



St Martins Lutheran College
Grow in Christ | Growing the Future

Application for Enrolment

St Martins Out Of School Hours Care

SMOSHC

“Living, Learning and Caring Together in Christ”

3 St Martins Drive, Mount Gambier, SA 5290

Director: 0418 815 101

School Contact Details:

Phone: 8725 1430

Fax: 8723 2550

E-mail: office@stmartins.sa.edu.au

FOR OFFICE USE ONLY

Family Name:

.....

Student Name/s:

.....

.....

.....

To begin:.....

In Term:.....

Year Level/s:.....

Date Received:.....

Child/Children's Details:

CHILD 1	Family Name:.....	Child's name:.....	DOB: / /
CHILD 2	Family Name:.....	Child's name:.....	DOB: / /
CHILD 3	Family Name:.....	Child's name:.....	DOB: / /
CHILD 4	Family Name:.....	Child's name:.....	DOB: / /

Parent/Carer Details:

Parent /Caregiver 1	Parent/Caregiver 2
Name:	Name:
Address:	Address:
.....
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
E-mail:	E-mail:.....

SMOSHC Account:

Bill to:

Emergency Contacts / Authority to Collect (other than Parent/Carer)

Emergency Contact 1	Emergency Contact 2
Name:.....	Name:.....
Address:.....	Address:.....
.....
Home Phone:.....	Home Phone:.....
Work Phone:.....	Work Phone:.....
Mobile:.....	Mobile:.....
Relationship:.....	Relationship:.....

It is very important that you tell these people you have nominated them. In nominating them you give them authority to act on the child/ren's behalf if neither parent/caregiver can be located, to pick up the child/ren in an emergency and care for the child/ren until the child/ren can be returned home.

THE CHILD/REN WILL ONLY BE RELEASED TO A NOMINATED PERSON

SMOSHC Enrolment Agreement

<p>I agree to pay the required fees for my child/ren's care to the SMOSHC service. In the event of default of payment of fees, SMOSHC may refer the default to a debt collecting agency. If this occurs, personal information will be disclosed to the agency and I will be responsible for the collecting cost.</p>	<p>Yes/No</p>
<p>I accept the policies and rules of St Martins Lutheran College will apply to SMOSHC.</p>	<p>Yes/No</p>
<p>I give permission for SMOSHC staff to administer medication to my child/ren when directed by the parent/caregiver.</p>	<p>Yes/No</p>
<p>I am aware of arrival, pick up process and fee structures for my child/ren in the SMOSHC centre.</p>	<p>Yes/No</p>
<p>I give permission for my child/ren to participate in supervised walks/visits to a local park/ playground as part of the SMOSHC program. I understand it is my responsibility to advise SMOSHC staff if I do not want my child/ren to participate in a particular activity. SMOSHC will advise you separately of any details prior to any student free days or school holiday excursions.</p>	<p>Yes/No</p>
<p>I am aware that SMOSHC staff may exchange information relating to my child/ren with school staff and to the appropriate person(s) (e.g. In an emergency/special needs of my child/ren). I understand that this information will be handled confidentially.</p>	<p>Yes/No</p>
<p>I consent for my child/ren to be photographed while as the SMOSHC service and for their image and name to be used at the discretion of the SMOSHC director.</p>	<p>Yes/No</p>
<p>I agree that SMOSHC does not accept liability for damage or loss of any personal possessions of my child/ren and that insurance for my child/ren's personal possessions is my responsibility.</p>	<p>Yes/No</p>
<p>Custody of the child/ren. (To be completed if custody is an issue for the family). Is anyone legally denied to the child/ren? Please provide staff with any relevant legal documents regarding family issues:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Yes/No</p>

Name: _____

Signed: _____

Date: _____

Individual Child Details

Are there any details, needs and considerations about your child/ren/family that the SMOSHC service should be aware of? e.g. diet, culture, religion, disabilities, impediments, restrictions on physical activity, behaviours, medications, etc., Please outline:

Name of Child _____

Yes / No

If yes, is there a Health Care Plan supplied?

Yes / No

Please outline:

Name of Child _____

Yes / No

If yes, is there a Health Care Plan supplied?

Yes / No

Please outline:

Name of Child _____

Yes / No

If yes, is there a Health Care Plan supplied?

Yes / No