



# ENROLMENT FORM

## St Paul's School

### Before, After School Care & School Holiday Programme

Child(ren)'s details

Start Date: \_\_\_\_\_

Name(s)

Date of Birth

1. \_\_\_\_\_
2. \_\_\_\_\_

**Enrolment details:**  Permanent  Casual (please tick)

Before School Care  After School Care (please one or both)

Please tick the days you would like to enrol your child:

Monday  Tuesday  Wednesday  Thursday  Friday

School Holiday Programme

Please tick the days you would like to enrol your child:

Monday  Tuesday  Wednesday  Thursday  Friday

**People authorised to collect your child(ren):**

\_\_\_\_\_  
\_\_\_\_\_

Mother's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (after hours) \_\_\_\_\_ (mobile)

Father's name: \_\_\_\_\_

Home address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ (day) \_\_\_\_\_ (after hours) \_\_\_\_\_ (mobile)

Email: \_\_\_\_\_

**Emergency contacts**

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone contact: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone contact: \_\_\_\_\_

## Doctor's details

Child(ren)'s doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

## Additional information

Does your child have any particular health needs we should be aware of?  
(eg, allergies, food requirements, asthma, medical conditions etc.)

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Is there anything else we should know about in order to take good care of your child?  
(eg, custody arrangements, special needs, behavioural issues etc.)

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## Parent contact

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

- I/we agree and acknowledge:
  - I have read and understand the enrolment information.
  - The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
  - I will notify the supervisor of any changes to enrolment information in a timely fashion.
  - I agree to pay fees as stipulated in the fees policy.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of Parent(s): \_\_\_\_\_

Signature of Parent(s): \_\_\_\_\_ Dated: \_\_\_\_\_

*Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.*