



Application for Enrolment

St Martins Out of School Hours Care

SMOSHC

3 St Martins Drive, Mount Gambier, SA 5290

Director: 0418 815 101

Email: OSHC@stmartins.sa.edu.au

FOR OFFICE USE ONLY

Family Name:

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Student Name/s:

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To begin:.....

In Term:.....

Year Level/s:.....



STUDENT INFORMATION	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Surname:				
Given Name/s:				
Preferred Name:				
Gender:	Male / Female	Male / Female	Male / Female	Male / Female
Date of Birth:				
Enrolling for:	Year Level:	Year Level:	Year Level:	Year Level:
	Year: 20....	Year: 20....	Year: 20....	Year: 20....
Country of Birth:				
Nationality:				
Language Spoken at Home:				
Aboriginal:	Yes / No	Yes / No	Yes / No	Yes / No
Torres Strait Islander:	Yes / No	Yes / No	Yes / No	Yes / No
Do you give permission for your current school to forward relevant information to the College?	Yes / No	Yes / No	Yes / No	Yes / No
Religion:				
Student lives with:	Both Parents / Mother / Father / Caregiver	Both Parents / Mother / Father / Caregiver	Both Parents / Mother / Father / Caregiver	Both Parents / Mother / Father / Caregiver

PARENT / GUARDIAN INFORMATION				
Family and address details where student resides				
Title:	Parent / Carer 1 Mr Mrs Ms Miss		Parent / Carer 2 Mr Mrs Ms Miss	
Full Name:				
Relationship to Student:				
Mobile:				
Phone:	H:	W:	H:	W:
Email:				
Home Address:				
Postal Address:				

RESPONSIBILITY FOR PAYMENT
On agreeing to abide by the Responsibility for Payment of School Fees Terms and Conditions I confirm the following person/s are responsible for payment of school fees relating to the student's enrolment at St Martins Lutheran College. All such persons signing this confirmation are responsible for payment and shall be jointly or severally obligated hereunder. The College must be notified in writing if the person/s responsible for payment of fees changes.
Name and signature of Person responsible for payment:
Name and signature of Person responsible for payment:
Accounts to be sent to (Name):
Postal address:
Email:

EMERGENCY CONTACTS / AUTHORITY TO COLLECT (Other than Parent or Carer)

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/guardian 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

Title:	Emergency Contact 1 Mr Mrs Ms Miss		Emergency Contact 2 Mr Mrs Ms Miss	
Full Name:				
Relationship to Student:				
Mobile:				
Phone:	H:	W:	H:	W:
Email:				
Home Address:				

MEDICAL AND SPECIAL NEEDS INFORMATION

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
Are there any details, needs and considerations about your child/ren/family that the SMOSHC service should be aware of?	Yes / No	Yes / No	Yes / No	Yes / No
Does the student have any known or suspected special needs or health issues?	Yes / No	Yes / No	Yes / No	Yes / No

If you answered YES to either of the above, please provide a brief over view of details below. SMOSHC staff will require you to complete a separate Personal Health Information form for those needs or health issues and provide plans as applicable.
Failure to disclose this information may impede our ability to cater to the student's needs.

CHILD 1:

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CHILD 2:

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CHILD 3:

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CHILD 4:

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Health Care Plans or Documentation attached? Yes / No Yes / No Yes / No Yes / No

SMOSHC Enrolment Agreement

<p>I accept responsibility for the payment of SMOSHC fees and understand that these fees are I invoiced separately to regular school fees and must be paid within 14 days.</p> <p>In the event of default of payment, I understand the College may take all steps it considers necessary to recover monies owed, including professional debt collection services and legal action. All fees, charges and commissions arising as a result of such actions will be payable by the person(s) who sign this SMOSHC Enrolment Agreement.</p> <p>Outstanding SMOSHC fees/charges may result in your SMOSHC Enrolment being suspended until your account is in order.</p>	Yes / No
I accept the policies and rules of St Martins Lutheran College will apply to SMOSHC.	Yes / No
I give permission for SMOSHC staff to administer medication to my child/ren when directed by the parent/caregiver.	Yes / No
I am aware of arrival, pick up process and fee structures for my child/ren in the SMOSHC centre.	Yes / No
<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.</p> <p>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>	Yes / No
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.	Yes / No
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.	Yes / No
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.	Yes / No

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 copies of Family Court orders and any relevant legal documents regarding family issues:

CHILD 1:

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CHILD 2:

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CHILD 3:

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CHILD 4:

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Signatures

	Parent / Carer 1	Parent / Carer 2
Signature:		
Name:		
Date:		