

Before & After School Care Enrolment Form

Child(ren)'s details

Name(s) / DOB(s) / Ethnicity

- 1. / /
- 2. / /
- 3. / /

Enrolment details

Morning Care - Permanent / Casual (please circle)

Please circle the days you would like to enrol your child and write in an approximate drop off time

Monday Tuesday Wednesday Thursday Friday

After School Care - Permanent / Casual (please circle)

Please circle the days you would like to enrol your child and write in an approximate pick up time

Monday Tuesday Wednesday Thursday Friday

People authorised to collect your child(ren)

.....
.....

Mother's name

Home address

Telephone (day)(home)(mobile).....

Email Address:.....

Father's name

Home address (if different)

Telephone (day)(home) (mobile).....

Email Address:.....

Emergency contacts

Name Relationship to child

Address.....

Telephone contact

Name Relationship to child.....

Address

Telephone contact

Change of circumstances

Doctor's details

Children's doctor

Telephone

Address

Additional Information

Does your child have any particular health needs we should be aware of? e.g. Allergies, food requirements, asthma, medical conditions etc.

Is there anything else we should know about in order to take good care of your child? e.g. Custody arrangements, special needs, behavioural issues etc

Permission from Parent

I hereby consent for my child whom is in my care to attend the Supervised Structured Programme, under the auspices of Claire's Additional School Help

To arrive and leave the programme independently of myself and for the Administrator or Tutor to be responsible for the signing-in and out of my child(ren) from the programme.

YES / NO

To watch PG rated movies at the programme.

YES / NO

Parent contract

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay costs as stipulated in the costs policy.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent:

Signature of parent:

Dated:

Privacy Act 1993:

The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.