

## OSCAR ENROLMENT FORM

### Child(ren)'s details

Name	Date of Birth	Age	M / F
1. _____			
2. _____			
3. _____			

### Enrolment details

Please write the times your child will attend below each day:

Y ^\ AK

Monday ☹	Tuesday ☹	Wednesday ☹	Thursday ☹	Friday ☹
Week 2: Monday...	Tuesday ...	Wednesday ...	Thursday ...	Friday ....

People allowed to collect your child(ren)

\_\_\_\_\_

People not allowed to collect your child(ren)

\_\_\_\_\_

Mother's name \_\_\_\_\_

Home address \_\_\_\_\_

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (mobile) \_\_\_\_\_ (after hours)

Email \_\_\_\_\_

Father's name \_\_\_\_\_

Home address \_\_\_\_\_  
(if different)

Telephone \_\_\_\_\_ (day) \_\_\_\_\_ (mobile) \_\_\_\_\_ (after hours)

Email \_\_\_\_\_

## Two Emergency contacts

1. Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Telephone contact between 8.00am – 6.00pm \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Telephone contact between 8.00am – 6.00pm \_\_\_\_\_

## Doctor's Details

Child(ren)'s doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

## Additional Information

Does your child(ren) have any particular health needs we should be aware of? (e.g. allergies, food requirements, asthma, medical conditions etc.) **Y / N (please circle)**

Name \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Details \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about in order to take good care your child(ren)? (e.g. custody arrangements, special needs, behavioural issues, ethnicity /cultural identity etc.)

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## Parent Contract

I/We agree and acknowledge:

- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I authorize the taking of photographs of my child/ren and the use of their images in advertising material.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay fees for all sessions for which my child is enrolled. NOTE refunds for nonattendance will be considered for exceptional circumstances only.
- I agree to pay my account upon receipt of invoice.
- If I fail to pay my account in full I agree that the particulars of debt may be passed on to a Debt Collection Agency and any costs incurred will be paid by me.
- The OSCAR Holiday Programme Co-ordinator reserves the right to withdraw a child from the programme for serious misconduct.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures a copy of which are available on request.

\_\_\_\_\_ of \_\_\_\_\_  
(Print name here) (address)

will be responsible for all administration and payment of invoices for this child.

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

Name of parent / caregiver: .....

Signature of parent / caregiver: ..... Date: .....

### Fees per child (including GST)

- \$40.00 per day
- \$180.00 per week
- \$8.00 per hour

**Privacy Act 1993:** The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All enrolment information will be retained for seven (7) years as per our legal obligations. You are welcome to review information pertaining to your child's enrolment at any time.