



# ST MARY'S

## OUT OF SCHOOL HOURS CARE

### APPLICATION FOR CHILDREN ATTENDING St Mary's Outside School Hours Care

PARENTS/GUARDIANS INFORMATION								
	Full Name	Date of Birth	Day time phone/ Mobile	CRN (Customer Reference Number with Centrelink)				
<b>Parent 1/ Guardian 1 (Claiming CCS for Centre Link Purposes)</b>								
<b>Parent 2/ Guardian 2</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>								
<p>I give the following emergency contacts authorization to, either one, any or all of the following, if I cannot be contacted:</p> <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. Authorise an educator to take the child out of the centre</li> <li>6. Authorise, if relevant, for regular transportation of the child by the service</li> </ol>								
<b>Emergency Contacts</b>								
Full Name	Address	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
<b>Parent Name</b>			<b>Signatu re</b>					

<b>CHILD'S INFORMATION</b>	<b>Family Name:</b>		<b>Child's Address:</b>		
<b>Child's Name</b>	<b>Date of Birth</b>	<b>M/F</b>	<b>Class</b>		<b>CRN (Customer Reference Number with Centrelink)</b>

<b>Any special cultural, religious or dietary considerations or special needs</b>				
<b>Cultural Background</b>			<b>Language used in child's home</b>	

<b>Medical Information</b>			
<b>I consent to commence First Aid or Medical Treatment (please circle)</b>	<b>Yes</b>	<b>No</b>	<b>Signature:</b>
<b>Doctor's Name</b>			<b>Clinic Name</b>
<b>Address</b>			<b>Phone Number</b>
<b>Child's Medicare Number</b>			
<b>Specific Health Care Needs or Conditions</b>			<b>Details of any allergies</b>
<b>Has your child been diagnosed as at risk of anaphylaxis?</b>			<b>Details of any dietary restrictions</b>
<b>Details of any Medical Management Plan</b>			
<b>Health Record Sighted Y/N</b>		<b>Immunization Status Up-to-Date Y/N</b>	

<b>Required Days</b>					
<b>Permanent - Monday to Friday</b>		<b>Please tick BSC <input type="checkbox"/> ASC <input type="checkbox"/></b>			
<b>Permanent Part Time (Please tick days and times)</b>	<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
<b>Casual – Notice Required (Please tick days and times)</b>	<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

**It is essential for your child's safety that you notify if your child is to be absent. Please fill in the OSHC cancellation form on School Stream**

**Payment**

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)
2. EFTPOS / Credit Card (VISA or Mastercard)
3. Cheque
4. Cash
5. Please note that the days you select are the days for which you will automatically be charged.
6. Any expenses, costs or disbursements incurred by St Mary's Outside School Hours Care 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.
7. Late pick up fees will be charged at \$5.00 per minute.

**Please maintain your account at least one week in advance.**

**Signature:**

**Print Name:**

**Date:**

**Signature:**

**Print Name:**

**Date::**

**LEARNING IN FAITH AND LOVE**

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