

BLACKWOOD PRIMARY VACATION CARE DECEMBER/JANUARY YEAR 2017/2018

ENROLMENT FORM

An enrolment form must be completed each Vacation Care to ensure the Educators have current information and signed permission for children to participate in activities and excursions planned on the days indicated on the booking form over the page. These forms are taken on excursions so that educators have ready access to contact numbers and medical details.

NEW FAMILIES must also complete a Blackwood OSHC Enrolment Form which requires more information.

Name of Child: _____ Grade _____ DOB _____ CRN _____
Name of Child: _____ Grade _____ DOB _____ CRN _____
Name of Child: _____ Grade _____ DOB _____ CRN _____

Name of Mother/Guardian: _____ CRN _____
Address _____

Phone: (H) _____ (W) _____ (M) _____

Name of Father/Guardian: _____ CRN _____
Address _____

Phone: (H) _____ (W) _____ (M) _____

Please detail custodial arrangements if applicable: _____

Emergency Contacts:

Name: _____ Relationship to children: _____

Phone: (H) _____ (W) _____ (M) _____

Name: _____ Relationship to children: _____

Phone: (H) _____ (W) _____ (M) _____

Other people permitted to collect child/ren (in addition to those listed above):

Reason for using service: () Work () Study () Seeking Work () Recreation () Other

Health/Medical/Dietary Information: Please speak to a qualified staff member about your child's needs.

Please ensure the service has a copy of health care plans. These plans should be checked and updated at least annually.

Parent/Caregiver Permission: MUST SIGN BELOW:

I give permission for my child/ren listed above to attend the Blackwood PS Vacation Care service and to participate in the activities planned in the Program. I give permission for my child/ren to travel by foot, public transport or hired bus to venues listed on the Program.

I am aware that in the event of my child/ren requiring medical treatment, the staff will access the SA Ambulance service if deemed necessary and that I will be responsible for any costs incurred. I am aware that if I do not pay the required childcare fees my bookings will be cancelled.

I understand it is my responsibility to provide Blackwood OSHC with the date of births and Centrelink reference numbers of the children and the parent who registered the children for CCB. If this information is not provided I understand I may be asked to pay full fees.

If due to personal circumstances you are unable to pay Vacation Care fees in advance, you must speak to the OSHC Director or School Principal.

Photography Permission:

I GIVE OR I DO NOT GIVE (circle applicable)

Permission for my child/ren to be photographed during Vacation Care.

Note: Photos are displayed in the OSHC room, used in OSHC or school newsletters, displayed on the digital photo frame, filed on the OSHC Computer, used for children to write about their time at Vacation Care and placed in child portfolios.

Parent/Caregiver Name: _____ Signature: _____ Date: _____

Staff Use Only: TOTAL FEES PAYABLE: \$ _____

Date received by Oshc: _____

Date entered by Oshc: _____

Method of Payment: _____ Internet Date received: _____