



St Francis Outside of School Hours Care

458 Henley Beach Road

Lockleys 5032

Phone (08) 8356 6404

Child 1

Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

Child 2

Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

Child 3

Child's Details

Surname			
Name			
Sex <i>(please tick)</i>	Male	Female	
Date of Birth		Child's CRN	
School Year			
Class Teacher			

Bookings 2023

Before School Care 7:00 AM till 8:45 AM

Monday	Tuesday	Wednesday	Thursday	Friday
Child 1	Child 1	Child 1	Child 1	Child 1
Child 2	Child 2	Child2	Child 2	Child 2
Child 3	Child3	Child 3	Child 3	Child 3

After School Care 3:15 PM till 6:00 PM

Monday	Tuesday	Wednesday	Thursday	Friday
Child 1	Child 1	Child 1	Child 1	Child 1
Child 2	Child 2	Child2	Child 2	Child 2
Child 3	Child3	Child 3	Child 3	Child 3

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Parent/Carer 1

Details

(Please tick the appropriate answers.)

Relationship to Child	Mother	Father	Other (Please specify)
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?		Yes	No
Family CRN Number		Date of Birth	
Surname		First Name	
Address			
Suburb		Post code	
Home Phone		Mobile Number	
Email Address			

Parent/Carer 2

Details

(Please tick the appropriate answers.)

Relationship to Child	Mother	Father	Other (Please specify)
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?		Yes	No
Family CRN Number		Date of Birth	
Surname		First Name	
Address			
Suburb		Post code	
Home Phone		Mobile Number	
Email Address			

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Emergency Contacts:

The emergency contact person should be someone other than the parent.

Emergency Contact 1 Full Name

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?			
			Yes No

Emergency Contact 2 Full Name

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?			
			Yes No

Emergency Contact 3 Full Name

Mobile Number		Day Phone	
Relationship to Child			
Do you authorise this person to sign in/out your child/ren from care?			
			Yes No

Medical Details

Does your child have a diagnosed medical condition which might need first aid? *If yes, please circle conditions: relevant* **Yes** **No**

Severe allergies Anaphylaxis Food Asthma Joint condition
Intolerance

Heart condition Seizures Diabetes Visual Impairment Hearing Impairment

Other (Please specify) _____

Does your child have any known food intolerances?
(e.g. lactose intolerance, gluten intolerance) **Yes** **No**

If yes, please provide details: _____

Doctor Details

Doctor's Name			
Street Address			
Suburb	Postcode		
Telephone Number			

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Consents

Please read each statement carefully and circle the appropriate answer.

Movie Watching Consent	I consent for my child/ren to watch movies evaluated by our staff as appropriate and of an Australia Censorship Rating of either 'G' or 'PG' in OSHC. Yes No
Observation Consent "SeeSaw"	I consent for staff to take notes of individual observations to document their learning. Yes No
Face Painting	I consent for my child/ren to having their face painted during programmed activities. Yes No
Sunscreen	I consent for my child/ren to use OSHC sunscreen on their face. (If not provide your own) Yes No
Privacy Acknowledgement	I acknowledge the information provided herein by me is to be used by St. Francis School OSHC for the sole purpose of OSHC services, and that the information will only be released when legally required to do so, Yes No
Medical Consent	I give consent for my child/ren to receive attention only when necessary and I agree to meet any expenses incurred. Yes No

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS FORM AND AS STATED ABOVE IS CORRECT.

Signature of Parent/Carer 1 _____ Date __/__/2023

Signature of Parent/Carer 2 _____ Date __/__/2023

Thank you, St Francis OSHC