



ST FRANCIS OF ASSISI CATHOLIC PRIMARY SCHOOL

Grow in Wisdom and Love

OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM

CHILD'S INFORMATION	
Surname	
First Name	
Middle Name/s	
Preferred Name	
Gender	Male / Female (Please circle)
Date of Birth	
Residential Address:	
Place of Birth	
Country of Birth	
Nationality	
Indigenous	Yes / No (Please circle)
Language Spoken at home	
Family Assistance Office – Child's CRN number	
Preferred Commencement Date	

CHILD'S MEDICAL INFORMATION	
Doctor's Name	Doctor's Phone No
Please note: If you do not have a particular Doctor you must enter either Darwin Public Hospital or Darwin Private Hospital.	
Medical Conditions	eg. medical/physical/allergy conditions:
A Medic Alert Required?	YES / NO If yes please attach Action Plan from your Doctor
Immunisation Record Sighted:	YES / NO
Please Note: A copy of child's immunisation record is to be supplied with this application.	
Special Interests	
All children are unique and have particular interests, talents and needs. Please share the insights you have of your child.	
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.....	

Please indicate if regular or casual booking: Regular <input type="checkbox"/> Casual <input type="checkbox"/>			
Please tick days your child will be attending each service:			
Before School Care		After School Care	
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

ALTERNATIVE EMERGENCY CONTACT

If Family or Alternative Family contacts unavailable, the person listed below is the contact for the student.

PRIORITY	NAME	PHONE NO	RELATIONSHIP TO CHILD
First			
Second			
Third			

PERSONS AUTHORISED TO COLLECT

Please note staff will not allow anyone to collect your child unless notice is given by the parent/guardian and identification is presented upon request.

Name	Work Phone Number	Home Phone Number	Relationship to child

CUSTODY/GUARDIANSHIP (if applicable)

Name of Person(s) with legal guardianship of the student:	
If applicable a copy of any parenting or restraint order attached	YES / NO
Any other conditions enforced at Law?	YES / NO
Details:	

Do you use more than one Childcare Service for this child?	YES / NO
If YES please write the number of hours for each Service	
If NO : if you do use another Service in the future you must notify us of the hours.	
Do you have other children that use the same type of approved Care?	YES / NO
If YES please provide the number of children in other Care	

Incorrect information supplied may result in a Child care Benefit debt with Centrelink at the end of the Financial Year.

FAMILY INFORMATION

Does the child live with this family: Permanently / Occasionally (Please Circle)

Mother/Guardian		Father/Guardian	
Title	Mrs / Ms / Miss / Dr	Title	Mr / Dr
First Name		First Name	
Middle Name/s		Middle Name/s	
Surname		Surname	
Maiden Name			
Date of Birth		Date of Birth	
Occupation		Occupation	
Nationality		Nationality	
Country of Birth		Country of Birth	
Language		Language	
Employer		Employer	
Religion		Religion	

Business Ph		Business Ph	
Mobile Phone		Mobile Phone	
Correspondence via email	Yes / No	Correspondence via email	Yes / No
Email		Email	
Family Parish		Medicare No.	
Sole Parent		Sole Parent	
Family Assistance Office Customer Relationship Number (CRN)			

ADDRESS INFORMATION

Residential Address:	
Home Telephone No.	Silent: YES / NO
Home Fax No.	
Mailing Title	
Mailing Address <i>If the same as residential address write "as above"</i>	
Billing Title	
Billing Address <i>Please Note: All accounts will be sent to this address, any other correspondence will be sent to mailing address.</i>	

Please note that the following section only needs to be completed if the child resides with an alternative family.

ALTERNATIVE FAMILY INFORMATION

Does the child live with this family: Permanently / Occasionally (Please Circle)

Mother/Guardian		Father/Guardian	
Title	Mrs / Ms / Miss / Dr	Title	Mr / Dr
First Name		First Name	
Surname		Surname	
Maiden Name			
Date of Birth		Date of Birth	
Occupation		Occupation	
Nationality		Nationality	
Country of Birth		Country of Birth	
Language		Language	
Employer		Employer	
Religion		Religion	
Business Ph		Business Ph	
Mobile Phone		Mobile Phone	

Correspondence via email	Yes / No	Correspondence via email	Yes / No
Email		Email	
Family Parish		Medicare No.	
Sole Parent		Sole Parent	

Please note that the following section only needs to be completed if the child resides with an alternative family.

ALTERNATE FAMILY ADDRESS INFORMATION	
Residential Address:	
Home Telephone No.	Silent: YES / NO
Home Fax No.	
Mailing Title	
Mailing Address <i>If the same as residential address write "as above"</i>	
Billing Title	
Billing Address <i>Please Note: All accounts will be sent to this address, any other correspondence will be sent to mailing address.</i>	

GENERAL CONSENTS (please read & tick where appropriate)
<p>EMERGENCY In the event of any accident or illness, I authorise such medical or hospital treatment as my child may require and agree to meet any expenses attached thereto. In the case of emergency I agree for my child to be transported by private vehicle / ambulance. I agree to pay expenses incurred for medical treatment. I give permission for paracetamol (eg Panadol) and Ventolin to be used if deemed necessary.</p> <p>PROGRAM I am willing for my child to participate in all activities offered. I agree it is my responsibility to familiarise myself with the program and to advise the Service in writing if I do not wish my child to participate in a particular activity.</p> <p>LOCAL EXCURSIONS I hereby give permission for my child to participate in excursions into St Francis of Assisi School, including under-cover areas, library/computer room, classrooms and grounds. I agree it is my responsibility to familiarise myself with the area and manner of the excursion and to advise the Service in writing if I do not wish my child to participate in a particular excursion.</p> <p>PHOTOGRAPHY I give permission for my child's photo to be used in general publications for the School, Early Learning Centre and Outside of School Hours Care eg; children's portfolios, ELC & OSHC Handbook, School Newsletter, School Website, or on the Internet and/or Intranet.</p> <p>FEE PAYMENT Fees may be paid to the School Office on a weekly or fortnightly basis by cash, cheque, credit card, Eftpos, electronic transfer or Centrepay (see the Office for details). Credit payments may be taken over the phone.</p> <div style="text-align: center; background-color: yellow; padding: 5px;"> <p>Fees will be paid (please tick whichever is applicable)</p> <p><input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly</p> <p>FEES MUST BE PAID TWO WEEKS IN ADVANCE</p> </div> <p>I/We agree to undertake this commitment to pay my/our Fee Account as stated above. Should there be any changes for any reason whatsoever to the Agreement, I/We will notify the Finance Officer immediately. Failure to pay fees will result in your child losing their position in Outside School Hours Care and that for the recovery of fees a debt collection agency will be used and you will be liable for the debt recovery commission. Permanent bookings are secured by payment of weekly fees in advance.</p> <p>CHANGE OF BOOKING/END OF CARE Written notification is required 2 weeks in advance. If not given charges will apply.</p>

PRIVACY ACT

I/We have read and agree / disagree (please delete) with the provisions listed in the Privacy Act for children enrolment at St Francis of Assisi Outside School Hours Care. **Please note that if you disagree with any of the provisions listed, written notification is required.** I/We understand that in making this application that electronic data currently held at Catholic Schools and Learning Centres in the Northern Territory on students/families may be transferred to St Francis of Assisi Catholic Primary School. I/We have completed this application form fully and to the best of my/our knowledge. Further, I/we acknowledge and accept that if it can be demonstrated that I/we have withheld information relevant to the application/enrolment process, especially in relation to this student's individual needs, medical conditions, health care requirements and/or Parenting Orders, then the enrolment may be refused or terminated on this ground.

SIGNATURES OF PARENT(S)/GUARDIAN(S)

Female Parent or Guardian

Date: / /20

Male Parent or Guardian

Date: / /20

PRIVACY ACT

1. The School (the Diocese both independently and through its Schools) collects personal information, including sensitive information about pupils and parents or guardians before and during the course of a pupil's enrolment at the School. The primary purpose of collecting this information is to enable the School to provide schooling for your son/daughter.
2. Some of the information we collect is to satisfy the School's legal obligations, particularly to enable the School to discharge its duty of care.
3. Certain laws governing or relating to the operation of schools require that certain information is collected. These include Public Health [and Child Protection]* laws.
4. Health information about pupils is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask you to provide medical reports about pupils from time to time.
5. If we do not obtain the information referred to above we may not be able to enrol or continue the enrolment of your son/daughter.
6. The School from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, government agencies, statutory board [Catholic Education Office, the Catholic Education Commission, your local diocese and the parish, Schools within other Catholic Dioceses. Also government authorities such as the NSW Board of Studies, the Australian Curriculum, Assessment and Reporting Authority (ACARA)]* medical practitioners, and people providing services to the School, including specialist visiting teachers, [sports] coaches, volunteers and counsellors.
- 6a. In addition to the agencies and purposes cited at 6 above personal information relating to students and parents may also be made available, in accordance with Australian Government requirements, to ACARA for the purpose of publishing certain school information relating to the circumstances of parents and students on the MySchool website.
7. The School from time to time may also collect and disclose personal information about current or prospective students in accordance with the Education Act or child protection legislation.*
8. Personal information collected from pupils is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, pupil activities and other news is published in School newsletters, magazines [and on our website].
9. Parents may seek access to personal information collected about them and their son/daughter by contacting the School. Pupils may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others, where access may result in a breach of the School's duty of care to the pupil, or where pupils have provided information in confidence.
10. As you may know the School from time to time engages in fundraising activities. Information received from you may be used to make an appeal to you. [It may also be disclosed to organisations that assist in the School's fundraising activities solely for that purpose.] We will not disclose your personal information to third parties for their own marketing purposes without your consent.
11. On occasions information such as academic and sporting achievements, pupil activities and similar news is published in School newsletters and magazines [and on our website]
12. If you provide the School with the personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish and that the School does not usually disclose the information to third parties.