



**GREENMOUNT AND ST ANTHONY'S OSHC**  
 96 INNAMINCKA ROAD  
 GREENMOUNT 6056 WA  
 PO Box 4057 SWAN VIEW WA 6056

Phone: 08 9294 5539 Fax: 08 9255 1774  
 Email: [oshc@stanthonysgreen.wa.edu.au](mailto:oshc@stanthonysgreen.wa.edu.au)  
 Web: [www.stanthonysgreen.wa.edu.au](http://www.stanthonysgreen.wa.edu.au)

**ENROLMENT FORM**

Parent Details: FAMILY NAME: \_\_\_\_\_

PARENT CRN: \_\_\_\_\_

Please Circle Parent (1) or (2) CRN

PARENT / GUARDIAN (1)	PARENT / GUARDIAN (2)
Miss / Mrs. / Ms / Mr Surname: _____  First Name: _____  Address: _____  _____ Post Code: _____  Date of Birth : _____ Lives With: _____  Home Tel. No: _____  Work Tel. No: _____  Mobile No: _____  Email Address : _____  Occupation: _____  Place of Work or Study: _____  Work or Study Address: _____  Country of Birth: _____  Language Spoken at Home : _____	Miss / Mrs. / Ms / Mr Surname: _____  First Name: _____  Address: _____  _____ Post Code: _____  Date of Birth : _____ Lives With: _____  Home Tel. No: _____  Work Tel. No: _____  Mobile No: _____  Email Address : _____  Occupation: _____  Place of Work or Study: _____  Work or Study Address: _____  Country of Birth: _____  Language Spoken at Home : _____

CHILD/REN SURNAME: \_\_\_\_\_

DATE COMMENCING CARE: \_\_\_\_\_

	NAME OF CHILD	DATE OF BIRTH	SEX	GRADE	PLACE OF BIRTH	CRN:
1.						
2.						
3.						
4.						

**PLEASE CIRCLE THE PRIMARY SCHOOL YOUR CHILD/REN ATTEND:**

**ST. ANTHONYS**

**GREENMOUNT**

**BOOKINGS**

(A) To Book a PERMANENT PLACE in the GREENMOUNT AND ST. ANTHONY'S OUTSIDE SCHOOL HOURS CARE CENTRE. Please Tick the days you require below.

	MON	TUE	WED	THUR	FRI
BSC					
ASC					

(c) My children require occasional care only. YES  NO

I WILL NOTIFY THE Greenmount and St Anthony's OSHC as soon as possible.  
(NOTE: Occasional Care Only available if vacancies permit).

Birth Certificate Sighted

Immunisation Given to Greenmount and St Anthony's OSHC

**EMERGENCY CONTACT PERSONS (2)**

AUTHORISED TO TAKE CHILD/REN FROM PREMISES. (Other than Child's Parent/Guardian & Over the age 18yrs)

EMERGENCY CONTACT (1)	EMERGENCY CONTACT (2)
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: (HM) _____	Phone: (HM) _____
(WK) _____	(WK) _____
(MB) _____	(MB) _____
Relationship to Child: _____	Relationship to Child: _____

**PERSONS AUTHORISED TO COLLECT THE CHILD/REN FROM THE CENTRE, OTHER THAN THE PARENT OR GUARDIAN.**

PERSON (1)	PERSON (2)
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: (HM) _____	Phone: (HM) _____
(WK) _____	(WK) _____

We require a minimum of two names. If you wish to have your child collected by any other person than stated above you must ensure that the Centre has written authority. Identification will be requested before collecting the child. Your child will not be released without written authority.

## **MEDICAL INFORMATION**

Please complete each section by ticking the appropriate Box and commenting if necessary.

### **1. Has your child/ren been fully immunised? (Please attach copy of child's immunization history)**

Child Name	YES	NO	If 'NO' Please explain why they are not immunised.
(1)			
(2)			
(3)			

### **2. Does your child/ren have a disability or Medical Condition?**

Child Name	YES	NO	If 'YES' Please explain.
(1)			
(2)			
(3)			

### **3. Does your child/ren have any Allergies?**

Child Name	YES	NO	If 'YES' Please explain the type of allergy.
(1)			
(2)			
(3)			

### **4. Does your child/ren have any special needs?**

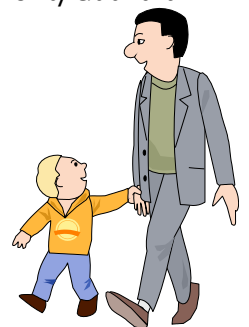
**(Eg: dietary requirements, religious custom's requirements etc.)**

Child Name	YES	NO	If 'YES' Please explain.
(1)			
(2)			
(3)			

### **5. Does your child require regular medical attention or medication whilst attending the Greenmount and St. Anthony's Outside School Hours Centre?**

Child Name	YES	NO	If 'YES' please give a description and complete an Authorisation form.
(1)			
(2)			
(3)			

If "Yes" Please Note: Medication will only be administered to children by the Supervisor under written Authorization from the Parent/Guardian.



**FAMILY DOCTOR NAME:** \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Address: \_\_\_\_\_ Post code: \_\_\_\_\_  
 Medicare No. \_\_\_\_\_ Ambulance No. \_\_\_\_\_  
 Private Health Fund: \_\_\_\_\_ Health Fund Number: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, ILLNESS OR ACCIDENT (WHEN UNABLE TO CONTACT PARENTS/GUARDIANS OR AUTHORISED PERSONS) I / WE CONSENT TO MEDICAL OR HOSPITAL ATTENTION BEING SOUGHT FOR THE CHILD, TO BE TRANSPORTED BY PRIVATE VEHICLE OR FOR AMBULANCE TO BE CALLED. I / WE AGREE TO PAY ANY EXPENSES INCURRED FOR MEDICAL TREATMENT AND TRANSPORT.**

**CHILD CARE SUBSIDY (CCS)**

1. I have completed a Child Care Subsidy assessment through Centrelink. YES  NO
2. I Give permission for Greenmount and St Anthony's OSHC to receive government funding (CCS) on my behalf, paid directly to the Centre. YES  NO
3. Do you claim CCS for children who attend another service? YES  NO

**AUTHORISATIONS - CUSTODY OF THE CHILDREN**

Have any court orders been made by any Court regarding your child/ren? YES  NO

If "Yes" please provide a copy of the Guardianship and Custody Information:  
 \_\_\_\_\_

**TRANSPORT AUTHORISATION**

I give permission for my child /ren to be transported to the Centre on foot by an educator specified below that he / she attends. Please note: This will only apply to the children attending the Greenmount Primary School as the children from St. Anthony's schools walk to the Afterschool Care Centre, Kindy and Pre-Primary will be pick up by an educator.

CHILD NAME	NAME OF SCHOOL	PARENT SIGN
(1)		
(2)		
(3)		



## **Registration Agreement**

1. I/We have viewed the Greenmount and St Anthony's Outside School Hours Care Centre (Hereafter called "The Centre"). I/We acknowledge having received and read the Centre handbook and agree to abide by the Centre's guidelines and policies as amended from time to time. I/We understand any changes will be displayed on the notice board at the Centre.
2. I/We agree to comply with all government requirements in relation to the Centre and its service.
3. I/We agree to pay a deposit equal to one weeks fees when your child/ren begins at the Centre and fees must be paid one week in advance at all times. I/We am aware that if I fail to pay fees, care may be refused for my child/ren.
4. I/We agree to pay the weekly fees by Direct Deposit, Cash or Eftpos to the Greenmount and St Anthony's Centre. I/We understand that I/We need to receive a written receipt from the staff for any cash money paid.
5. I/We understand that it is my/our responsibility to maintain a current Family Income Estimate with Centrelink to receive the Child Care Subsidy (CCS) weekly fee reduction. I/We understand that my/our account will reflect full fees until the Centre receives my CCS assessment from CCMS.
6. I/We agree to sign my/our child/ren in and out each day.
7. I/We will notify the Greenmount and St Anthony's Centre if my/our child/ren are absent for that day. I/We understand that fees will be charged for booked days including sick days and non-attendance days, to ensure my child/ren's place at the Centre. Parents are not charged for Pupil Free days.
8. I/We understand that fees may change from time to time with due notice to parents.
9. I/We are aware that 2 weeks notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.
10. I/We give permission for the child/ren to participate in outings to places of interest in close proximity to the Centre (Walking distance) under supervision from the educators.
11. I/We are willing for the child/ren to participate in all the activities offered in the Out of School Program. I/We agree that it is my/our responsibility to familiarize ourselves with the program and to advise the centre in writing if we do not wish for our child/ren to participate in a particular activity.
12. I/We are aware that the child/ren will be excluded from the Centre if he/she has contracted a contagious disease or condition. I/We agree to abide by the exclusion/sickness rules as set out in the parent handbook and policy manual. I/We understand that the child/ren will be accepted back into the Centre upon the provision of a "Medical Clearance" for the child/ren from a medical practitioner.
13. I/We are aware that should my child need medication while attending the Centre, I/We must complete and sign a "Medical Authority Form". A Supervisor will not administer medication that is not correctly labeled, in its original container or prescribed for any other person other than the child/ren to whom it is to be given to.
14. I/We give permission for my child to be photographed for the purpose of publicity and/or promotions for the centre such as brochures, pamphlets, handbooks, internet, special events etc.

15. I/We agree to pay a late fee if my child/ren is not collected by 6.00pm. The late fee will be calculated at \$2.00 per minute and must be paid with the normal fee the following week.
16. I/We give permission for my child to receive individual observation by students on accredited training programs in the Centre.
17. I/We will notify the Centre when:
  - My child is absent due to sickness, holidays or just having a day off.
  - Change of address or telephone number (Home or Work)
  - For security reasons immediately of changes to whom may or may not collect the child. The Centre will release the child only to authorised persons and ID will be requested.
  - Any changes in circumstances that may affect the child's behavior. I/We will keep an open line of communication with the Centre staff.
18. I/We are willing to make other arrangements for the care of my child/ren if requested by the centre.
19. I/We agree that the Centre reserves the right to terminate this agreement when, at its discretion, it considers that to do so would be in the interest of the Centre. It agrees to give the parent reasonable notice of its intention to exercise this right and will refund any payments in credit.
20. I/We agree to pay outstanding child care fees and cancellation fees where applicable together with all debt recovery expenses including mercantile agent's fees, court costs and legal fees reasonably incurred by the Greenmount and St Anthony's Outside School Hours Care Centre.
21. I/We acknowledge that any enrolment information specifically required for the purpose of debt recovery and identification of individuals in default may be forwarded to your collection agency "Marshall Freeman" for legal recovery action.
22. I/We understand that in case of default on payment for child care fees, enrolment details may be listed on the National Default Registry for a period of six (6) years and 30 days or until paid. This information may be accessed by other care providers at the time of enrolment.
23. I/We have read the registration agreement and received relevant information about the service provided by the Centre and agree to abide by the conditions of the Greenmount and St Anthony's OSHC.
24. I/We agree that the information provided in this enrolment form is true and correct and will be relied upon by the Greenmount and St Anthony's Outside School Hours Care Centre.
25. I/We agree that our child /ren can view P.G movies at the Centre that the staff have deemed suitable .

Signature of Parent / Guardian (1) \_\_\_\_\_ Date: ...../...../.....

Signature of Parent / Guardian (2) \_\_\_\_\_ Date: ...../...../.....

Signature on behalf of the Centre: \_\_\_\_\_ Date: ...../...../.....

**If you have any questions or queries regarding the Greenmount and St Anthony's OSHC Centre or accounts please contact the Supervisor of the Centre directly on Ph: 9294 5539 or email [oshc@stanthonysgreen.wa.edu.au](mailto:oshc@stanthonysgreen.wa.edu.au)**