

Office Use Only

Family Name:

Student Name/s:

Application for Enrolment

SPLASH

St Paul Lutheran After School Hours Care



**ST PAUL
LUTHERAN SCHOOL**

Living and Learning Together in Christ

SPLASH: St Paul Lutheran School OSHC
44 Audrey Avenue
Blair Athol
South Australia 5084
Phone (08) 8262 2170
Mobile 0408 838 637
splash@stpaulba.sa.edu.au

Child/Children's Details

Student Name:	Main language spoken at home:
Gender: Male / Female	
Date of Birth:	Is this student of Aboriginal or Torres Strait Island Origin? Yes / No Please specify:
Centrelink CRN:	Medicare Number: Student's immunisation schedule is up to date: Yes / No
Student Name:	Main language spoken at home:
Gender: Male / Female	
Date of Birth:	Is this student of Aboriginal or Torres Strait Island Origin? Yes / No Please specify:
Centrelink CRN:	Medicare Number: Student's immunisation schedule is up to date: Yes / No
Student Name:	Main language spoken at home:
Gender: Male / Female	
Date of Birth:	Is this student of Aboriginal or Torres Strait Island Origin? Yes / No Please specify:
Centrelink CRN:	Medicare Number: Student's immunisation schedule is up to date: Yes / No

Parent / Guardian Information

Parent / Guardian Name Please circle: M/F	Parent / Guardian Name Please circle: M/F
Address	Address
Email address (This will be used to email accounts, newsletters and other important information to you.)	Email Address (This will be used to email accounts, newsletters and other important information to you.)
Mobile	Mobile
Home Phone	Home Phone
Work Phone	Work Phone

Do you have any other children currently in an Approved Child Care Service?

Yes

No

Name of children in **other** Approved Child Care:-

Are there any relevant court orders, parenting orders or parenting plans? Please provide staff with any relevant legal documents regarding family issues:

Are there any details, needs and considerations about your child/ren/family that the SPLASH service should be aware of? e.g. diet, language, cultural background, religion, disabilities, impediments, restrictions on physical activity, behaviours, allergies, medications, etc.

Please outline: _____

Account Information		
Enrolling Parent / Guardian Name	Enrolling Parent Date of Birth	Enrolling Parent Centrelink CRN
Email Address (This will be used to email accounts, newsletters and other important information to you.)		
Preferred Billing Address (This will be used to send you accounts if we are unable to contact you by email)		

Emergency Contacts		
(If parent / guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)		
1. Name	2. Name	3. Name
Mobile	Mobile	Mobile
Home or Work Phone	Home or Work Phone	Home or Work Phone
Relationship to the child	Relationship to the child	Relationship to the child

Additional Authority to Collect		
Other people authorised to collect child / children (e.g. special arrangements for social / sporting events) Add more lines if needed		
1. Name	Phone/Mobile	Relationship to the child
2. Name	Phone/Mobile	Relationship to the child
3. Name	Phone/Mobile	Relationship to the child
4. Name	Phone/Mobile	Relationship to the child

Parent/Guardian Declaration

1. I agree that I am liable for the payment of all fees charged by SPLASH, including any costs incurred in the recovery of such fees, should the need arise.
2. I accept the policies and rules of St Paul Lutheran School will apply to SPLASH, and agree to comply with the SPLASH policies and procedures as amended from time to time.
3. I give permission for SPLASH staff to administer medication to my child/ren when directed by the parent/caregiver.
4. I am aware of arrival, pick-up procedures and fee structures for my child/ren for the SPLASH service.
5. I am aware that SPLASH 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.
6. I understand that my child/ren may be photographed while at the SPLASH service and that their image and name may be used for the purposes of SPLASH and St Paul Lutheran School publications, unless otherwise communicated to the Director by myself.
7. I agree that SPLASH 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.
8. I am aware that the SPLASH Director from time to time is required to disclose personal and sensitive information to others for administrative purposes, including St Paul Lutheran School and government departments.
9. I agree to update contact or emergency details with SPLASH as changes occur.
10. I agree to update details regarding additional children in child care as they occur.
11. I understand that my child's detailed medical records will be sourced from St Paul Lutheran School records and that any changes or updates throughout the year should be communicated to SPLASH as well as the school.
12. I declare that all of the information provided in this application is, to the best of my knowledge, true and correct.

I acknowledge and accept all of the above terms and conditions.

Signed: _____ **Date:** _____
(Enrolling Parent/Guardian)

Signed: _____ **Date:** _____
(Account holder if different from Enrolling Parent/Guardian)