



# UPWEY PRIMARY SCHOOL OSHC ENROLMENT FORM – BEFORE & AFTER SCHOOL CARE

**THE FOLLOWING INFORMATION IS CONFIDENTIAL**

## 1. PARENTS/GUARDIAN DETAILS

First Name:	<input style="width: 95%;" type="text"/>	Surname:	<input style="width: 95%;" type="text"/>	D.O.B: _ / _ / _	
Address:	<input style="width: 95%;" type="text"/>				
	<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>		CRN _____	
Occupation:	<input style="width: 95%;" type="text"/>				
Phone: (H)	<input style="width: 15%;" type="text"/>	(W)	<input style="width: 15%;" type="text"/>	(M)	<input style="width: 15%;" type="text"/>

## 2. PARENTS/GUARDIAN DETAILS

First Name:	<input style="width: 95%;" type="text"/>	Surname:	<input style="width: 95%;" type="text"/>	D.O.B: _ / _ / _	
Address:	<input style="width: 95%;" type="text"/>				
	<input style="width: 45%;" type="text"/>	<input style="width: 45%;" type="text"/>		CRN: _____	
Occupation:	<input style="width: 95%;" type="text"/>				
Phone: (H)	<input style="width: 15%;" type="text"/>	(W)	<input style="width: 15%;" type="text"/>	(M)	<input style="width: 15%;" type="text"/>

## ACCOUNT DETAILS

(Tick please) PARENT/GUARDIAN 1  OR PARENT/GUARDIAN 2

## CULTURAL INFORMATION

Cultural background (if any):	<input style="width: 95%;" type="text"/>
Principal language spoken at home:	<input style="width: 95%;" type="text"/>
Relevant cultural details eg. Foods, activities etc:	<input style="width: 95%;" type="text"/>

## EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO COLLECT YOUR CHILD

I authorise the following person/people to collect my child from the service.  
(Maximum of 30 minutes from the service)

Name:	Phone:(H)	<input style="width: 95%;" type="text"/>	(W)	<input style="width: 95%;" type="text"/>	(M)	<input style="width: 95%;" type="text"/>
Name:	Phone:(H)	<input style="width: 95%;" type="text"/>	(W)	<input style="width: 95%;" type="text"/>	(M)	<input style="width: 95%;" type="text"/>
Name:	Phone:(H)	<input style="width: 95%;" type="text"/>	(W)	<input style="width: 95%;" type="text"/>	(M)	<input style="width: 95%;" type="text"/>

## CHILD DETAILS

FIRST NAME:	<input style="width: 95%;" type="text"/>	SURNAME:	<input style="width: 95%;" type="text"/>				
CHILD RESIDES WITH (please circle)	Both Parents	Mother	Father	Guardian			
AGE:	<input style="width: 15%;" type="text"/>	DATE OF BIRTH:	<input style="width: 15%;" type="text"/>	MALE:	<input type="checkbox"/>	FEMALE:	<input type="checkbox"/>
SCHOOL GRADE:	<input style="width: 15%;" type="text"/>	TEACHER:	<input style="width: 95%;" type="text"/>				
				CRN: _____			

## CUSTODY DETAILS

Are there special access/custody arrangements? YES  NO

If yes, please give details

If a court order exists please provide this information to the Co-ordinator.

## MEDICAL INFORMATION

Does your child suffer from a medical condition that our program staff should be aware of? If yes give details

Allergies:

Medical Allergies:

Medical Conditions:

Other:

Asthma: YES  NO

Asthma Medication/Treatment:

Please indicate any other specific Health Care required for my child in relations to an existing medical condition.

Has your child been immunised? YES  NO

Have you provided a Medical Management Plan? YES  NO

## DOCTOR'S INFORMATION

Child's Doctor's Name:  Phone:

Address:

Medicare No.:

Do you subscribe to an Ambulance Service: YES  NO

If yes, please state Ambulance Subscription Number and Category:

## MEDICAL/GENERAL DECLARATION

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred. I authorise the Coordinator \ Acting Coordinator in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment. I authorise the Coordinator \ Acting Coordinator to administer medicine if required.

I also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either an authorised person or myself shall collect my child as soon as possible.

I understand that all Enrolment details are private and confidential. This information will be used for Program purposes only and will be accessible to OSHC staff, Committee of Management, the Principal and/or the Sponsoring body. I understand that I can access this information and correct any necessary details whenever I wish.

Parents/Guardians Signature:

Date