

Trinity College Gawler River OSHC/VACATION CARE Enrolment Form 2012

Family Surname: _____

Children's Names	D.O.B	Gender	Class Teacher	CRN (essential for CCB & CCR)

Number of siblings in approved care elsewhere 1 2 3 4 5 (please circle)

Address of children: _____ Postcode: _____

Home Phone: _____ School children attend: _____

Enrolling Parent/Guardian Information:

Enrolling parent/guardian CRN: _____ (essential for CCB & CCR)

Name: _____ Relationship to child: _____ D.O.B _____

Address: (if different to above) _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Name and address of workplace: _____

Parent/Guardian Details:

Name: _____ Relationship to child: _____

Address: (if different to above) _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Name and address of workplace: _____

Custody Issues/Court Orders (if applicable)

If parents are separated or divorced:

Do the children have contact with both parents? _____

Is anyone legally denied access to the children? _____

****If there are court orders in place or any legal documentations relating to the custody of the children please provide a copy of this information with your enrolment****

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Medical information

Child's Name:					
Allergies					
Disabilities					
Emotional/behavioural Problems					
Special Diet					
Serious Illness					
Asthma or use of Puffers (additional forms required)					
Medications (additional forms required)					
Other Medical					
Cultural/religious requirements					
Immunizations up to date (Y or N) <i>Please supply copy of immunization records</i>					



Ambulance Cover: Yes No (please circle)

Children's Doctor: _____ Phone: _____



Emergency Contacts (if parents are un-contactable)

1) Name: _____ Relationship to child: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Name and address of Workplace: _____

2) Name: _____ Relationship to child: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____ Work: _____

Name and address of Workplace: _____

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Other Adults authorised to collect children:

1) _____ Relationship to child: _____

2) _____ Relationship to child: _____

CONSENTS

- I consent for my child to participate in supervised short walks/visits to a local park/playground/shop as part of Vacation Care. **Yes/No**
- I consent for my child to utilise the facilities at Trinity College, including playgrounds, outside courts, ovals etc. **Yes/No**
- Photographs of my child taken while at Vacation Care may be used at the discretion of the OSHC Director. **Yes/No**
- I consent for OSHC Staff to apply sunblock/insect repellent to my child if required. **Yes/No**
- I consent for OSHC Staff to administer simple first aid to my child if the need arises. **Yes/No**
- I consent for my child to be taken by an OSHC staff member to the local hospital or doctor's surgery in the event of a minor injury. **Yes/No**
- I consent for my child to watch PG rated movies and DVDs. **Yes/No**

PARENT DECLARATION: I understand that:

- I agree to pay the required fee for my child's booked OSHC/vacation care 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/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.

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- The supervision and care of children is strictly limited to the hours care is provided. See handbook for operating hours.
- The OSHC/Vacation Care service must be notified if my children are to be collected by someone that is not nominated on this form.
- Cancellation or changes to permanent bookings requires 1 weeks' notice to be given.
- THE OSHC/VACATION CARE SERVICE WILL REFUSE A CHILD ACCESS TO THE SERVICE ON THE BASIS OF OUTSTANDING ACCOUNTS OF LONGER THAN 2 WEEKS.
- 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 OSHC/Vacation Care Service.

Signature: _____ Date: _____

Print Name: _____



Email



Email Address: _____

I would like my OSHC accounts emailed Yes / No (please circle)