

GLENFERRIE OUT OF SCHOOL HOURS PROGRAM

REGISTRATION FORM (one per child)

CHILD'S DETAILS

First Name:	<input type="text"/>	Surname:	<input type="text"/>				
Age:	<input type="text"/>	Date of Birth:	<input type="text"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
School:	<input type="text"/>	Grade:	<input type="text"/>	Country of Birth:	<input type="text"/>		
Child's Interest's:	<input type="text"/>						
Child's Favourite Food:	<input type="text"/>						
Child's Favourite Game:	<input type="text"/>						
Child's Favourite Sport:	<input type="text"/>						
Child Resides with (please circle)							
	Both Parents	Mother	Father	Guardian	Shared Custody		

MOTHER/ GUARDIAN 1. DETAILS

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>	Country of Birth:	<input type="text"/>
Occupation:	<input type="text"/>		
Phone:	Home: <input type="text"/>	Work:	<input type="text"/>
	Mobile: <input type="text"/>	Email:	<input type="text"/>

FATHER/ GUARDIAN 2. DETAILS

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Date of Birth:	<input type="text"/>	Country of Birth:	<input type="text"/>
Occupation:	<input type="text"/>		
Phone:	Home: <input type="text"/>	Work:	<input type="text"/>
	Mobile: <input type="text"/>	Email:	<input type="text"/>

ACCOUNT DETAILS

(Tick Please) Account to be charged to?

Account Name: Mother/Guardian 1 Father /Guardian 2.

CUSTODY DETAILS:

Are there special access/custody arrangements? Yes No

If yes, Please give details:

If a court order exists please provide a copy to the Co Ordinator.

CULTURAL INFORMATION

Principle language spoken at home:

Relevant cultural details e.g. Food, activities:

EMERGENCY CONTACTS AND PEOPLE AUTHORIZED TO COLLECT YOUR CHILD

Name: Relation to child: Number:

Name: Relation to child: Number:

Name: Relation to child: Number:

FEES

Have you applied for Child Care Benefit? Yes No

(If yes, please provide relevant information)

I would like to claim reduced fees: Yes No

I want to claim a Lump Sum: Yes No

I do not want to claim child care benefit Yes No

Parent/Guardian CRN:

Child CRN:

ATTENDING THE PROGRAM

Before School Care (Please Circle)
Monday Tuesday Wednesday Thursday Friday

Permanent Or Casual

After School Care (Please Circle)
Monday Tuesday Wednesday Thursday Friday

Permanent Or Casual

Starting Date:

(For new families)

MEDICAL INFORMATION

Does your child suffer from any medical condition that our program staff need to be aware of?

Yes No

If YES give details:

Allergies:

Medical Allergies:

Medical Condition:

Other:

Asthma:

Yes No

Asthma Medication/ Treatment:

Has your child been immunised?

Yes No

DOCTOR'S INFORMATION

Child's Doctor's name:

Phone :

Address:

Medicare No:

Do you have Private health Insurance?

Yes No

If YES, Name of health fund:

Do you have ambulance cover?

Yes No

If YES, Ambulance cover number:

PHOTO PERMISSION

Photos are take throughout the year of students participating in activities at the gosh program. Occasionally, we have local community involvement where photos will be taken and displayed in the local newspaper & venues.

I give my permission for:

My child's photograph is not to be used in publicity material

Yes No

My child's photograph to be utilised in publicity material/display/school home page/email without him/her being identifies by name

Yes No

My child to be photographed, should the occasion arise, and have his/her name given to the newspaper

Yes No

If a parent requires a copy of a photo and my child appears in the photo

Yes No

MEDICAL/ GENERAL DECLARATION

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the Outside School Hours program and meet any costs incurred. I authorise the Co Ordinator /Acting Co Ordinator 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 this program. I fully understand that if my child continuously misbehaves and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In an event that my child is injured or becomes ill during the program, either an authorized person or myself shall collect the child as soon as practical.

I understand that I can access this information and correct any necessary details whenever I wish.

Parents/ Guardians Signature:

Date: