

# WELCOME TO MAWSON LAKES SCHOOL OSHC ENROLMENT FORM

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Today's date \_\_\_\_\_

Child's last name if different to account holder \_\_\_\_\_

## CHILD/REN'S DETAILS BELOW

1 \_\_\_\_\_ Sex: M / F - D.O.B \_\_\_\_\_ Child's CRN \_\_\_\_\_

2 \_\_\_\_\_ Sex: M / F - D.O.B \_\_\_\_\_ Child's CRN \_\_\_\_\_

3 \_\_\_\_\_ Sex: M / F - D.O.B \_\_\_\_\_ Child's CRN \_\_\_\_\_

## PARENT OR GUARDIAN DETAILS

Account holder family name \_\_\_\_\_

Relationship to child/ren \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Account email address \_\_\_\_\_

Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parent's DOB \_\_\_\_\_ Parent's CRN \_\_\_\_\_

Second parent details - Name \_\_\_\_\_

Relationship to child/ren \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Account email address \_\_\_\_\_

Mobile phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parent's DOB \_\_\_\_\_

## EMERGENCY CONTACT - IF PARENTS ARE UNABLE TO BE CONTACTED, PLEASE PRIORITISE

Name \_\_\_\_\_ Mobile phone \_\_\_\_\_

Name \_\_\_\_\_ Mobile phone \_\_\_\_\_

Please tick the days you will require

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL
BSC						
ASC						
VACATION CARE - FORMS COME OUT IN WEEK 4						

When would you like to start attending the service? \_\_\_\_\_

**CUSTODY - TO BE COMPLETED IF CUSTODY IS AN ISSUE FOR THE FAMILY**

If parents are separated/ divorced. Does the child/ren have contact with the other parent? \_\_\_\_\_

Is anyone legally denied access to the child? \_\_\_\_\_ DOCUMENTS MUST BE SUPPLIED

**MEDICATION OR ALLERGIES**

Does your child/ren have any special needs or undergoing any medical treatment? Yes or No

Record specifics \_\_\_\_\_

Allergies of any kind, if yes describe reaction \_\_\_\_\_

Does your child/ren suffer from any illness that may re-occur? \_\_\_\_\_

Any other information relevant to the child/ren - family, cultural or religious considerations including diet and food restrictions \_\_\_\_\_

Does your family have ambulance cover? Yes or No

**PARENT DECLARATION - I UNDERSTAND THAT ...**

- The OSHC service reserves the right to refuse a child access to the service based on outstanding accounts
  - I take full responsibility for payment of all OSHC debts
  - Each child must be signed in and out for BSC, ASC and Vacation Care using the IPAD
- If an illness or accident occurs, the parents will be contacted as soon as possible. However, in the event of my child/ren requiring urgent medical treatment, I authorise the Educators from Mawson Lakes OSHC to obtain the medical assistance which they deem necessary. I agree to pay all medical and transport cost incurred on behalf of my child/ren.
- We strive to keep Mawson Lakes School OSHC a happy and safe place for children. To do so, we must ask that the children in our care adhere to our behaviour rules. Children who frequently exhibit unacceptable behaviour may be excluded from our service
  - The supervision and care of children is strictly limited to the hours of care that is provided
  - The OSHC service is to be notified of any cancellations one week in advance or full fees will be charged
- The OSHC service must be notified if my child/ren are to be collected by someone other than the nominated people
- I/We give permission for my child/ren to be photographed and any information to be displayed in OSHC, the newsletter and our handbook
- My child may watch PG movies deemed appropriate by OSHC educators. Please see staff if you would like to preview any of these movies first

Signed \_\_\_\_\_ Date \_\_\_\_\_