block to my child/ren if required **YES/NO**
- Consent is given for my child to be taken by a staff member to the local hospital or doctor's surgery in the event of a minor injury **YES/NO**
- Consent is given for my child/ren to be given general First Aid **YES/NO**
- Consent is given for my child/ren to watch PG movies at OSHC and Vacation Care at the discretion of the Director **YES/NO**
- Consent is given for my child/ren to access the Schools facilities, ovals, playgrounds, gym etc. **YES/NO**

Agreement

- I agree to pay the required fee for my child's booked Vacation Care and OSHC hours, and accept the policies and rules of the service.
- A current notice from Family Assistance Office stating my eligibility for child care benefit is required, or the standard fee will apply.
- Each child must be signed in and out each day on the Attendance Sheet.
- If an illness or accident occurs, the parent will be contacted as soon as possible. However, in the event of my child/ren requiring urgent medical treatment, I authorise the care providers and staff to obtain appropriate medical assistance and agree to pay all medical and transport costs incurred on behalf of my child/ren.
- We endeavour to keep the Trinity College OSHC and Vacation Care a happy and safe environment for children. To do so we must ask that children in our care adhere to our behavioural rules. Children who frequently exhibit unacceptable behaviour may be excluded from the program.
- The supervision and care of children is strictly limited to the hours care is provided. See handout for operating hours.
- The OSHC and Vacation Care service must be notified if my children are to be collected by someone that is not nominated on this form.
- The OSHC and Vacation Care service must be notified of any cancellations or changes to bookings **OSHC requires 24 hour notification and notification if you child is unwell therefore not attending school, and Vacation Care need 2 working days notice.**

Agreement Continued...

- The OSHC and Vacation Care service reserves the right to refuse a child access to the service on the basis of overdue or outstanding accounts.
- I will undertake to notify the service of any changes to details on this form.
- In consideration of the College providing a credit facility, I/we agree to pay any debt collectors expenses incurred, or to be incurred, and to agree to pay interest at a rate equal to the credit card rate offered by the National Bank in effect from time to time on all arrears amounts. If legal action is taken for enforcement of recovery of monies thereof this would be taken out under the jurisdiction of a court in the State of South Australia.

The Applicant hereby acknowledges and agrees that the College is entitled to undertake all and any necessary enquiries, investigations and assessments to ensure the accuracy of the information provided above; and further, that such information, as verified, may be used by the College, and any authorised agent, employee, or subcontractor engaged by the College, for the purpose of reviewing, vetting, monitoring, and if necessary, actioning the Applicant's use and performance in the operation of the Account/Credit facility, including recovery of any outstanding account balance

- I certify that all the information given on this form is true, accurate and correct.
- I further certify that I have read and agree to adhere to the policies, guidelines and rules regarding the Trinity College Blakeview Out Of School Hours Care Service.
- I have read and understood the Fee policy
- I am aware of the consequences for a non-payment of fees as agreed herein
- I am aware of the late and non-cancellation fee and will pay the requested fee if this agreement is broken

Signature: _____ Date: _____

Print Name: _____