

APPLICATION FOR OUTSIDE SCHOOL HOURS OR VACATION CARE

	c	HSC P	ermanen	t			OHSC Ca	sual			Va	acation (Care		
Childre	en/s Inforr	nation													
1. St	1. Student's Surname Given Names														
Gender <i>N</i>			Male / Ferr	Male / Female Class			Date of Birth				Child's Customer				
Student's Surname						Given Names									
_			AA L. /5 L GI			Date of Birth				(Child's Customer				
	(J	ender	Male / Fem	iale (lass		Date of Bi	rtn		Re	ference N	lumber			
3. Student's Surname Gender N						Given Names Date of Birth					Child's Customer				
			Male / Fem	nale C	lass										
Мо	nday (please	e tick√)		Tuesday			Wednesda	у		Thursday			Friday		
Before Schoo		Both	Before School	After School	Both	Before School	After School	Both	Before School	After School	Both	Before School	After School	Both	
Pleas	e provide in	formati	on regardin	g extra-cu	ırricular a	ctivities	if pick up/o	drop off r	equired w	ithin the c	ampus, ie	. swimmii	ng, gymna	stics	
Paren	t Informa	ation													
Natura	l Mother's S	Surname						Mother's	s First Nam	ne					
Resider	tial Address	5								Postcode					
Email A	ddress														
Telepho	one (Home)							Teleph	one (Work	()					
, , ,				Parent's Customer											
Mobile				Reference Number											
Natura	l Father's Su	ırname						Father's	s First Nam	ne					
Residential Address												Pos	tcode _		
Email A	ddress														
Telephone (Home)				Telephone (Work)											
Mobile					Parent's Customer Reference Number										
Paren	tal Status	5													
Natural Parents are			Married	d	Separa	ated*	Div	∕orced*		DeFacto		Deceased			
Student lives with*		Both		Mot	her	F	ather		Step		Guardian				

*NB: If a Court Order exists in relation to custody, or limiting access or dissemination of information to a parent, a copy of that Court Order MUST be provided

Pri	ority of Access (tick only on	e box)									
	Child at Risk										
	Child of a Single Parent, working and/or studying										
	Child of Parents who are both working and/or studying										
一	Any other children										
Au	thorised Pick Up/ Emer	gency Contact									
	Name		Relationsh	ip to Child	Home Phone	Mobile Phone					
1.											
2.											
3.											
4.											
Me	dical Information										
Med	Medicare Number Are vaccinations up to date?										
Doc	Doctor's Name Doctor's Phone Number										
	gery Address										
Alle	rgies or illnesses										
Trea	tment or medication										
Spe	cial Needs (eg hearing, visual, pi	hysical)									
Doe	s your child require special mar	nagement strategies?	?								
Cul	tural Background										
Cou	ntry of Birth			Primary L	anguage						
Any	cultural or religious requiremen	nts that must be obse	erved eg. Diet or religious	practice							
Fee	?S										
1.	All fees must be paid in full – 0	Charges are as follow	vs:								
	Before School Care		\$12 • Casual Before School Care			\$15					
	After School Care (for firstAfter School Care (for mo	,	\$12 \$20		chool Care (for first h chool Care (for more						
2.	Please be aware that refunds		·		•						
	Please contact OSHC on 07 !		, 3	•		J					
3. 4.	Collection of children after 6 p					er. The fees are to be paid at time of					
	booking.	s vacation care as	soon as possible as some	days may be unav	unubic. Vucution cui	e rees are to be paid at time of					
Bel	haviour Management										
St H or a beh with	For serious and/or continual inappropriate behaviour our behaviour management response is as follows:										
	ncident report will be written ar ature.	arent for their	Incident 1 – Verbal Warning Incident 2 – Letter of Warning								
Sig	nature of Both Parents					Incident 3 – Letter of Exclusion					
Signed by Natural Father Signature						Date					
		Full Name									
Sigr	ned by Natural Mother	Signature			Da	ate					
-	-	-									