



**APPLICATION FORM
OUTSIDE SCHOOL HOURS CARE**

BEFORE AND AFTER SCHOOL CARE
VACATION CARE

Principal
Mr Ian Maynard

Director
Ms Linsey Moir

FAMILY CRN: _____

Parent One

Full Christian Name: _____

Surname: _____

Date of Birth: _____

Relationship to child: _____
(eg mother)

Living with child: Yes / No

Family Address: _____

Home Phone: _____

Mobile: _____

Email Address: _____

Marital Status: _____

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Hours of work from _____ to _____

Parent Two

Full Christian Name: _____

Surname: _____

Date of Birth: _____

Relationship to child: _____
(eg father)

Living with child: Yes / No

Family Address: _____

Home Phone: _____

Mobile: _____

Email Address: _____

Marital Status: _____

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone: _____

Hours of work from _____ to _____

PLEASE PROVIDE CHANGES, IN WRITING, IMMEDIATELY

EMERGENCY CONTACT

(This is someone who can come to the Centre to pick up your child if they are sick and the Centre cannot contact you)

Name: _____

Address: _____

Phone Number: _____ Mobile: _____

Relationship to child: _____

CHILD 1 - DETAILS

Child's Full Name: _____ Family Name: _____

Date of Birth: _____ Place of Birth: _____

UNIQUE Centrelink Customer Reference Number (CRN): _____

Date to Commence: _____

What School does your child attend? Riverstone Public / Schofields Public / St Johns / Other

If other, please list school and transport details _____

Language spoken at home other than English? Yes / No If yes, please list _____

Does your family have a Court Order? Yes / No If yes, please attach a copy

GENERAL INFORMATION

Does your child have any special interests/hobbies? _____

Does your child have any siblings? Yes / No

Are these children in Child Care? (please provide names and ages and other centre's name).

Name	DOB	Centre
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's food likes and dislikes _____

DAYS REQUIRED

(Please circle required days)

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care*	Monday	Tuesday	Wednesday	Thursday	Friday

* To be confirmed prior to each vacation period

HEALTH

Child 1 Name:

Name of Family Doctor _____ Medicare No. _____

Doctor Address: _____ Doctor Phone Number: _____

Has your child been immunised for all childhood diseases? Yes / No

Please provide evidence of immunisation, eg blue book

In the event of an outbreak of a disease where a vaccine is available, all unimmunised children must be excluded from the centre during the outbreak

Does your child suffer from, or limited in their participation in activities by, any of the following? (If answering YES to any of these items please provide details and complete the relevant documentation)

Heart Problems Yes / No _____

Respiratory Conditions

Asthma Yes / No _____

Other Yes / No _____

Allergies

Food / Drugs / Environ Yes / No _____

Muscular/Skeletal Conditions

Back Problems Yes / No _____

Sprains, dislocations Yes / No _____

Other Yes / No _____

Diabetes Yes / No _____

Epilepsy Yes / No _____

Headaches/Nose Bleeds Yes / No _____

Other (incl Fears/Phobias Yes / No _____

Special Dietary Needs (please provide details eg vegetarian, vegan, diabetic):

Does your child take any regular medication? Yes / No

If yes, please list below, indicating whether it is taken at school or at home.

Should staff be aware of any behaviour difficulties?

CHILD 2 - DETAILS

Child's Full Name: _____ Family Name: _____

Date of Birth: _____ Place of Birth: _____

UNIQUE Centrelink Customer Reference Number (CRN): _____

Date to Commence: _____

What School does your child attend? Riverstone Public / Schofields Public / St Johns / Other

If other, please list school and transport details _____

Language spoken at home other than English? Yes / No If yes, please list _____

Does your family have a Court Order? Yes / No If yes, please attach a copy

GENERAL INFORMATION

Does your child have any special interests/hobbies? _____

Does your child have any siblings? Yes / No

Are these children in Child Care? (please provide names and ages and other centre's name).

Name	DOB	Centre
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's food likes and dislikes _____

DAYS REQUIRED

(Please circle required days)

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care*	Monday	Tuesday	Wednesday	Thursday	Friday

* To be confirmed prior to each vacation period

HEALTH

Child 2 Name:

Name of Family Doctor _____ Medicare No. _____

Doctor Address: _____ Doctor Phone Number: _____

Has your child been immunised for all childhood diseases? Yes / No

Please provide evidence of immunisation, eg blue book

In the event of an outbreak of a disease where a vaccine is available, all unimmunised children must be excluded from the centre during the outbreak

Does your child suffer from, or limited in their participation in activities by, any of the following? *(If answering YES to any of these items please provide details and complete the relevant documentation)*

Heart Problems Yes / No _____

Respiratory Conditions

Asthma Yes / No

Other Yes / No _____

Allergies

Food / Drugs / Environ Yes / No _____

Muscular/Skeletal Conditions

Back Problems Yes / No _____

Sprains, dislocations Yes / No _____

Other Yes / No _____

Diabetes Yes / No _____

Epilepsy Yes / No _____

Headaches/Nose Bleeds Yes / No _____

Other (incl Fears/Phobias) Yes / No _____

Special Dietary Needs (please provide details eg vegetarian, vegan, diabetic):

Does your child take any regular medication? Yes / No

If yes, please list below, indicating whether it is taken at school or at home.

Should staff be aware of any behaviour difficulties?

CHILD 3 - DETAILS

Child's Full Name: _____ Family Name: _____

Date of Birth: _____ Place of Birth: _____

UNIQUE Centrelink Customer Reference Number (CRN): _____

Date to Commence: _____

What School does your child attend? Riverstone Public / Schofields Public / St Johns / Other

If other, please list school and transport details _____

Language spoken at home other than English? Yes / No If yes, please list _____

Does your family have a Court Order? Yes / No If yes, please attach a copy

GENERAL INFORMATION

Does your child have any special interests/hobbies? _____

Does your child have any siblings? Yes / No

Are these children in Child Care? (please provide names and ages and other centre's name).

Name	DOB	Centre
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's food likes and dislikes _____

DAYS REQUIRED

(Please circle required days)

Before School Care	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care	Monday	Tuesday	Wednesday	Thursday	Friday
Vacation Care*	Monday	Tuesday	Wednesday	Thursday	Friday

* To be confirmed prior to each vacation period

HEALTH

Child 3 Name:

Name of Family Doctor _____ Medicare No. _____

Doctor Address: _____ Doctor Phone Number: _____

Has your child been immunised for all childhood diseases? Yes / No

Please provide evidence of immunisation, eg blue book

In the event of an outbreak of a disease where a vaccine is available, all unimmunised children must be excluded from the centre during the outbreak

Does your child suffer from, or limited in their participation in activities by, any of the following? *(If answering YES to any of these items please provide details and complete the relevant documentation)*

Heart Problems Yes / No _____

Respiratory Conditions

Asthma Yes / No

Other Yes / No _____

Allergies

Food / Drugs / Environ Yes / No _____

Muscular/Skeletal Conditions

Back Problems Yes / No _____

Sprains, dislocations Yes / No _____

Other Yes / No _____

Diabetes Yes / No _____

Epilepsy Yes / No _____

Headaches/Nose Bleeds Yes / No _____

Other (incl Fears/Phobias Yes / No _____

Special Dietary Needs (please provide details eg vegetarian, vegan, diabetic):

Does your child take any regular medication? Yes / No

If yes, please list below, indicating whether it is taken at school or at home.

Should staff be aware of any behaviour difficulties?

CONDITIONS OF ENROLMENT

Enrolment at the Centre is subject to the following terms and conditions:

1. That the parents accept that it is the basis of Christian Philosophy in the Centre and undertake to support this aspect.
2. The Centre will be open between 6.30am - 8.30am and 2.30pm - 6.30pm during school term and 6.30am - 6.30pm during Vacation Care periods. A late fee will be charged for children picked up after 6.30pm.

Late Fee: A late fee of \$15.00 applies for every ten minutes (or part thereof). Parents must telephone the Centre by 5.30pm if unable to collect their child by 6.30pm

3. Children will only be released from the Centre to a person authorised by you. Staff reserve the right to deny the release of children to an unauthorised person. If the child is to be collected by anyone other than the name/s on the enrolment form, parents must have personally informed the staff prior to pick up or in writing by fax if possible. The person picking up the child will be asked for identification (eg Driver's Licence)
4. The Centre has the right and responsibility to notify Police/DOCS if any person/s picking up child/ren is intoxicated by alcohol or illegal drugs.
5. The Centre has the right to refuse entry for a child who is affected by illness or has a contagious disease for a period recommended by the Health Department for that particular illness or disease.
6. The Centre reserves the right to cancel a child's placement if their behaviour is deemed unacceptable and if measures taken by the Director and staff do not rectify the situation over a reasonable period of time.
7. Payment of fees are set by the College on an annual basis:
 - a. Before and After School Care fees must be kept up to date and paid in advance for the following week.
 - b. Vacation Care fees, excursions and activity costs must be paid in full prior to the date commencing Vacation Care.
 - c. Public Holidays during the school term have to be paid for.
 - d. If a child is absent due to illness or family holidays payment is still required for normal scheduled care.
8. Two weeks written notice must be provided for the cancellation or change of any days booked. Cancellation or change will only take effect two weeks from the date of written notification. Changes can only be accommodated if there is a position available.
9. The Centre is responsible for the collection of children by foot from St John's Primary School and Riverstone Primary School. For all children using the College bus services, a staff member will accompany them on the bus. Parents must inform the Centre if there are any other travel arrangements.
10. If your child requires a special diet, you will need to send the special food required. Food that can spoil during the heat of the day should be dropped off at the Centre before school.
Breakfast: 6.30am – 8.00am. No breakfast after 8.10am
11. It is a condition of acceptance to the Centre that each child is signed in and out for each session.

12. Copies of Immunisation forms must be provided prior to your child being accepted at the Centre. If children require medication to be administered an authorisation form must be signed and the medication clearly labelled. If tablets are to be administered they are to be separated into individual doses and clearly labelled with the child's name.

13. You are required to provide the Centre with your and your child's CRN numbers. These can be obtained from Centrelink for the purpose of Child Care Benefits. Phone Number: 136 150

Centre's CRN Numbers:

- Before School Care 555 011 650B
- After School Care 555 011 651X
- Vacation Care 555 011 652T

I have read, understood and agree to the above Conditions of Enrolment of Norwest Christian College Out of School Hours Care.

I also agree to the following (please tick):

Sunscreen

I give permission for Norwest OSHC staff to provide 30+ Sun Screen to my child and agree that I will provide my child with a hat to be worn during outdoor play and while on any excursions.

Photo/Film Permission

I understand that the Centre will from time to time take photos and videos of children partaking in Centre activities. These images may be used by the Centre or the College for promotional purposes using a variety of electronic media.

Full Name _____

Full Name _____

Signed _____

Signed _____

Date _____

Date _____

Permission to Administer Medication

Paracetamol and Ibuprofen

*By signing this form you are giving permission for appropriately trained staff at
Norwest Christian College Out of School Hours Care to administer the listed medication.
Staff will contact the undersigned PRIOR to administering this medication.*

Student Details

	Family Name	Given name(s)	Dosage
Student 1			
Student 2			
Student 3			
Student 4			
Student 5			

AUTHORISATION

I understand that I/we will be contacted prior to administering this medication to ensure that the student does not exceed their recommended dose. All medication administered to students will be recorded on the student's file.

Signature of Parent/Guardian: _____

Date: ____ / ____ / ____

Office Use Only

- Student records updated on Edumate
- Disposal by College Staff