

2020 Re-Enrolment Form

Child/ren Details

Child 1 Surname: _____ First Name: _____
Date of Birth: _____ / _____ / _____ Class at School: _____

Child 2 Surname: _____ First Name: _____
Date of Birth: _____ / _____ / _____ Class at School: _____

Child 3 Surname: _____ First Name: _____
Date of Birth: _____ / _____ / _____ Class at School: _____

Enrolment Details

Care Type: _____ Permanent [] Casual []
Days of attendance: _____ Please mark with a tick

Session	Monday	Tuesday	Wednesday	Thursday	Friday
After School Care					

Please specify any special care details e.g. alternate weeks of care, casual care:

Parent/Guardian Details (1st point of contact)

Surname: _____ First Name: _____
Address: _____ Postcode: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email Address: _____ Occupation: _____
Work Name and Address: _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Details (2nd point of contact)

Surname: _____ First Name: _____
Address: _____ Postcode: _____
Home Phone: _____ Work Phone: _____ Mobile: _____
Email Address: _____ Occupation: _____
Work Name and Address: _____

Parent/Guardian Signature: _____ **Date:** _____

Authority to Collect/Emergency Contacts (alternative contacts)

Please list at least one person (other than parent/guardian) authorised to collect your child/ren and at least one person that we may contact if we cannot locate you in an emergency:

Contact 1 (please note: educators will request to see photo ID upon collection)

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect? YES [] NO []
Authority to authorise an employee/educator to administer medication? YES [] NO []
Authority to sign permissions for excursions? YES [] NO []

Contact 2 (please note: educators will request to see photo ID upon collection)

Surname: _____ First Name: _____

Relationship: _____

Address: _____ Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Authority to collect? YES [] NO []
Authority to authorise an employee/educator to administer medication? YES [] NO []
Authority to sign permissions for excursions? YES [] NO []

Consent to administer/apply first aid/medical treatment

I/We provide permission for The Scots College OOSH employees/educators to apply:

- First Aid strips - such as bandaids? YES [] NO []
- Antiseptic cream - such as dettol? YES [] NO []
- One dosage only of Panadol in the event of a child's body temperature rising above 37.5°? YES [] NO []

Any concerns, please specify: _____

- Acknowledge that my/our child/ren will not attend the centre if suffering from an infectious or contagious disease? YES [] NO []

I/We authorise employees/educators of The Scots College OOSH to provide medical treatment for my/our child/ren, should this be considered necessary? YES [] NO []

I/We authorise employees/educators of The Scots College OOSH to provide first aid treatment for my/our child/ren, should this be considered necessary? YES [] NO []

Leave the premises

I/We provide permission to The Scots College OOSH employees/educators to remove my/our child/ren from the premises in the case of an emergency arising (such as fire) and relocate them to designated safe locations and for my/our child/ren to participate in organised evacuation drills? **YES [] NO []**

I/We give permission for my/our child/ren to be walked or use other forms of transportation on excursion outings and to and from school to the service? **YES [] NO []**

Medical Emergency

In the case of a accident or emergency, every effort will be made to contact the parent/guardian immediately. In the event that my/our child/ren requires medical attention including dental emergencies, I/we authorise the employees/educators of The Scots College OOSH to obtain/provide medical assistance, and agree as a parent/guardian to pay any medical/transport cost incurred, including ambulance? **YES [] NO []**

Privacy Permission

I/We provide permission for The Scots College OOSH:

To take and use photographs of my/our child/ren to use in any displays within the service, social media, centre website and email correspondence, eg. Week in Review, Blog? **YES [] NO []**

To take photographs of my/our child/ren to be used to observe/report on my/our child/ren's learning and development as well as any incidents or accidents? **YES [] NO []**

To take and use photographs for use by our employees as part of their studies through TAFE, University or other recognised educational institutions? **YES [] NO []**

I/We understand that all information will be treated confidentially, my/our child/ren's full name will not be disclosed with any photography, and I may exclude any of the specific permissions provided in the above list? **YES [] NO []**

Child/ren Participation

I/We understand that all due care will be taken by The Scots College OOSH and that the service, employees/educators will not be held responsible for any loss of or damage to property or injury occurring during the running of the After School Care program unless caused by the proven negligence of The Scots College OOSH employees/educators?

YES [] NO []

I/We understand and approve of my/our child/ren's involvement in The Scots College OOSH program?

YES [] NO []

I/We give permission for my/our child/ren to participate in centre-based activities organised for the days my/our child/ren will be attending?

YES [] NO []

I/We understand that if my/our child/ren continuously misbehaves after guidance procedures have been followed, I/we will be notified and my/our child/ren may be removed from the centre?

YES [] NO []

I/We agree that the information I/we have provided on this form is correct?

YES [] NO []

I/We have read the handbook and agree with and understand that I/we must abide to all centre policies and procedures?

YES [] NO []

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Payment Agreement

Fee Payment

- I/We acknowledge that a session fee is payable for each session in which my/our child/ren is enrolled.
- I/We acknowledge that this session fee is payable for the reservation of a position, not the attendance of my/our child/ren.
- I/We acknowledge that all fees are payable two weeks in advance of attendance and that normal fees are payable at all times including for any period of absence illness/personal holidays/public holidays or for any other reasons.
- I/We acknowledge that if fees are not paid then my/our child/ren's enrolment with The Scots College OOSH will be terminated.
- I/We understand that fees charged may be changed/increased during the time my/our child/ren is enrolled in care.
- I/We acknowledge that if I/we choose to withdraw my/our child/ren from the centre then I/we will provide two weeks written notice of my/our intention, and I/we agree to pay all monies outstanding prior to the withdrawal of my/our child/ren.
- I/We acknowledge that fee payments are paid via Debit Success.
- I/We understand that failure to regularly pay our fees on time will result in my/our account being referred to a debt collector where further fees will be incurred.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____