

Enrolment Form: South Perth Out of Hours Centre Inc. 2010

(All questions must be answered in order to complete the application)

Section 1: Applicant Details *(this is the child/children attending the centre)*

Child /Children Attending Centre

Child 1

First Name			Family Name		
D.O.B.			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Age	Yrs	Months			CRN:
Street Address					
Suburb		Postcode	Name of other centres enrolled in		
Child lives with Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/>					
All immunisations completed <input type="checkbox"/> Non-immunised <input type="checkbox"/>					

My child is or will also be enrolled in the following school (Please tick)

South Perth Primary School

St Columbus Primary School

Other: (Please State)

Child 2

First Name			Family Name		
D.O.B.			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Age	Yrs	Months			CRN:
Street Address					
Suburb		Postcode	Name of other centres enrolled in		
Child lives with Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/>					
All immunisations completed <input type="checkbox"/> Non-immunised <input type="checkbox"/>					

My child is or will also be enrolled in the following school (Please tick)

South Perth Primary School

St Columbus Primary School

Other: (Please State)

Child 3

First Name			Family Name		
D.O.B.			Male <input type="checkbox"/> Female <input type="checkbox"/>		
Age	Yrs	Months			CRN:
Street Address					
Suburb		Postcode	Name of other centres enrolled in		
Child lives with Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both <input type="checkbox"/>					
All immunisations completed <input type="checkbox"/> Non-immunised <input type="checkbox"/>					

My child is or will also be enrolled in the following school (Please tick)

South Perth Primary School

St Columbus Primary School

Other: (Please State)

Please give details of any current or previous experience of childcare (Out of Hours, Grandparents, Nanny, Kindergarten or other)

Doctor's Name

Medicare #

Address

Phone

Private Health

Fund

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Section 2: Contact Details

Parent / Guardian 1 (Place a tick next to preferred emergency contact number)

First Name		Family Name	
Title Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth	
Relationship to child		CRN:	
Street Address			
Suburb	Postcode	Email address (for billing)	
Home Phone	Work Phone	Mobile Phone	
Place of Work	Language	# of children claiming CCB	

Parent / Guardian 2 (Place a tick next to preferred emergency contact number)

First Name		Family Name	
Title Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>		Date of Birth	
Relationship to child		CRN:	
Street Address			
Suburb	Postcode	Email address (for billing)	
Home Phone	Work Phone	Mobile Phone	
Place of Work	Language		

Authorised to collect child / children

First Name	Family Name
Title Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms. <input type="checkbox"/> Other <input type="checkbox"/>	Signature
Relationship to child	

Section 3: Full Disclosure

My child has a medical / social / emotion condition that requires additional information. This includes allergies. PLEASE INCLUDE BELOW ANY OTHER INFORMATION WE NEED TO KNOW

YES NO

Please enter a full written description of that condition, how it presents, what treatment or intervention has been undertaken and the outcome of that intervention.

Peanuts and tree nut products:

I am aware that some children attending S.P.O.S.C.I. are highly allergic to peanuts, tree nuts and their products. I agree to not supply my child/children any item containing peanuts or tree nuts.

Sharing of food:

I am aware that some children attending S.P.O.S.C.I. are highly allergic to certain foods. I agree to inform my child that they may not share food at S.P.O.S.C.I.

Sweets and Lollies:

I am aware that sweets and lollies contain high amounts of sugar and additives which contribute to hyperactivity and sharing issues, therefore I agree that these items will not be brought to S.P.O.S.C.I. Any items given to children during school hours will be asked to be kept in child's bag until after SPOSCI

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Section 4: Days required for Childcare (Term Time only)

7-9 am

Monday Before School
 Tuesday Before School
 Wednesday Before School
 Thursday Before School
 Friday Before School

3-6 pm

Monday After School
 Tuesday After School
 Wednesday After School
 Thursday After School
 Friday After School

Vacation Care (Booked separately)

7am to 6 pm

Section 5: Disclaimer

I wish to enroll my child/ children in the South Perth Out of School Centre Inc. program on the days specified above. I understand that S.P.O.S.C.I., its staff and volunteers will take all reasonable care of my child / children and I will not hold them responsible for any damage and or loss of property and or accident. I realise I am responsible for informing S.P.O.S.C.I. staff of any medical conditions that may affect my child/children's participation in the program.

Signature Parent/Guardian _____ Date: _____

Photographs

I do do not consent for my child/children to be photographed during the course of the activities within the grounds of S.P.O.S.C.I. or during activities to be used for promotion or publication of the centre.

Signature Parent/Guardian _____ Date: _____

Section 6: Payment Options

Please tick your choice of payment: We operate on a 14 day account policy; accounts not paid within this time frame will result in immediate loss of childcare place.

CASH
 CHEQUE (MADE PAYABLE TO: South Perth Out of School Centre Inc.)

Direct Debit <input type="checkbox"/>	
YOUR NAME	<input type="text"/>
BSB	<input type="text"/>
Account number	<input type="text"/>
AMOUNT	<input type="text"/>

Credit Card / MasterCard VISA ONLY: <input type="checkbox"/>	
Name on Card <input type="text"/>	Signature <input type="text"/>
Card Number <input type="text"/>	Expiry Date <input type="text"/>

Direct Bank Payment <input type="checkbox"/>	
BSB Account 066124	Account No. 1007 1730
Please state eldest child's first name and family name.	

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Section 7: Conditions

1. In keeping with the South Perth Out Of Hours community spirit which emphasises the importance of cooperation, sharing and appropriate behaviour; I/We acknowledge the necessity to ensure the following are prohibited by my child / children at any time during South Perth Out of Hours Centre sessions:-

- Aggressive, bullying behaviour
- Bad language or other inappropriate gestures / actions
- Not following direct instructions from South Perth Out of School Centre Staff

Failure to observe above condition may result in immediate suspension of enrolment pending management committee enquiry. Coordinator discretion will be evoked.

2. I/We have enclosed the preferred payment method (see direct debit information) for my child. Non payment of fees is subject to immediate cancelation of childcare place
3. I/We will familiarise my/ourselves with all SPOSCI policies and procedures other than written in this document
4. I/We understand that new child applications are undertaken on a one term probation period and that my agreement to pay child care fees for the full academic term, including holiday programme is not subject to adjustment because of illness or absence from the centre for any cause unless prior arrangements have been made with the centre Coordinator
5. I/We are aware that it is our responsibility to ensure a current Centrelink Income Assessment Notice is maintained for Centrelink Assistance purposes. Centrelink / JET payments are the sole responsibility of the parent, not the centre
6. I/We are willing to make other arrangements for the care of our child if requested by the centre. We regret we are unable to care for sick children or children with contagious illnesses. Medicine or tablets will only be administered to children by supervisors under written authorisation of a medical practitioner, Panadol; Nurofen etc. cannot be administered without written authorisation.
7. I/We agree that in the case of accident, illness or injury, the centre will attempt to contact us and where we cannot be contacted, medical care may be sought and given to the child and we agree to meet any expenses incurred. The medical care sought may include the calling of an ambulance and we agree to meet the expense of an ambulance. In the case of an emergency as determined by the staff at the centre, we authorise the centre to contact an ambulance and send our child/ children to hospital.
8. I/We understand a walking bus is used to bring children to the centre to and from St Columbus Primary School.
9. I/We understand that any late child collection will result in a fee being imposed. Should the child/children fail to be collected at a reasonable time; the proper authorities will be contacted.
10. I/We understand that S.P.O.S.C.I. operates a student accredited training program within the centre.
11. We agree to provide the centre immediate update of all information regarding the health of our child or any other information required by the centre.
12. The centre reserves the right to terminate this agreement immediately when, in its discretion, it considers that to do so would be in the interest of the centre, it agrees to give the parent/ guardian reasonable notice of its intention to exercise this right and will refund any payments in credit. Exemptions to reasonable notice are in the event of recognised danger to other children or staff.

Guardian Ship / Custody

Name of person(s) who has guardianship / legal custody of the child

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Parent Disclosure: The information given in the enrolment is true.

SIGNATURE:

PRINT:

Guardian 1	Guardian 1
Guardian 2	Guardian 2

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Any other Information we need to know: