



Guildford Grammar School

FOUNDED 1896

OUT OF SCHOOL CARE CENTRE ENROLMENT FORM 2017

I wish to enrol my child/children in the Out of School Care Centre.

Name of Parent or Guardian 1 _____ DOB _____ CRN _____

Address _____ Post Code _____ Telephone _____

Name of Parent or Guardian 2 _____ DOB _____ CRN _____

Address _____ Post Code _____ Telephone _____

Parent or Guardian 1 _____ Parent or Guardian 2 _____

Place of Employment _____ Place of Employment _____

Address of Employment _____ Address of Employment _____

Telephone _____ Telephone _____

Mobile No _____ Mobile No _____

Email Address _____ Email Address _____

Is your family: Single Parent Family
Two Parent Family (please tick)

Are there any Court Orders involving custody of your child?
Yes / No (if yes please provide a copy of the Court Order)

The child/ren live with: _____ Principal Language spoken at home: _____

School attending if NOT Guildford Grammar School: _____

Relevant information concerning cultural religious & special needs requirements _____

Are there any other special circumstances? _____

Who is authorised, **other than parents/guardians**, to collect the child/children from the Centre?

Name _____ Address _____

Telephone _____ (Please note this person will also be used as an emergency contact if the parents or guardians are uncontactable)

Name _____ Address _____

Telephone _____ (Please note this person will also be used as an emergency contact if the parents or guardians are uncontactable)

Child/ren's Swimming capability: _____

PHOTOS

I give permission for the Centre to take photos of my child/children for the purpose of programming, observations and excursions.

Signed _____ Date _____

CHILD'S SURNAME	CHILD'S FIRST NAME	CLASS/YEAR	DATE OF BIRTH	CRN

<i>Please tick fixed days required</i>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					

PLEASE SEE OVER

MEDICAL INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN

Although I realise that every care will be taken, I agree that Guildford Grammar Out of School Care Centre, its staff and leaders of the Program are free of all responsibility for lost property in connection with my child/children's participation.

Signature _____ Date _____

Medical or physical conditions, which your child/children suffer, that needs to be brought to the attention of the Centre Supervisor. Please give details.

Allergies: _____

Immunisation Status: _____

Other relevant details: _____

We regret that we are unable to care for sick children or children with contagious illness. However, should your child become ill while in our care we will notify parents/guardians and seek medical assistance if appropriate.

Medicine or tablets will only be administered to children by the Supervisor under written authorisation from a medical practitioner in accordance with the prescribed dosage. Separate medication authority form must be filled in by parent/guardian.

Our family doctor is _____ Telephone _____

In the event of any accident or illness, I authorise the obtaining, on my behalf, of such medical assistance as my child/children may require and agree to meet any expenses attached thereto.

Under supervision, my child/children are allowed to access any other area on the School Campus.

Signature _____ Date _____

TRANSPORT

I, _____, do hereby give permission for _____

to travel by private car in the case of emergency during out of school hours.

PARENT'S STATEMENT

The information given in this statement is true and correct.

Signature _____ Date _____

PRIVACY STATEMENT

The information supplied on this enrolment is in accordance with the Children and Community Services (Outside School Hours Care) Regulations 2012. This information is necessary in case of emergency and medical information allows for proper treatment of the individual child. The information supplied will only be available to the Coordinator. Only with your permission information will be given to others when the occasion arises and on a "need to know" basis. All personal information will be kept safe and secure.

For your child's safety, please ensure that the information supplied is kept up to date and notify the Coordinator of any changes a.s.a.p. (i.e. telephone numbers, change of work place, medical conditions etc.) Any verbal information supplied to the Coordinator will be dealt with in the strictest confidence. Staff will not disclose or discuss any details of families or children, other than as a direct requirement of their role. If you have any concern relating to the above, please discuss with the Coordinator of the Centre.

Please indicate if you would like to receive further information regarding Guildford Grammar School YES NO

Telephone: 9377 9290

Email: OutofSchoolHoursCare@ggs.wa.edu.au

STUDENT ENROLMENT INFORMATION FORM 2017

Name of Child 1 _____

Things I like to do _____

Places I like to go _____

Places I would like to go if I could _____

Foods I like _____

Foods I do not like _____

The pets I have at home _____

My family consists of _____

Sports I play _____

My favourite games _____ (2017)

Name of Child 2 _____

Things I like to do _____

Places I like to go _____

Places I would like to go if I could _____

Foods I like _____

Foods I do not like _____

The pets I have at home _____

My family consists of _____

Sports I play _____

My favourite games _____ (2017)

Name of Child 3 _____

Things I like to do _____

Places I like to go _____

Places I would like to go if I could _____

Foods I like _____

Foods I do not like _____

The pets I have at home _____

My family consists of _____

Sports I play _____

My favourite games _____ (2017)