

## ***Ebenezer Public School OOSH Centre***

Ebenezer Public School OOSH Centre is a non-profit organization to offer assistance to parents who require before or after school care.

We offer morning sessions from 7am until 9am and afternoon sessions from 3pm until 6pm.

Please find attached an enrolment form and booking form to be completed before attending the service.

Also attached is an information sheet about the costs of attending the centre.

Should you have any further questions, please contact:

Karen Anley: Mobile - 0417 017 627

Email [karenanley@yahoo.com.au](mailto:karenanley@yahoo.com.au)

OR

OOSH Centre: Mobile - 0459 784 285

Email – [ebenezeroosh@hotmail.com](mailto:ebenezeroosh@hotmail.com)

## *Ebenezer Public School OOSH*

### *Booking Information*

*Fees* *Permanent Bookings* Morning \$15.00 per session (before CCB)  
Afternoon \$20.00 per session (before CCB)

*Casual Bookings* Morning \$16.50 per session (before CCB)  
Afternoon \$21.50 per session (before CCB)

*Registration Fee* A \$25.00 registration fee applies to each family per year, which will appear on your first statement.

*Permanent Bookings* – these are days that your child will attend each week. Fees will be charged for these days, even if your child is absent.

*Casual Bookings* – these days will be charged on an attendance basis. These bookings can be made up until the close of business the session before. These places may fill quickly, and can not be guaranteed.

*Cancellations* – Cancellations of any bookings must be made one day prior to the scheduled day of attendance, otherwise the full fee may be charged.

*Payments* – Payments are to be made by cheque or via direct deposit. Please make sure you forward a copy of the transaction confirmation, as no payments will be allocated to your account without this.

*Two weeks notice will be required for the changing of any permanent bookings.*

**Ebenezer Public School OOSH**

**CHILD ENROLMENT FORM**

Date of Enrolment \_\_\_\_\_

First Date of Attendance \_\_\_\_\_

**CHILD'S INFORMATION:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Nickname \_\_\_\_\_

Child's CRN Number: \_\_\_\_\_

Cultural Background \_\_\_\_\_

Language used at home \_\_\_\_\_

Are there any special considerations for the child (cultural, religious, or diet)

\_\_\_\_\_

\_\_\_\_\_

## LIST OF AUTHORIZED PERSONS TO PICK UP MY CHILD

The Ebenezer Public School OOSH will not release your child to anyone whose name is not on the authorized pickup list. Those who are on the pickup list will be required to show a valid state I.D. Please make sure that they are aware of this policy.

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone #: \_\_\_\_\_

Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone #: \_\_\_\_\_

Name 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone #: \_\_\_\_\_

***PLEASE NOTE THAT EBENEZER PUBLIC SCHOOL OOSH WILL NOT RELEASE A CHILD TO ANYONE WHO IS NOT LISTED ABOVE.***

## EMERGENCY CONTACTS (OTHER THAN PARENTS)

The persons listed below will be contacted in case of an emergency in the event that the parents cannot be contacted. Please list these in order of preference.

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact 3: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone#: \_\_\_\_\_

## AUTHORISED MEDICAL CONSENT

The persons listed below are authorised to consent to medical treatment, and administration of medication, if parents are not contactable.

Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_ Phone#: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Emergency Permission**

In case of emergency, do you authorise Centre staff to administer first aid and/ or arrange for your child to be taken to the nearest hospital by ambulance? Yes / no

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Panadol Permission**

I give permission for my child to receive the minimum dose of Panadol, if deemed necessary by Centre staff. Yes / no

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Photo Permission**

I give permission for my child to be photographed and for those photographs to be used for the purpose of the Oosh and to be displayed in the Oosh room. Yes / no

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Sunscreen Permission**

I give permission for my child to apply sunscreen when outdoors Yes / no

Signed \_\_\_\_\_ Date \_\_\_\_\_

***THE ABOVE- STATED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.***

\_\_\_\_\_  
**Signature of Parent/Guardian Date**