



ANNUAL APPLICATION FOR OUTSIDE SCHOOL HOURS CARE (OSHC)

I.....of.....
 (Name of Parent) (Address and Postcode)

wish to apply for my child's/children's inclusion in the OSHC Program.

To claim Child Care Benefit (CCB) / Child Care Rebate, a Centrelink Customer Reference Number (CRN) and date of birth for both the Centrelink primary contact and all children is required. For more information about Child Care Benefit please contact the Family Assistance Office on 13 61 50.

Parent / Caregiver name	Telephone (home)	Telephone (work)	Telephone (mobile)	Parent Date of Birth **	Centrelink CRN **

** if not already provided

I / We wish to claim CCB as a lump sum / fee reduction (circle selection). Children that receive Child Care at other centres must be included below.

Child name	Gender	Class	Centrelink CRN (Child) **	Child Date of Birth **	Service Required – circle required service
	M / F				BSC / ASC / VAC
	M / F				BSC / ASC / VAC
	M / F				BSC / ASC / VAC
	M / F				BSC / ASC / VAC

** if not already provided

Before School Care program runs from 7.30am till 8.20am when the children will be delivered to their classroom
 After School Care program runs from completion of school time until 6.00pm
 A separate Vacation care program will be provided.

After School Care is required on the following days. (note this is indicative use only – bookings are still required)

Monday	(.....)	Expected Time of collection:pm
Tuesday	(.....)	pm
Wednesday	(.....)	pm
Thursday	(.....)	pm
Friday	(.....)	pm

Office use only

Reception – (1) CRN / DOB (2) CCMS enrolment (3) Booking (4) Class Signed _____

OSHC – Medical noted / plan developed.....Name / Signature / Date _____



Names of persons who may collect my child/children:

.....Telephone.....

.....Telephone.....

Medical information: Please list any medical conditions and necessary treatment.

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Emergency Person's Name:.....

Contact details Home.....Work.....Mobile.....

MEDICAL ATTENTION IN CASE OF EMERGENCY:

In the case of accident or emergency, every effort will be made to contact parents/guardians prior to seeking treatment. In the event of my child receiving injuries requiring urgent medical attention, I authorise the seeking of that medical attention and agree to pay all costs incurred on behalf of my child.

Parent's/Guardian's Signature:

I / We

1. are aware of arrival and pick-up procedures for my child/children at the Pulteney Grammar OSHC Centre;
2. have read and understood the requirements as per the current Parent Handbook which is available on the Pulteney Grammar website, or a copy can be perused at OSHC, in particular regarding behaviour and accept the conditions as set out;
3. are aware of the need to book in all children attending OSHC, and to sign out after each attendance;
4. are aware that given the limitation of 30 places at BSC and 90 places at ASC that availability of places cannot be guaranteed if children are not booked in through the weekly booking sheet in Kurrajong & fortnightly booking sheet for Prep, and that a non-booking fee will be applied when children are not booked in;
5. are aware that payments are to be made within 14 days of invoice date. The service will exclude attendance at OSHC if payment is not made in this timeframe

Parent's/Guardian's Signature:

Dated...../...../.....

THE REGISTRATION FEE OF \$25.00 PER FAMILY WILL BE CHARGED TO YOUR FEE ACCOUNT AT THE COMMENCEMENT OF EACH YEAR.

Last updated March 2010