



ENROLMENT FORM FOR HOLIDAY PROGRAMME Centre _____

Child's Name: _____ Age: _____ DOB: ____ / ____ / ____
(First Name) (Family Name) (dd) (mm) (yyyy)

Male or Female? _____ Ethnicity: _____ Language spoken at home: _____

Please tick the days that your child will be attending:

Week 1	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 2	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 3	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 4	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Week 5	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

Special Instruction(if any) _____

Child's residential address: _____

CHILDS SCHOOL DETAILS:

School Name: _____ Phone: _____

Teacher: _____ Room: _____

PARENT / CAREGIVER INFORMATION

Enrolling parent /Caregiver:

Name:			
Relationship to child:		Email:	
Home Phone:		Work Phone:	
Mobile:		Fax:	
Address:			
Place of Work:			

Other parent /Caregiver:

Name:			
Relationship to child:		Email:	
Home Phone:		Work Phone:	
Mobile:		Fax:	
Address:			
Place of Work:			



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EMERGENCY CONTACTS

Please provide contact details:

Emergency contact person other than parents/caregivers _____ Phone _____

Child's Doctor: _____ Surgery: _____ Phone: _____

WHO HAS PERMISSION TO COLLECT YOUR CHILD?

Please give full name and what that person is known as to the child, i.e: Aunty, Gran, Mum's Best Friend

Name	Relationship	Phone

Legal Disclaimer

Place a tick in the box if there are any persons, by law that are forbidden to have access to the child, or have a right of access to the child that is subject to conditions (legal documentation supporting this must be provided for the Supervisor to photocopy and hold on file).

Is there anything that the centre should know about for the added well-being of the child?

Medical details/Issues/Allergies/Special needs/Medication or action to be taken:

DISCLAIMER

I have read and understood the following points:

MEDICATION:

If my child requires medication I will fill in the appropriate "medicine consent form", provided at The Oscar Club. Staff will keep record of administration of medication. Although all care will be taken with the administration of medication I will not hold The Oscar Club responsible.

If your child self medicates please tick the box

Medicine taken: _____

NAME: _____ SIGNATURE: _____ DATE: _____



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OFF SITE ACTIVITIES:

I understand that The Oscar Club will at times have special trips and activities that occur away from the main site, i.e. excursions, group trips, evacuation. I understand that during Holiday Programmes children may be off site for a number of days each week and that The Oscar Club will arrange transport. I hereby give permission for my child to travel in The Oscar Club arranged mode of transport.

NAME: _____ SIGNATURE: _____ DATE: _____

PHOTOGRAPHS

The Oscar Club regularly uses photographs and video. Children are also asked for feedback regarding our activities to ensure we are doing a good job. At times we may show these photos or videos or use them as part of our promotions. We may also show recordings and comments to families who wish to join The Oscar Club. Please sign if you do permit your child to be included in our general photography and video records.

NAME: _____ SIGNATURE: _____ DATE: _____

OTHER TERMS AND CONDITIONS:

1. Enrolments are finalised upon completion of an enrolment form and a pre-payment of one week's fees as a deposit (refundable).
2. Fees are to be paid one week in advance. Fees are payable for days booked, irrespective of attendance.
3. If you know that your child is going to be absent, please notify us in advance.
4. Late pickup fees will be \$1 per minute for the first 5 minutes if you are late and thereafter \$10 per every 5 minutes or part thereof.
5. Your child must be signed out each afternoon when they are collected from After School Care each day and signed in the morning for before school care, also the child has to be signed in and signed out for the holiday programme. This is a requirement by the Department of Child Youth and Family. If your child walks to the programme or home they may sign in themselves in/out or the supervisor could sign, but this must be put into writing by both the parents and the management and be added to the enrolment form.
6. Any costs incurred by us for the recovery of any outstanding/overdue accounts will be passed on to our customers
7. I will notify the centre if my child is sick and is going to be absent or I require a change of hours.
8. If a new person will be listed to pick up my child, I will notify the centre in writing.
9. We do not accept sick children and I accept that the supervisor may require me to pick up my child if he/she appears unwell.
10. In the event of an injury, I accept that my child may be given first aid by the staff.
11. I understand that my child is in the care of The Oscar Club from the time they are picked-up (in the case of After School Care) and cease being in care when dropped-off (in the case of Before School Care).
12. I give permission for The Oscar Club staff to discuss my child with the school.
13. I give permission for my child's work to be displayed at the site.
14. We require 3 weeks notice in writing if a child's booking is being cancelled or modified, otherwise the current fee for that 3 weeks period will apply.
15. Absences and public holidays will be charged at the applicable rate.
16. I declare that my child is not enrolled at any other OSCAR Programme for the same enrolled hours of attendance as above.
17. I acknowledge however, in signing this form, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance of the programme.
18. Our staff is trained to deal with emergencies. In the case of a serious accident involving your child, the staff will contact you and take your child to the nearest medical facility. If a child becomes ill during the programme, parents will be called and asked to collect the child.
19. **I ACKNOWLEDGE THAT IS MY RESPONSIBILITY TO ADVISE THE OSCAR CLUB OF ANY CHANGE IN THE ABOVE INFORMATION**

NAME: _____ SIGNATURE: _____ DATE: _____