



St Mary's Catholic Primary School – Lindsay Street Darwin NT 0800
APPLICATION FOR CHILDREN ATTENDING OSHC

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)					
I give the following emergency contacts authorization to, either one, any or all of the following, if I cannot be contacted: <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					
Full Name	Address		Mobile	Consent Given to: (Please circle)	
				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 Y/N		Immunization Status Up-to-Date Y/N		

Required Days

Permanent - Monday to Friday		Please tick <input type="checkbox"/>			
Permanent Part Time (Please tick days and times)	Monday	Tuesday	Wednesday	Thursday	Friday
	Before School	Before School	Before School	Before School	Before 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
	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 8981 6107

Payment

- Internet Banking: Name of the Account: St Mary's Catholic Primary School
Name of Bank: National Bank of Australia
BSB: 085 933
Account Number: 39 686 0268
Please note whether payment is to BSC (Before School Care) or ASC (After School Care)
- EFTPOS / Credit Card (VISA or Mastercard); cheque; cash
- Please note that the days you select are the days for which you will automatically be charged.
- Any expenses, costs or disbursements incurred by St Mary's 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.
- Late fees – parents will be charged \$5 per minute for late pick ups.
Please maintain your account at least one week in advance.

Signature:	Signature:
Print Name:	Print Name:
Date:	Date: