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:

……………………………………………….

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:				
Year Level				
To Start	20 . . / ASAP	20 . . / ASAP	20 . . / ASAP	20 . . / ASAP
Language Spoken at Home:				
Aboriginal:	Yes / No	Yes / No	Yes / No	Yes / No
Torres Strait Islander:	Yes / No	Yes / No	Yes / No	Yes / No
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:				

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?	Seizures/Epilepsy ☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Allergies (food) ☐ Allergies (other) ☐ Vision/hearing ☐ Other ☐	Seizures/Epilepsy ☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Allergies (food) ☐ Allergies (other) ☐ Vision/hearing ☐ Other ☐	Seizures/Epilepsy ☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Allergies (food) ☐ Allergies (other) ☐ Vision/hearing ☐ Other ☐	Seizures/Epilepsy ☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Allergies (food) ☐ Allergies (other) ☐ Vision/hearing ☐ Other ☐

If you answered YES to any of the above please provide a brief over view of details below. An **Action Plan** must be provided if not already submitted to the College. Please note that SMOSHC must be provided with it's own set of clearly labelled medication. *Failure to disclose this information may impede our ability to cater to the student's needs.*

CHILD 1:
What is the nature of the condition?...
How can it affect the student?...
What treatment is required?..
Risk Management for condition:...

CHILD 2:
What is the nature of the condition?...
How can it affect the student?...
What treatment is required?..
Risk Management for condition:...

CHILD 3:
What is the nature of the condition?...
How can it affect the student?...
What treatment is required?..
Risk Management for condition: ....

CHILD 4:
What is the nature of the condition?...
How can it affect the student?...
What treatment is required?..
Risk Management for condition:...

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

CONSENT TO MEDICAL ATTENTION: Yes / No

In the event of illness or injury requiring urgent medical treatment I consent for medical and / or hospital attention to be sought. If Ambulance travel is required the cost is the responsibility of the student's parents/guardians. St Martins Lutheran College does not hold blanket Ambulance cover for students and staff. Parents / Guardians or emergency contacts will be contacted immediately in these events.

SIGNED:... NAME:... DATE:.............................

SMOSHC Enrolment Agreement

I accept responsibility for the payment of SMOSHC fees and understand that these fees are invoiced separately to regular school fees and must be paid within 14 days. 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. **Outstanding SMOSHC fees/charges may result in your SMOSHC Enrolment being suspended until your account is in order.**	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
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.	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 at SMOSHC 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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RESPONSIBILITY FOR PAYMENT / ENROLMENT AGREEMENT

On agreeing to abide by the Responsibility for Payment of SMOSHC Fees Terms and Conditions I confirm the following person/s are responsible for payment of all fees relating to the student's enrolment at SMOSHC and that all details provided on this application are true and correct. 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:

Date: