



Mother Teresa

CATHOLIC PRIMARY SCHOOL

APPLICATION FOR CHILDREN ATTENDING OSHC
EMAIL - MT.OSHCAAdmin@nt.catholic.edu.au

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. 6. Authorise, if relevant, for regular transportation of the child by the Service. | | | | | | | | |
| Emergency Contacts and Consents | | | | | | | | |
| Full Name | Relationship to Child | Mobile | Consent Given to: (Please circle) | | | | | |
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| | | | 1 | 2 | 3 | 4 | 5 | 6 |
| 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 | | Indigenous Status (please encircle applicable to student): NOT STATED/ Aboriginal and TSI/ Aboriginal NOT TSI/ Not Aboriginal nor TSI/ TSI NOT Aboriginal | | | | | |
| 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 (NAB) BSB: 085-933 Account Number: 77-871-7707 Payment Description/ Ref: Last Name of Student + OSHC (e.g. SMITH OSHC)</p> <p>2. Direct Debit is the preferred mode of payment. Please take a copy of Direct Debit Form from Finance to set up. EFTPOS / Credit Card (VISA or MasterCard) are still acceptable.</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 two (2) weeks in advance.</p> | | | | | | | |
| Signature: | | | | Signate: | | | |
| Print Name: | | | | Print Name: | | | |
| Date: | | | | Date: | | | |



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EARLY LEARNING CENTRE AND OSHC PARENTS

The following information is needed to ensure your invoices are correct from the start. These details are requested throughout the enrolment paperwork however this document goes straight to finance department.

Childs Name: (exactly how he/she is registered with Centrelink)

Childs CRN:

Name and DOB of Parent claiming the rebate: (exactly how you are registered with Centrelink)

Parents CRN:

Parents Email:

Thank you,
Finance Officer