

Prince Alfred College Preparatory School
OUT OF SCHOOL HOURS CARE PROGRAM 2012

2012 ENROLMENT, APPLICATION & HEALTH/MEDICAL FORM
(An Enrolment Form must be filled out for each child)

I _____ wish to apply for my child's inclusion in Before School Care / After School Hours Care.

Name of Child: _____ Year _____ DOB _____

Home Address: _____

Mother/Guardian		
Name:	Address:	Phone Nos: (w)..... (h)..... (mob).....
Occupation:
Father/Guardian		
Name:	Address:	Phone Nos: (w)..... (h)..... (mob).....
Occupation:
Emergency Contacts: <i>(if parents are unable to be contacted)</i>		Phone Numbers:
Name: <i>(Relationship to child)</i>	(w)..... (h)..... (mob).....	
Name: <i>(Relationship to child)</i>	(w)..... (h)..... (mob).....	

The **Before School Care Program** will be available between 7.30 and 8.20 am daily, at a cost of \$7.30 per session, bookings are not required for this service. *(A discount of 10% will apply if there is more than one child from the same family).*

The **After School Care Program** will be available between 3.00 and 6.00 pm at a cost of \$13 from 3.00pm to 4.30pm (short stay) and \$19.40 to 6.00pm (long stay). *(A discount of 10% will apply if there is more than one child from the same family).* A late fee of \$20 for every 5 minutes after 6.00pm will be applied in all instances.

You will be charged at the end of each term for the hours used.

Registration fee is \$15.50 per term per family. This will be included in your account. *(This fee applies once only for Before or After School Care)*

Care will be required: *(please circle)* **Permanent** *(please select day(s) required below)* **Casual**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

MEDICAL/HEALTH INFORMATION

- Has your child any physical limitations or medical conditions? (e.g. asthma, epilepsy)
- Is your child undergoing any treatment or medication:
- Allergies: Reaction:
Food / Penicillin / Other (*please indicate*)
Treatment
- Is your child currently immunised against: Tetanus / Measles / Diphtheria / Polio / Whooping cough / Mumps? (*Please circle*)
- Has your child suffered any illnesses that may re-occur (*e.g. chronic infection*)?
- Does your child have a disability? (*Please circle*)
Sensory / Physical / Speech & Language / Emotional Behaviour / Multiple Disability / Gifts and Talents / Medical Condition / Syndrome / Special Needs of Family

MEDICAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY

In case of accident or emergency, every effort will be made to contact parents prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment, I authorise the care providers and staff to obtain the medical assistance, which they deem necessary, and agree to pay all medical and transport costs incurred on behalf of my child. I further authorise qualified practitioners to administer anaesthetic if the need arises.

Doctor's Name: Address:
Phone No: Medical Benefits:

Signature: _____ Date: _____

PARENTING ORDERS/PLANS (*to be completed if custody is an issue for the family*)

Are parents separated / divorced? YES / NO
Does the child have contact with the other parent? YES / NO
Is anyone legally denied access to the child? YES / NO
If yes, please indicate the name of the person and the relationship to your child.

After School Care Users Only:

My child will travel home by: (*please circle*) Private Car / Public Transport *

* Please give details of bus route and any other relevant information

People authorised to collect child/children:
Telephone Numbers:

I am aware of arrival and pick-up procedures for my child at this centre.

Exceptions: Children must have written permission to leave the program without supervision.

Signature: _____ Date: _____