



SCOTCH OAKBURN COLLEGE
CREATING THE FUTURE

OSHC - ENROLMENT FORM

As part of the Australian Children's Education Care Quality Authority and the National Quality Standards requirement, the following information is required for each student attending the Outside School Hours Care Program at Scotch Oakburn College and must be completed for each school year.

Child Name: _____ Date of Birth: ____ / ____ / ____

Current School: _____

CRN: _____

Name of Centrelink Registered Parent: _____
(Centrelink registered parent who is connected to the above child's customer reference number)

Parent / Guardian 1: _____ Date of Birth: ____ / ____ / ____

Mobile Number: _____ CRN: _____

Home Address: _____

Email Address: _____

Occupation: _____

Parent / Guardian 2: _____ Date of Birth: ____ / ____ / ____

Mobile Number: _____ CRN: _____

Home Address: _____

Email Address: _____

Occupation: _____

VACATION CARE BOOKING

My child will require Vacation Care in 2019.

Please ensure any Vacation Care bookings are forwarded to the Junior School Office or to OSHC@soc.tas.eud.au by the closing dates published on the Vacation Care Booking Form to avoid a late booking fee of \$20.00 per family per day booked (to a max of \$100). Any changes to Vacation Care bookings are required 1 week prior to the day of your child's booking. Full Fee is payable for late or non-notification of absence.

MEDICAL INFORMATION

Has your child ever suffered from any medical condition or illness? YES / NO (please circle)

If Yes, please provide details: _____

Does your child suffer from any allergies? YES / NO (please circle)

If Yes, please provide details: _____

Does your child suffer from Anaphylaxis? YES / NO (please circle)

If Yes, please provide details and an Anaphylaxis Action Plan: _____

Does your child suffer from Asthma? YES / NO (please circle)

If Yes, please provide details and an Asthma Action Plan: _____

Are there any special dietary requirements for your child? _____

Are there any areas where your child may require additional support? _____

What language is spoken in the child's home (other than English): _____

Are there any cultural or religious considerations for your child? _____

Are there any Parenting Orders or Parenting Plans in place for your child please provide details

(or copies if applicable); _____

MEDICAL EMERGENCY

Doctor Name: _____ Contact Number: _____

I give permission for OSHC staff to seek emergency medical treatment for my child from a doctor, ambulance or hospital and I agree to pay any medical expenses incurred. (Although every care will be taken for your child while in OSHC, the staff can in no way be held responsible for any accident which may occur. In the event of any accident or illness requiring emergency medical treatment, every effort will be made to contact parents before such treatment is sought).

Seek Emergency Medical Treatment Ambulance Transport Consent

Any changes (such as dietary requirements and temporary medication like antibiotics) that have occurred after you have provided your child's details will need to be updated, this can be simply achieved by emailing OSHC@soc.tas.edu.au.

PHOTO PERMISSIONS

I give permission for my child to be photographed for Scotch Oakburn College purposes, please tick as consent for the following:

- Web - Scotch Oakburn website
 Promotional Material - Advertising in print and online
 College Publications - Eg Focus Magazine, Year Book

SWIMMING ABILITY

Please indicate your child's ability to swim 50 metres;

Easily With Difficulty Not at all

A copy of your child's immunisation record is required with this OSHC enrolment form.

EMERGENCY CONTACT AND AUTHORITY TO COLLECT FROM OSHC (other than Parents/Guardians 1 & 2)

Name: _____ Relationship to Child: _____

Contact Numbers: Mobile _____ Alternate Number _____

Name: _____ Relationship to Child: _____

Contact Numbers: Mobile _____ Alternate Number _____

Name: _____ Relationship to Child: _____

Contact Numbers: Mobile _____ Alternate Number _____

I have provided the necessary medical information as requested above (including management and emergency plans for asthma and anaphylaxis if applicable and current immunisation records).

Parent Name: _____

Parent Signature: _____ Date: ____ / ____ / 2019



CONDITIONS OF ENROLMENT – OUTSIDE SCHOOL HOURS CARE

1. Parents and guardians agree: (a) to accept the authority of the Board of Governance and of the Principal to run the College and for that purpose from time to time to impose, modify, rescind and apply in their unfettered discretion rules, policies and regulations hereinafter referred to as "the Rules". (b) To be bound by and observe the Rules.
2. Fees are invoiced fortnightly in arrears and are payable by direct debit only via financial institutions or credit card. Fees will be invoiced for every day of your child's enrolment, including days on which your child does not attend due to sickness or other reasons. Should you be eligible for CCS from Centrelink, this will be paid directly to Scotch Oakburn College as a fee reduction. You will then only pay the gap fee.
3. Declined fees of \$3.50 per transaction will apply should your direct debit payment be declined due to insufficient funds or any other reason.
4. A fee of \$25.00 will be charged for a late payment of account.
5. A late pickup fee of \$15.00 for After School Care (short) will be charged after 10 minutes. For After School Care (long) and Vacation Care, a late pickup fee for \$15.00 for the first 10 minutes and \$25.00 per 15 minutes (or part thereof) thereafter will be charged.
6. Full fees will be charged for OSHC where the following notice period of cancellation has not been given: Vacation Care - 1 week, After School Care – by noon on the day, Before School Care – by noon of the previous day.
7. The liability of the signatories to this Application for Admission Form is joint and several.
8. The College reserves the right in its complete discretion and for any reason to suspend or to dismiss any student from the College and without limiting the generality of such discretion, such suspension or dismissal may be upon the grounds of unsatisfactory conduct or performance on the part of such student and/or upon a failure of the student or his or her parent or guardian to obey or comply with the Rules or these conditions of Enrolment.
9. Parents are responsible for ensuring that students' personal possessions brought to the College are adequately insured against loss or damage. The College is not responsible for, and does not accept liability for, damage to or loss of any personal possessions of students.

COLLECTION OF PERSONAL INFORMATION

1. The College collects personal information, including sensitive information, about students and parents or guardians before and during the course of a students' enrolment at the College. The primary purpose of collecting this information is to enable the College to provide schooling for students.
2. Some of the information we collect is to satisfy the College's legal obligations, particularly to enable the College to discharge its duty of care.
3. Certain laws governing or relating to the operation of the Colleges require that certain information is collected. These include Public Health and Child Protection laws.
4. Health information about students is sensitive information within the terms of the National Privacy Principles under the Privacy Act. We ask parents to provide relevant medical information about sons/daughters from time to time.
5. The College from time to time discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools, government departments, medical practitioners and people providing services to the College, including visiting specialist teachers and sports coaches.
6. If we do not obtain the information referred to above, we may not be able to enrol or continue the enrolment of the student.
7. Personal information collected from students is regularly disclosed to their parents or guardians. On occasions, information such as academic and sporting achievements, student activities and other news is published in College publications such as newsletters, magazines and on our website.
8. Parents may seek access to personal information collected about them and their son/daughter by contacting the College. Students may also seek access to personal information about them. However, there will be occasions when access is denied. Such occasions would include when access would have an unreasonable impact on the privacy of others, where access may result in a breach of the College's duty of care to the student or where students have provided information in confidence.
9. The College, from time to time, engages in fundraising activities. Information received from you may be used to make an appeal to parents. Information may also be disclosed to organisations that assist in the College's fundraising activities solely for that purpose. We will not disclose personal information to third parties for their own marketing purposes without parental consent.
10. If parents provide the College with the personal information of others, such as doctors or emergency contacts, we encourage parents to inform those people that they are disclosing that information to the College.

I have read the Scotch Oakburn College Terms and Conditions as outlined above and fully understand all my requirements. I agree to abide by all requirements, including payment of fees, cancellations and absences.



Parent Signature _____

SCOTCH OAKBURN COLLEGE
CREATING THE FUTURE

Parent Name _____

Date ____/____/2019

Authority for Direct Debit to Bank Account

I/we _____ (name)

of _____ (address)

request Scotch Oakburn College, until further notice in writing, to debit my bank account (as detailed below) with the notified balance on my account with the College on the due date.

Account Code: _____

School Account Only

(which appears on your school statement)

Early Learning Account Only

Both School and Early Learning Accounts

The Schedule

Bank Account Details:

Name and Address of _____

Financial Institution _____

Bank Account Name: _____

BSB Number: -

Account Number:

I/we request you, until further notice in writing, to debit my/our account described in the schedule above, any amounts which **Scotch Oakburn College** ("the user") **User ID Number 140370** may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. *The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.*
2. *The Financial Institution may in its absolute discretion at any time by notice in writing to me/us, terminate this Request as to future debits.*
3. *The User may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.*
4. *The User may in their absolute discretion, pass on to my/our account any fees that are incurred as a result of any declined transactions by way of "Insufficient Funds", "Inactive Accounts", or any other general decline reason.*

Signed: _____

Date: _____



Authority for Direct Debit to Credit Card

I/we _____(name)
of _____(address)
request Scotch Oakburn College, until further notice in writing, to debit my bank account (as detailed below) with the notified balance on my account with the College on the due date.

Account Code: _____ School Account Only
(which appears on your school statement) Early Learning Account Only
Both School and Early Learning Accounts

Credit Card Details:

Visa Mastercard

Card Holder's Name: _____

Card Number _____/_____/_____/_____

Expiry Date: ____/____ CVC Number: _____

Card Holder's Signature: _____

I/we request you, until further notice in writing, to debit my/our account described in the schedule above, any amounts which **Scotch Oakburn College** ("the user") **User ID Number 140370** may debit or charge me/us through the Direct Debit System.

I/We understand and acknowledge that:

1. *The Financial Institution may in its absolute discretion determine the order of priority of payment by it of any moneys pursuant to this Request or any authority or mandate.*
2. *The Financial Institution may in its absolute discretion at any time by notice in writing to me/us, terminate this Request as to future debits.*
3. *The User may by prior arrangement and advice to me/us, vary the amount or frequency of future debits.*
4. *The User may in their absolute discretion, pass on to my/our account any fees that are incurred as a result of any declined transactions by way of "Insufficient Funds", "Lost or Stolen Card", or any other general decline reason.*
5. *I (the debtor) will inform the user, as soon as practically possible, of any changes to the above credit card (i.e expiry dates or lost/stolen card)*

Signed: _____ Date: _____