



Yawarra Primary School

YAWARRA PRIMARY SCHOOL OSHC

Darwin Rd, Boronia 3155

Phone 9801 0923 Fax 9801 3209

OSHC Contact: Carol Charles, 9801 0923, Charles.carol.c1@edumail.vic.gov.au, 0409 215 483

Vacation Care Contact: Carol Charles 9801 0923 Charles.carol.c1@edumail.vic.gov.au

2009 ENROLMENT FORM

CHILD INFORMATION

Child 1 Surname	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Grade	<input type="text"/>
		School	<input type="text"/>
Child 2 Surname	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Grade	<input type="text"/>
		School	<input type="text"/>
Child 3 Surname	<input type="text"/>	First Name	<input type="text"/>
Date of Birth	<input type="text"/>	Grade	<input type="text"/>
		School	<input type="text"/>
Do you have any children attending another form of child care? (Family Day Care etc) If so how many? <input type="text"/>			

PARENT/GUARDIAN 1 INFORMATION DATE OF BIRTH this must be filled out

Name	<input type="text"/>	Occupation	<input type="text"/>
Address <input type="text"/>			
			Postcode <input type="text"/>
Relationship to Child 1	<input type="text"/>	Child 2	<input type="text"/>
		Child 3	<input type="text"/>
Phone (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
Email <input type="text"/>			

PARENT/GUARDIAN 2 INFORMATION DATE OF BIRTH this must be filled out

Name	<input type="text"/>	Occupation	<input type="text"/>
Address <input type="text"/>			
			Postcode <input type="text"/>
Relationship to Child 1	<input type="text"/>	Child 2	<input type="text"/>
		Child 3	<input type="text"/>
Phone (h)	<input type="text"/>	(w)	<input type="text"/>
		(m)	<input type="text"/>
Email <input type="text"/>			

EMERGENCY CONTACTS and PEOPLE AUTHORISED TO COLLECT YOUR CHILD (Max 30 mins)

Name	<input type="text"/>	Phone(H)	<input type="text"/>	(M)	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone(H)	<input type="text"/>	(M)	<input type="text"/>	Relationship	<input type="text"/>
Name	<input type="text"/>	Phone(H)	<input type="text"/>	(M)	<input type="text"/>	Relationship	<input type="text"/>

FAMILY INFORMATION

Who does the child reside with?	<input type="text"/>
Are there any special custodial/access arrangements	<input type="text"/>
If yes please provide details	<input type="text"/>
Please note: If a court order exists please provide this information to the Co-ordinator	

CULTURAL INFORMATION

Principal language spoken at home (E if English)	<input type="text"/>
Relevant cultural considerations eg religion, family celebrations, forbidden foods, activities, celebrations etc	
<input type="text"/>	

MEDICAL INFORMATION

Does your child/ren suffer from any medical conditions that our program staff needs to be aware of?

Eg Asthma, ADHD, Food allergies/requirements/intolerances (vegetarian), travel sickness etc YES / NO

If YES please provide details (including corresponding child's name)

Is any ongoing treatment/medication required? YES / NO

If YES please provide details

Child's Doctor's Name

Address Phone

Medicare No Ambulance Subscriber Yes / No Subscriber #

Medical/Hospital Insurance Fund Contribution #

ACCOUNT DETAILS THIS MUST BE FILLED OUT

Have you applied for Child Care Benefit (CCB)? Yes / No If yes, please provide Child Reference Numbers (CRN)

Child 1 Child 2 Child 3

Parent/Guardian 1 Name CRN

Parent/Guardian 2 Name CRN

Please let us know if you have a child attending another service

PERMISSION

I/we give permission for my child/ren to:

Yes/ No Have photos taken. (May be used for advertising within the school, newspapers or Yawarra's website)

Yes/ No Use electronic games/computer whilst at the program (20 min time limit)

Yes/ No Watch PG Rated films whilst at the program

Yes/ No Have 30+ sunscreen applied in accordance with our SunSmart Policy (Please circle NO if allergic and list above)

MEDICAL/GENERAL DECLARATION

Although every care will be taken with your child, you should encourage them to behave in a responsible manner at all times. In the event of an accident or illness requiring medical treatment at the program or on excursions, every effort will be made to contact the parent/guardians before any treatment is sought, however, should this be impossible it will be necessary for authority to be given for the treatment to be undertaken.

I the undersigned, approve of this enrolment and agree that my children and I will abide by the rules and conditions of Yawarra Vacation Care and meet any costs incurred. I authorise the staff at the Yawarra Vacation Care, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child's belongings whilst attending the program. I fully understand that if my child continuously misbehaves after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I agree to inform the Co-ordinator of any absence of my child. I acknowledge that my child will not attend the program suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program either an authorised person or I shall collect the child as soon as practical.

I agree that the Yawarra PS Council and the Out of School Hours care program, and any of their officers and servants, will not be liable for any damage, injury or loss of property that may be incurred by any of my children in attendance at the holiday program or any activities associated with the holiday program.

PARENT/GUARDIAN SIGNATURE DATE