

Altona Green Primary School
Outside School Hours Care Program - 2009



CHILD'S SURNAME.....FIRST NAME.....

ADDRESS.....

.....POSTCODE.....

CRN NUMBER..... DATE OF BIRTH.....GRADE.....

PARENTS/GUARDIAN INFORMATION

Name.....Relationship to Child.....Date Of Birth

CRN Number

Phone (H).....(W).....(M).....

Name.....Relationship to Child.....Date of Birth

CRN Number

Phone (H).....(W).....(M).....

DAYS YOUR CHILD WILL BE ATTENDING

BEFORE SCHOOL CARE (Please Tick)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY or CASUAL

AFTER SCHOOL CARE (Please Tick)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY or CASUAL

EMERGENCY CONTACTS AND PEOPLE AUTHORISED TO COLLECT YOUR CHILD (Max 30 mins)

Name.....Phone (H).....(W).....(M).....

Name.....Phone (H).....(W).....(M).....

Name.....Phone (H).....(W).....(M).....

ACCOUNT INFORMATION

Do any of your children attend another form of child care other than this program ie/ Family Day Care, Child Care Centre.

If so how many children?

CULTURAL INFORMATION

Principal language spoken at home.....

Relevant cultural considerations eg. foods, activities etc.

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MEDICAL INFORMATION

Does your child suffer from any medical condition that our program staff need to be aware of?

eg. Asthma, ADHD, Food Allergies etc? YES NO

If YES, please give details.....

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Is any ongoing medication/treatment required? YES NO

If YES, please give details.....

Child's Doctor's Name.....Phone.....

Address.....Medicare No.....

Who does the child reside with?

Both parents Mother Father Guardian

Are there special access/custody arrangements? YES NO

If yes please give details.....

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

YOUR CHILD (To help us with ensuring the program caters for the needs of your child)

What does your child like doing before/after school?.....

What food does your child like to eat?

What does your child like to do outside?

What does your child like to do inside?

What type of equipment does your child like to play with?

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PLEASE READ CAREFULLY AND SIGN

I give permission for my child/ren to be photographed whilst attending the OSHC program. The photos may be used for display and promotional purposes Yes No

I give permission for my child/ren to view movies with a G rating whilst attending the OSHC program Yes No

I, the undersigned, approve of the above enrolment and agree to abide by the rules and conditions of the Out of 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 also accept full responsibility for my child's belongings whilst attending this program. I fully understand that if my child continuously misbehaves 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 program 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 the child as soon as practical.

Parents/Guardians Signature.....

Date.....