



0419 290 528
southyoosh@gmail.com
www.wsoosh.com.au



OUT OF SCHOOL HOURS RE-ENROLMENT FORM 2020

PRIVACY

All information contained in this enrolment form is regarded as confidential and will be used for administration purposes. Information will not be disclosed to any other party other than Wallsend South OOSH Management

\$35 Annual enrolment fee is payable per family (Exempt for families enrolled before 2015)

CHILDREN'S NAMES:

SECTION 1: BOOKINGS

BEFORE SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL
AFTER SCHOOL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	CASUAL

PLEASE NOTE THAT AS PER OUR FEES, TERMS AND CONDITIONS PERMANENT BOOKINGS MUST BE PAID FOR WHETHER THE CHILD ATTENDS OR NOT. IN THE CASE OF A CASUAL BOOKING, AT LEAST 24 HOURS NOTICE MUST BE GIVEN TO CANCEL, OTHERWISE CHARGES WILL STILL APPLY.

SECTION 2: EMERGENCY CONTACTS

PLEASE SUPPLY AT LEAST 2 NAMES, OTHER THAN THE CHILD'S PARENTS / GUARDIANS.

I HEREBY AUTHORISE THE EDUCATORS OF THE CENTRE TO CONTACT THE BELOW PEOPLE, IF I CANNOT BE CONTACTED, IN THE CASE OF AN EMERGENCY.

I ALSO AUTHORISE THE FOLLOWING PEOPLE TO PROVIDE EXCURSION PERMISSION, MEDICATION PERMISSION FORMS AND MEDICAL TREATMENT PERMISSION.

ADDRESS' OF ALL EMERGENCY CONTACTS ARE ALSO COMPULSORY TO MATCH WITH ID ON PICK UP

NOTE: IT IS IMPORTANT THAT YOU INFORM THE PEOPLE BELOW THAT YOU HAVE INCLUDED THEM AS EMERGENCY CONTACTS AND THAT THEY MAY BE CONTACTED IN THE CASE OF AN EMERGENCY (WITH YOUR CHILD OR THE CENTRE) AND ASKED TO COLLECT YOUR CHILD WHEN YOU CANNOT BE CONTACTED.

PRIORITY	NAME	ADDRESS	MOBILE	HOME/WORK NO.	RELATIONSHIP	CAN COLLECT Y/N
1						
2						
3						
4						

PLEASE NOTE THAT WE ARE REQUESTING CONTACTS TO BE UPDATED DUE TO OUR KIOSK ELECTRONIC SIGN IN AND OUT SYSTEM. EACH INDIVIDUAL'S MOBILE NUMBER MUST BE ENTERED INTO THE IPAD TO GAIN ACCESS.

Management or Senior Educator to initial once details are checked and updated



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SECTION 3: MEDICAL

TO ENSURE WE HAVE THE MOST UP TO DATE INFORMATION ABOUT YOUR CHILDREN'S HEALTH AND DIETARY REQUIREMENTS
 PLEASE NOTE THEM BELOW.
 IT IS A MANDATORY REQUIREMENT TO PROVIDE OUR SERVICE WITH AN UP TO DATE ASTHMA AND ANAPHYLAXIS ACTION PLAN.

CHILD'S NAME	CURRENT MEDICAL/ALLERGY NOTES	OTHER NOTES

SECTION 4: OTHER

Does your family identify as Aboriginal or Torres Strait Islander?	YES/ NO
If circled yes, what is your Indigenous Country?	
Do you give permission for your child's photo to be displayed on our OOSH Facebook, website, in centre and newsletter?	Please circle which you agree to: Facebook Website In-centre Newsletter

I confirm that there have been no further changes to my details unless written below.

Item of change	
E.g. Address Change Court Orders	123 OOSH Road, Fun Town NSW 1234

Do you have any suggestions or feedback you would like us to implement within our service?

SIGNATURE OF PARENT/GUARDIAN 1	SIGNATURE OF PARENT/GUARDIAN 2
PRINT FULL NAME & DATE	PRINT FULL NAME & DATE