



Gumeracha PS OSHC Enrolment Form

Date:	Surname:
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Child/ren Details:

Child Name:	Male/Female	DOB:	CRN:
Child Name:	Male/Female	DOB:	CRN:
Child Name:	Male/Female	DOB:	CRN:

Parent / Guardian WHO IS REGISTERED with Family Assistance to enable rebate:

NOTE: (*Required field) Please ensure that the areas with an Asterix are completed as you will require this to receive Child Care Subsidy (CCS). Without this information you will not receive any potential entitlements you may be eligible for.

Name*:	
Address*:	
Suburb*:	Postcode*:
Home Phone:	Mobile*:
Work Phone:	
Date of Birth*:	Parent CRN*:
Email (for accounts)*:	

Additional Parent/Guardian Details (if applicable):

Name:	
Address:	
Suburb:	Postcode:
Home Phone:	Mobile:
Work Phone:	Date of Birth:
Email:	

Court Orders:

Is there a Court Order (Please circle)	YES	NO
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If yes please provide a copy

Emergency Contacts and Authority to collect (If parents are unable to be contacted)

Name:	Relationship to child:
Home Phone:	Mobile:
Work Phone:	

Name:	Relationship to child:
Home Phone:	Mobile:
Work Phone:	

Medical Health Information:

If your child requires medication whilst in our care, we require an up-to-date action plan. This information needs to be provided by a Doctor prior to any care commencing. All medication needs to be appropriately labelled and in date as per our Medication Policy.

Does your child have a medical condition or health support EXAMPLE: Asthma, Anaphylaxis, Allergies,ADHD, Autism?

YES	NO
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If yes, please provide details below and attach a copy of the medication/care plan/report:

Dietary Requirements:

Does your child have a dietary requirement EXAMPLE: Cultural, Allergies?

YES	NO
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If yes, please provide details below:

Permissions:

Do you give permission for your child to be photographed just for OSHC purposes and not for any forms of social media?

YES	NO
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Do you give permission for your child to watch G and PG rated movies?

YES	NO
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IN CASE OF ACCIDENT OR EMERGENCY:

Every effort will be made to contact parents prior to seeking medical action and treatment. In the event of your child/ren receiving injuries requiring urgent medical treatment OSHC staff will obtain medical assistance deemed necessary and you will be liable for any medical and transport costs incurred on behalf of the child.

I am aware of the arrival and collection procedures, behaviour management, fee payment, bookings and other policies as outlined in the Policies on our website.

I agree to all the Policies, Terms and Conditions provided by Gumeracha PS OSHC and Vacation Care and understand that the information can be found on the website. www.gumerachr7.sa.edu.au

Signed:	Dated:
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Telephone: (08) 83891871

Mobile: 0480 479 117

Email: gumerachaps.oshc627@schools.sa.edu.au

Facebook Page Gumeracha PS OSHC and Vacation Care.