

**Provider – The Anglican Schools Commission Inc,  
PO Box 2520, Mt Claremont WA 6010**

## **JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL OUT OF SCHOOL CARE ENROLMENT**

If you have a child or children currently enrolled at the John Septimus Roe Anglican Community School and you wish to also enrol that child or children into the Out of School Care programme then you need to complete this Complying Written Arrangement (CWA) enrolment form and return it to the School Office, or OSC Centre

Please note the following:

1. At the commencement of each year, you are required to complete the Out of School Care Details List for that year. If these details change during that year, you must notify any changes to the School Office.
2. Acceptance of your child/children into the Out of School Care Programme is automatic once you have completed this form and its receipt has been acknowledged.
3. Care is provided on a casual basis and bookings are essential. Acceptance of bookings depends on available vacancies.
4. Payment for attendance at Before School Care, After School Care and Vacation Care is required by providing the School with Credit Card or Direct Debit deduction authority. Fortnightly Invoices in arrears will be sent to families advising the payment amount and payment processing date.

In order to claim Commonwealth Child Care Subsidy (CCS) you must obtain a Customer Reference Number (CRN) for the parent who will be claiming the CCS and a CRN for each child you are claiming the CCS for from Centrelink.

Service Name: John Septimus Roe Anglican Community School, Out of School Care Programme

- Beechboro Campus
- Mirrabooka Campus

Service Types -

- Before School – 7.00am – 8.30am
- After School – 3.30pm – 6.00pm
- Vacation Care – 7.00am – 6.00pm



**JOHN SEPTIMUS ROE ANGLICAN COMMUNITY SCHOOL**

**OUT OF SCHOOL CARE ENROLMENT FORM  
(Complying Written Arrangement)**

**CHILD'S DETAILS**

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD 3</b>
<b>Child's First Name</b>			
<b>Child's Middle Name</b>			
<b>Child's Surname</b>			
<b>Gender (M or F)</b>			
<b>Date of Birth</b>			
<b>Child's CRN number</b>			
<b>Address</b>			
<b>Suburb &amp; Postcode</b>			
<b>Cultural background</b>			
<b>Language spoken at home</b>			
<b>Of Aboriginal or Torres Strait Islander descent?</b>			
<b>Campus for OSC (circle one)</b>	<b>MB / BB</b>	<b>MB / BB</b>	<b>MB / BB</b>

**PARENT DETAILS**

	<b>PARENT 1 (CCS CLAIMANT)</b>	<b>PARENT 2</b>
<b>Parent's First Name</b>		
<b>Parent's Middle Name</b>		
<b>Parent's Last Name</b>		
<b>Gender</b>		
<b>Date of Birth</b>		
<b>CRN number</b>		
<b>Address</b>		
<b>Suburb</b>		
<b>State and Postcode</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Mobile</b>		
<b>Email</b>		
<b>Place of Work</b>		
<b>Cultural background</b>		

**FAMILY STATUS**

<b>Family Status</b>	<b>Both parents at home</b> <input type="checkbox"/> <b>Shared Custody</b> <input type="checkbox"/> <b>Sole parent</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/>
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**Court Orders** – Are there any Court Orders relating to this child/children Yes    No  
 If Yes, please provide a copy.

# AUTHORISED EMERGENCY CONTACTS

Name	
Relationship to Child/children	
Address	
Home Telephone	
Work Telephone	
Mobile	

PARENT SIGNATURE: \_\_\_\_\_

Name	
Relationship to Child/children	
Address	
Home Telephone	
Work Telephone	
Mobile	

PARENT SIGNATURE: \_\_\_\_\_

Name	
Relationship to Child/children	
Address	
Home Telephone	
Work Telephone	
Mobile	

PARENT SIGNATURE: \_\_\_\_\_

Parents/Guardians are responsible to notify the Centre of any changes of acceptance and refusal of authorisations. All changes have to be updated on the enrolment.

Please note that in the event of an emergency and we are unable to contact you or your authorised persons, the School will seek medical attention for your child/children from registered Medical Practitioners, Hospital or Ambulance service.

You are advised that there may be Out of School Care Programme activities which are conducted at locations on the School campus which are outside the registered Out of School Care area.

I/we understand that the enrolment is accepted by the Provider on the basis of the information provided in this Arrangement, the current Fee Schedule and the Out of School Care Parent Information Booklet (which are subject to change at any time). I/we have completed the Contact List. I/we accept enrolment in the Out of School Care Programme on the above conditions.

Name \_\_\_\_\_ Name \_\_\_\_\_  
 BLOCK LETTERS BLOCK LETTERS

Signed \_\_\_\_\_ Signed \_\_\_\_\_ Date / /  
**(Both parents must sign if joint enrolments)**

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**Office Use Only:**

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## HEALTH AND MEDICAL INFORMATION

	<b>CHILD 1</b>	<b>CHILD 2</b>	<b>CHILD3</b>
Is your child's immunisation up to date? If yes, please provide a copy for sighting	YES/NO	YES/NO	YES/NO
Does your child have a disability?  If yes, please detail.	YES/NO	YES/NO	YES/NO
Does your child have special needs?  If yes, please detail.	YES/NO	YES/NO	YES/NO
Does your child have allergies?  If yes, please list.	YES/NO	YES/NO	YES/NO
Has your child been diagnosed at risk of Anaphylaxis?	YES/NO	YES/NO	YES/NO
Does your child have any other medical conditions?  If yes, please list.	YES/NO	YES/NO	YES/NO
Does your child have any special dietary requirements?  If yes, please list.	YES/NO	YES/NO	YES/NO
Does your child take any regular medication?  If yes, please list.	YES/NO	YES/NO	YES/NO

## Permission for Photographs to be displayed

Dear Parents

It is important that our Out of School Care Centres reflect the activities of the students at all times. Putting photos on the wall, or in a display book, of children involved in and enjoying those activities is one of the ways in which this might happen.

However, for photos of your child to be displayed on a poster or in a display book, regulations require us to have your written permission to do so.

Please complete the form below giving the us permission to take and display photos of your child having a good time during the Out of School Care Programme.

Thank you for helping us to attend responsibly to this matter.

Milijana Korac  
**Co-ordinator (*Managerial Officer*)**

### Permission for Photographs to be displayed at John Septimus Roe Anglican Community School Out of School Care Centres

**I/We** (print name) \_\_\_\_\_ **do / do not** give permission for photos of **my/our** child/children (print name) \_\_\_\_\_, enrolled in the Out of School Care or Vacation Care Programmes at John Septimus Roe Anglican Community School, to be displayed on the walls of the Centres or in a display book.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

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