

St Aloysius College OSHC/Vacation Care ENROLMENT FORM

Student

Name: (in full)

Daughter's CRN: Date of Birth: / / 20..... Home Class:

Indigenous Status: Aboriginal Yes No
Torres Strait Islander Yes No

Parent/Carer

Name (in full):

Residential/Postal Address:
..... Postcode:.....

Relationship to Child:
 Mother Father Grandparent Other - please specify:.....

Account Holder CRN: Date of Birth: / / 19.....

Telephone:(home)(work)(mobile)

Email address (please print):

If using OSHC Service

I wish to use the **Out of School Hours Care** service on the following day(s) each week:

Before School Care

Odd weeks

Monday Tuesday Wednesday Thursday Friday Start date: / / 20.....

Even weeks

Monday Tuesday Wednesday Thursday Friday Start date: / / 20.....

After School Care

Odd weeks

Monday Tuesday Wednesday Thursday Friday Start date: / / 20.....

Even weeks

Monday Tuesday Wednesday Thursday Friday Start date: / / 20.....

OR

Occasional use. I will ring the College Office (☎ 8217 3200) when OSHC is needed.

Number of children enrolled in the **Out of School Hours Care** service:

St Aloysius College OSHC/Vacation Care PARENT/CARER DECLARATION AND PERMISSION

Daughter's Name: *(in full)*

Consents

1. I approve of my child's involvement in the St Aloysius College OSHC/Vacation Care.
2. I consent for my child to take part in supervised walking excursions within local area as part of the OSHC Centre's OSHC/Vacation Care program.
3. I consent for my child to participate in Vacation Care excursions and travel by school/chartered bus and/or public transport.
4. I consent for my child to be photographed/videoed and for her image and name to be published in circumstances the OSHC Director deems to be appropriate (ie - the school website/social media/promotional materials/newspaper and other media).
5. I consent for OSHC Centre staff to apply sunblock to my child, if required.
6. I consent for OSHC Centre staff to apply insect repellent to my child, if required.
7. I consent for my daughter to utilise the St Aloysius College facilities, including playgrounds, the gymnasium, outside/inside courts and ovals.
8. I consent for OSHC educators to administer first aid to my child if the need arises.
9. I consent for an OSHC educator to give my child assistance to change soiled/wet clothing if needed.
10. I consent for my child to participate in activities organised for the days she will be attending, including watching G rated videos/movies/DVDs and to watch PG rated videos/movies/DVDs that are deemed suitable by the OSHC Director.
11. In the event of accident or illness, I authorise OSHC Centre staff to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment and associated transport.
12. I acknowledge that my child will not attend the OSHC/Vacation Care Service if she is suffering from an infectious or communicable disease as identified by the Department of Health.
13. I acknowledge that, except as otherwise expressly required by law, St Aloysius College OSHC/Vacation Care does not accept any liability for personal injury, property damage or loss sustained by any participant as a result of participation at the service due to any cause whatsoever unless caused by the proven negligence of the St Aloysius College OSHC/Vacation Care service or employees.

Agreements

1. I agree and accept the policies and rules of the St Aloysius College OSHC/Vacation Care service.
2. I agree to notify the service of any changes to details on this form.
3. I understand that St Aloysius College OSHC/Vacation Care Service reserves the right to vary the Terms and Conditions.
4. The information I have provided is true and correct, and I have provided Centrelink with this same information.
5. I am responsible for communicating this information to Centrelink.
6. 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.
7. I agree to pay for all of the days my child is enrolled in Vacation Care, regardless of whether she actually attends.
8. I certify that the information provided on this form is true to the best of my knowledge and I undertake to inform the service if any of these details change.

By my signature below, I acknowledge that I am an enrolling parent/caregiver of the St Aloysius College OSHC/Vacation Care service and I am responsible for payment of the fees and charges.

Parent/Carer Signature:..... Date:.....

Please PRINT your full name:.....