

**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 your child or children are 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

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

	CHILD 1	CHILD 2	CHILD 3
Child's First Name			
Child's Middle Name			
Child's Surname			
Gender			
Date of Birth			
Child's CRN number			
Address Suburb and Postcode			
Cultural background			
Language spoken at home			
Of Aboriginal or Torres Strait Islander descent?			

PARENT DETAILS

	PARENT 1 (CCS CLAIMANT)	PARENT 2
Parent's First Name		
Parent's Middle Name		
Parent's Last Name		
Gender		
Date of Birth		
CRN number		
Address Suburb and Postcode		
Home Phone		
Work Phone		
Mobile		
Email		
Occupation		
Place of Work		

FAMILY STATUS

Both parents at home	<input type="checkbox"/>	Court Orders – Are there any Court Orders relating to this/these child/children? Y/N If Yes, please provide a copy.
Shared Custody	<input type="checkbox"/>	
Sole parent	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

AUTHORISED EMERGENCY CONTACTS (Apart from either parent)

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

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

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

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)

Office Use Only:

Processed by:	Copied Y/N	Date:	File DF File

HEALTH AND MEDICAL INFORMATION

	CHILD 1	CHILD 2	CHILD3
Have you provided the School with an up to date Australian Immunisation Record (AIR)?	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 any additional 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 Centre reflects the activities of the students. Photography and video form an important part of assessment across the primary school. It is important that our educators can reflect the activities of the students in a variety of forms. During out of school care sessions, or vacation care, your child may be photographed or videoed individually or as part of a group by the educators. These may be used for display in the centre, or on other platforms used by the School including publications and the website. If there is a reason why you do not want your child to be photographed, please ensure that you have noted this below for the Centre staff. The Centre will use information provided by you on Consent2go and will note if you have provided consent for your child's photograph to be published, however must also require you to sign the form below.

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

Milijana Korac
Co-ordinator

**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 at John Septimus Roe Anglican Community School, to be published.

Parent signature _____ Date _____