



*Serving with Faith and Love*

**St Joseph's School After School Care Programme  
(OSCAR)**

**Enrolment Form**

**COST PER DAY:** \$6 per child / \$10 for 2 or more  
3.15pm – 5.20pm

**CHILD(REN)'S DETAILS**

Name(s): \_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Ethnicity (for statistical reasons): \_\_\_\_\_

Special Health Needs and Allergies: \_\_\_\_\_

Treatment required: \_\_\_\_\_

Any additional notes: \_\_\_\_\_

**ENROLMENT DETAILS**

Please circle the days you would like to enrol your child      **Mon**                      **Tues**                      **Wed**                      **Thurs**                      **Fri**

People authorised to pick up your child(ren): Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

## FAMILY DETAILS

Mother's Name: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Your child may have their photo taken while at after school care for school use;      YES      NO

## EMERGENCY CONTACTS (alternative contact person)

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_,

## COLLECTING YOUR CHILD

When arriving to collect your child please sign them out on the attendance sheet with the exact time and advise the programme supervisor you are taking your child.

## POLICIES AND PROCEDURES

A full Policies and Procedures manual is available at the school office. These policies follow the guidelines as recommended by CYF and the Out of School Care Network (OSCAR).

## COMPLAINTS

The programme has a complaints procedure. If you have any problems, please approach the programme supervisor who will be happy to assist you with your concerns.

## CONFIDENTIALITY

All information given in this document will be used solely for the purpose of the Out of School Care Network (OSCAR).

I have read and agree to the above terms and conditions.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_