



Mother Teresa

CATHOLIC PRIMARY SCHOOL

2021 - APPLICATION FOR CHILDREN ATTENDING OSHC (cp20171004)

PARENTS/GUARDIANS INFORMATION					
	Full Name	Date of Birth	Daytime Phone	Mobile	CRN (Customer Reference Number with Centrelink)
Mother					
Father					
Joint Carer					
Home Address					Home Phone
Email					
Custody Details / Parenting orders or plans (of which to be aware)					
<p>If I cannot be contacted, I give the emergency contacts below authorization to act according to the circumstances and as indicated in the consent column:</p> <ol style="list-style-type: none"> 1. Collect child 2. Consent to medical treatment 3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance 4. Consent to seek transportation of the child by an ambulance service 5. Authorise an educator to take the child out of the centre 					
Emergency Contacts and Consents					
Full Name	Address		Mobile	Consent Given to: (Please circle)	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
				1 2 3 4 5	
Parent Name				Signature	

CHILD'S INFORMATION		Family Name:			Child's Address:		
Child's First Name		Date of Birth	M/F	Class		CRN (Customer Reference Number with Centrelink)	
Any special cultural, religious or dietary considerations or special needs							
Cultural Background		Language used in child's home					
MEDICAL INFORMATION							
I consent to commence First Aid or Medical Treatment (please circle)				Yes No	Signature:		
Doctor's Name					Clinic Name		
Address					Phone Number		
Child's Medicare Number							
Specific Health Care Needs or Conditions					Details of any allergies		
Has your child been diagnosed as at risk of anaphylaxis?					Details of any dietary restrictions		
Details of any Medical Management Plan							
Health Record Sighted		Yes	No	Immunization Status Up-to-Date		Yes	No
REQUIRED DAYS							
Permanent - Monday to Friday (Please tick)							
Permanent Part Time (Please tick days and times)	Monday	Tuesday	Wednesday	Thursday	Friday		
	Before School	Before School	Before School	Before School	Before School	Before School	
	After School	After School	After School	After School	After School	After School	
Casual – Notice Required (Please tick days and times)	Monday	Tuesday	Wednesday	Thursday	Friday		
	Before School	Before School	Before School	Before School	Before School	Before School	
	After School	After School	After School	After School	After School	After School	
It is essential for your child's safety that you notify if your child is to be absent. Please ring 08 7969 5600							
PAYMENT							
<p>1. Internet Banking: Name of the Account: Mother Teresa Catholic Primary School Name of Bank: National Bank of Australia BSB: 085-933 Account Number: 77-871-7707</p> <p>Please note whether payment is to BSC (Before School Care) or ASC (After School Care)</p> <p>2. EFTPOS / Credit Card (VISA or MasterCard); cheque; cash</p> <p>3. Please note that the days you select are the days for which you will automatically be charged.</p> <p>4. Any expenses, costs or disbursements incurred by Mother Teresa Catholic Primary School in recovering any outstanding monies, including debt collection agency fees and solicitors plus out of pocket expenses, shall be paid by the customer on demand.</p> <p>5. Please note that a late pick up fee of \$50.00 will be charged to your account if you have not collected your child/ren before 5:45pm. Parents will be charged \$1.00 per minute for late pick-ups after 5:45pm. Please maintain your account at least one week in advance.</p>							
Signature:				Signature:			
Print Name:				Print Name:			
Date:				Date:			