



**St Mary's Catholic Primary School**  
 Outside School Hours Care (OSHC)  
 Lindsay Street, Darwin; GPO Box 2413 Darwin NT 0801  
 Phone 08) 8981 9796 (school) 08) 8981 6107 (OSHC)  
 Fax 09) 8981 5286; email [oshc.sm@nt.catholic.edu.au](mailto:oshc.sm@nt.catholic.edu.au)

PARENTS/GUARDIANS INFORMATION							
	Full Name	Date of Birth	Daytime Phone	Mobile	CRN (Customer Reference Number with Centrelink)		
<b>Mother</b>							
<b>Father</b>							
<b>Joint Carer</b>							
<b>Home Address</b>				<b>Home Phone</b>			
<b>Email</b>							
<b>Custody Details / Parenting orders or plans (of which to be aware)</b>							
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"> <li>1. Collect child</li> <li>2. Consent to medical treatment</li> <li>3. Consent to seek treatment from registered medical practitioner/ hospital/ ambulance</li> <li>4. Consent to seek transportation of the child by an ambulance service</li> <li>5. Authorize an educator to take the child out of the centre on excursions</li> </ol>							
<b>Emergency Contacts</b>							
Full Name	Address	Mobile/ Phone	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
<b>Parent Name</b>			<b>Signature</b>				

<b>Family Name:</b>		<b>Address of the child:</b>			
Child's Name	Date of Birth	M/F	Class	CRN (Customer Reference Number with Centrelink)	
<b>Any special cultural, religious or dietary considerations or special needs</b>					
<b>Cultural Background</b>				<b>Language used in child's home</b>	



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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 BSC <input type="checkbox"/> ASC <input type="checkbox"/>			
Permanent Part Time (Please tick days and times)	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	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)	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	Before School	Before School	Before School	Before School	Before School
	After School	After School	After School	After School	After School

Payment
<p>1. Internet Banking: Name of the Account: St Mary's Primary School            Name of Bank: National Australia Bank            BSB: 085 933            Account Number: 396860268            Please note whether payment is to BSC (Before School Care) or ASC (After School Care)</p> <p>2. EFTPOS / Credit Card (VISA or Mastercard)</p> <p>3. Cheque</p> <p>4. Cash</p> <p>5. Please note that the days you select are the days for which you will automatically be charged. Regardless of non attendance ie, sick, holidays or no shows.</p> <p>6. 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.</p> <p>7. Late pick up fees will be charged at \$5.00 per minute.</p> <p align="center"><b>Please maintain your account at least one week in advance.</b></p>

<b>Signature:</b> <b>Print Name:</b> <b>Date:</b>	<b>Signature:</b> <b>Print Name:</b> <b>Date:</b>
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