

2023 RE-ENROLMENT FORM

Child Details

FIRST NAME		SURNAME	
PREFERED NAME		D. O. B	

Booking Requirement for 2022

BEFORE SCHOOL (Please circle): Permanent Days of attendance	Mon	Tues	Wed	Thurs	Fri
Casual bookings only	Yes / No				

AFTER SCHOOL (Please circle): Permanent Days of attendance	Mon	Tues	Wed	Thurs	Fri
Casual bookings only	Yes / No				

Fee Information

2021/2022 FEES
BSC – permanent \$21.00 Casual \$24.00
ASC – permanent \$28.00 Casual \$33.00
Vacation Care and Curriculum Days – Excursions \$85.00 Incursions \$75.00 In-House \$65.00
Fees are reviewed each year by the OSHC Sub-Committee and School Council.

Parent Guardian Details

	PARENT/GUARDIAN	PARENT/GUARDIAN
FULL NAME		
ADDRESS		
RELATIONSHIP TO THE CHILD		
HOME PHONE NUMBER		
WORK PHONE NUMBER		
MOBILE NUMBER		
EMAIL ADDRESS		

Please turn over and complete the back of this form, Thank You

Has your child been diagnosed with an allergy, intolerance, or medical condition since being enrolled that you have not informed the Service of in writing?

No Yes (please give details below)

ALLERGY/INTOLERANCE/ MEDICAL CONDITION	SYMPTOMS

ACTION /TREATMENT PLAN ATTACHED	YES	NO	N/A

Other comments that may be helpful to educators regarding this condition:

Emergency Contacts

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child.

To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

Please include a minimum of two contacts other than parents

FULL NAME	ADDRESS	CONTACT NUMBER	RELATIONSHIP TO CHILD

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Signed: _____ Name: _____ Date: ___ / ___ / ____