



Rochedale Outside School Hours Care Association

694 Rochedale Road, Rochedale 4123

Phone number: 3841 1943 School Fax number: 3340 8300

ENROLMENT FORM

PARENT/GUARDIAN INFORMATION

CARER 1:

Name..... Relationship to Child:.....

Home Phone No..... Mobile Phone No

Street address.....Suburb..... Post code.....

Are you currently (Please tick) Working Seeking Work Studying

Place of work:..... Work Phone No:

Date of birth/...../....

CARER 2:

Name:..... Relationship to Child:.....

Home Phone No..... Mobile Phone No

Street address..... Suburb Post code.....

Are you currently (Please tick) Working Seeking Work Studying

Place of work:..... Work Phone No:

Childs address.....

Email address.....

Please list below any other information that needs to be brought to the attention of the Co-ordinator, eg, custody issues, behavioural issues, special needs or disability. Please provide copy of court order.

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.....
.....
.....

Primary language spoken at home.....

Names of those who are authorised to collect your child/ren from the centre:

Name.....Phone number.....

Address.....

Name.....Phone number.....

Address.....

Name.....Phone number.....
 Address.....

Name.....Phone number.....
 Address.....

EMERGENCY CONTACTS (OTHER THAN PARENTS)

Name..... Phone No.....
 Address Post code.....

Name..... Phone No.....
 Address Post code.....

DETAILS OF CHILD/REN (enrolling with ROSHCA)

Name of Child	Age	Sex	Grade	Date of Birth
1.				
2.				
3.				
4.				

Please tick below the days you anticipate your child/ren will be attending the centre each week

Service Type	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Do you authorise your child/ren to appear in photos taken for centre purposes only

Yes No

Please state any religious/cultural issues that the Centre staff needs to be aware of:

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MEDICAL DETAILS

Please give details of any medical or physical conditions (including allergies) from which your child/ren suffer:

Child's Name: Condition:.....

Child's Name: Condition:.....

Child's Name: Condition:.....

Is your child on any prescribed medications?

Childs name.....Name of medication.....

Dosage.....

Childs name.....Name of medication.....

Dosage.....

Childs name.....Name of medication.....

Dosage.....

Childs name.....Name of medication.....

Dosage.....

Family Doctor's Name:..... **Phone No**

Address

Medicare No: _ _ _ _ _

Private Health Cover Yes No **Member No.**

Fund name.....

We regret we are unable to care for sick children or children with a contagious illness. Medicine or tablets will only be administered to children by a certified staff member under written authorisation from parent and medical practitioner.

In the event of any accident or illness, I authorise the obtaining on my behalf of any medical assistance that my child/ren may require, and agree to meet any expenses attached thereto. In case of emergency, I agree for my child/ren to be transported by Ambulance to the most appropriate facility.

Signature of parent/guardian: **Date:**

TO BE COMPLETED BY PARENT OR GUARDIAN

I am willing for my child/ren to participate in all activities offered in the R.O.S.H.C.A. programme. I agree it is my responsibility to familiarise myself with the programme and to advise the staff, in writing, if I do not wish my child/ren to participate in a particular activity.

I am the parent/legal guardian of the child/ren whose name appears on this form. I agree to abide by the policies and procedures of the Centre, and I acknowledge that I am liable for all attendance fees and charges that apply at this Centre.

Signature of parent/guardian: **Date:**

Name of parent/guardian (please print):