

Out of School Hours Care Program

BOOKING AND DECLARATION FORM

Daughter's Name: *(in full)*

Daughter's CRN: **Date of Birth:** **Home Class:**

Parent/Guardian 1:

(For split accounts please also complete Parent/Guardian 2 details below)

Name:

Account Holder CRN: **Date of Birth:**

Telephone: (home) (work) (mobile)

Email address:

Use of the OSHC Program

I wish to use the ASC facility on the following day(s) each week: *Please tick (✓) appropriately*

ODD WEEKS Monday Tuesday Wednesday Thursday Friday Start date:/...../.....

EVEN WEEKS Monday Tuesday Wednesday Thursday Friday Start date:/...../.....

Or

Occasional use. I will ring the school (☎ 8217 3200) when ASC is needed.

Number of children enrolled in care:.....

Shared Account – Parent/Guardian 2:

(Only to be completed for split accounts)

Name:

Account Holder CRN: **Date of Birth:**

Telephone: (home) (work) (mobile)

Email address:

Use of the OSHC Program

I wish to use the ASC facility on the following day(s) each week: *Please tick (✓) appropriately*

ODD WEEKS Monday Tuesday Wednesday Thursday Friday Start date:/...../.....

EVEN WEEKS Monday Tuesday Wednesday Thursday Friday Start date:/...../.....

Or

Occasional use. I will ring the school (☎ 8217 3200) when ASC is needed.

Number of children enrolled in care:.....

Out of School Hours Care Program

PARENT/GUARDIAN DECLARATION AND PERMISSION

Daughter's Name: *(in full)*

1. I approve of my child's involvement in St Aloysius College Out of School Hours Service.
2. I give permission for my children to participate in activities organised for the days my child will be attending, including watching G Rated videos/movies and to watch PG rated videos that are deemed suitable by the program staff
3. I authorise staff, in the event of accident or illness, to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment and associated transport.
4. I acknowledge that my child will not attend the Out of School Hours Care Service if suffering from an infectious or communicable disease as identified by the Department of Health.
5. Except as otherwise expressly required by law, St Aloysius College Out of School Hours Service does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of his or her participation at the Service due to any cause whatsoever unless caused by the proven negligence of St Aloysius College Out of School Hours Service or employees.
6. I authorise staff to apply sunscreen to my child.
7. I understand that if my child continuously demonstrates inappropriate behaviour after guidance procedures have been followed, I will be notified and my child may be removed or suspended for a period to be determined or excluded permanently from the Service.
8. I understand a late pick up charge, as per the schedule of fees as published by St Aloysius College, applies after the Service finishing time.
9. I agree to pay for all of the days my child is enrolled in, regardless of whether my child actually attends.
10. The information I have provided is true and correct, and I have provided Centrelink with this same information.
11. I am responsible for communicating this information to Centrelink.
12. I understand that if any details are incorrect then full fees are payable by me for use of the Service until the details are corrected by Centrelink.
13. I understand that if my Account is not paid in full by the due date, my child's enrolment and booked sessions may be in jeopardy, and may be subject to exclusion from the Service.
14. I understand that St Aloysius College Out of School Hours Service reserves the right to vary the Terms and Conditions.

We acknowledge by our signatures below that we are the enrolling parents/guardians and are jointly responsible for payment of fees and charges.

Parent/Guardian 1 Signature:..... Date:

Please print name:.....

Parent/Guardian 2 Signature:..... Date:

Please print name:.....