



# Armadale Primary School Out of School Hours Program

## Registration Form 2009

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child's CRN \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child's CRN \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Child's CRN \_\_\_\_\_

Children reside with:  Both Parents  Mother  Father  Guardian

**Custody Details** (If a court order exists please provide this information to the OOSHC Director)

Are there any special access/custody arrangements?  Yes  No

If yes, please give details:

**Days Required (Permanent Enrolments Only)** If you wish to use the OOSHC Program on a casual basis only, please do not tick any of the before/after care sessions listed below.

Before Care  Mon  Tue  Wed  Thu  Fri

After Care  Mon  Tue  Wed  Thu  Fri

### Parent / Guardian Details

**Mother's Name** \_\_\_\_\_ Tel (home) \_\_\_\_\_  
Address \_\_\_\_\_ Tel (work) \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Tel (mobile) \_\_\_\_\_  
Parent's CRN \_\_\_\_\_ \*DOB \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Tel (home) \_\_\_\_\_  
Address \_\_\_\_\_ Tel (work) \_\_\_\_\_  
Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Tel (mobile) \_\_\_\_\_  
Parent's CRN \_\_\_\_\_ \*DOB \_\_\_\_\_

\*Armadale OOSHC must have your date of birth for you to continue to claim Child Care Benefit and CRN

### Cultural Information

If you or your child was not born in Australia,  
Please list the country:

\_\_\_\_\_

If you or your child communicates in another language other than English, Please list that language:

\_\_\_\_\_

### Emergency Contacts

 (please ensure 2 contacts are provided. *These cannot be parent contacts*)

If parents cannot be contacted, which other persons would be authorised to look after you child in an emergency.

1) Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Contact Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Parent \_\_\_\_\_  
Contact Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

**Medical Details** (Please attach any additional information that OOSHC staff should be made aware of)

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Asthma  Yes  No Asthma Plan  Yes  No

Are there any known triggers? \_\_\_\_\_

Special Food requirements? \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Membership  Yes  No

Do you give staff permission to apply sunscreen to your child(s)?  Yes  No

All medicine must be placed in the care of the OOSHC Co-ordinator with clear instructions for its use to be written in the OOSHC medication book. An Administration of Medication form must also be completed before any medication can be given to your child. Under no circumstances may children have medicine in their possession whilst attending the OOSHC Program.

**Permission For Medical Treatment**

I, ..... Hereby authorise the person in charge of the Armadale Primary School OOSHC Program, in the event of illness or accident when it is impractical to communicate with me, to obtain on my behalf such medical or surgical treatment as may be deemed necessary and I understand that I will be liable to pay any costs thus incurred.

Signed.....(Parent/Guardian).....

Date \_\_\_\_\_ Phone \_\_\_\_\_

**Assorted Authorisations**

Do you authorise images to be taken of your children?  Yes  No

Do you authorise your children to watch a 'PG' rated movie?  Yes  No

**Child Care Benefit (CCB)**

If you currently receive CCB as a fee reduction or as a lump sum, please provide family Customer Reference Number below:

Parent CRN; \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Parent Claiming \_\_\_\_\_

If you do have a CRN you must link your child with APS OOSHC Program (CRN – 555 007 981V) by contacting the Family Assistance office on 13 61 50. If you do not have a CRN, please contact the program Director.

Please note that that if you do not have a CRN, you will be unable to claim the CCB (even as a lump sum or the annual childcare benefit rebate).

**General Declaration**

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of Armadale Primary School's Outside School Hours Program. I understand the Program has a 'Parent Information' booklet which states all the conditions and policies that the program follow, which is available for parents in the OOSHC office. I understand I will meet any costs incurred from participating in the program follows, including a late fee if I collect my child after 6:00 pm. I also understand if my fee payments are received after the due date I may be charged a \$25 late fee penalty which I must pay to allow my child to continue using the program.

I understand that all enrolment details are private and confidential. This information will be used for the program's purpose only and will be accessible to OOSHC staff, the OOSHC Sub-Committee, the Principal and/or the sponsoring body. I understand that I can access this information and correct any necessary details whenever I wish.

I undertake to inform the OOSHC staff of any days my child will be absent from the program. I acknowledge that my child will not be able to attend the program if suffering from an infectious or contagious disease. I also accept that unless I inform an OOSHC staff member that I authorise another parent to pick up my child, the program will not let my child go and I will be required to pick him/her up. I also accept and understand that if my child continuously misbehaves after the OOSHC behaviour plan has been followed, or my child reaches a level where he/she does not respond to an OOSHC staff member, I will be notified and my child will be removed from the program.

Parent/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_\_