



## 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	
<b>Date of Birth</b>		<b>Child's CRN</b>	
School Year			
Class Teacher			

Child 2

Child's Details

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

Child 3

Child's Details

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

## Bookings 2022

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	Child 2	Child 2	Child 2
Child 3	Child 3	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	Child 2	Child 2	Child 2
Child 3	Child 3	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 <i>(Please specify)</i>
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?	Yes		No
<b>Family CRN Number</b>			<b>Date of Birth</b>
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 <i>(Please specify)</i>
Are you the Parent /Carer that receives the Family Assistance Child Care Rebate?	Yes		No
<b>Family CRN Number</b>			<b>Date of Birth</b>
Surname			First Name
Address			
Suburb			Post code
Home Phone			Mobile Number
Email Address			



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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 \_\_/\_\_/\_\_\_\_

Signature of Parent/Carer 2 \_\_\_\_\_ Date \_\_/\_\_/\_\_\_\_

**Thank you, St Francis OSHC**