



**ST HILDA'S SCHOOL
GOLD COAST**

APPLICATION FOR OUTSIDE SCHOOL HOURS OR VACATION CARE

Before/After School Care

Vacation Care

Children/s Information

1. Student's Surname _____ Given Names _____
Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____
2. Student's Surname _____ Given Names _____
Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____
3. Student's Surname _____ Given Names _____
Gender **Male / Female** Class _____ Date of Birth _____ Child's Customer Reference Number _____

Parent Information

Parent 1 Surname: _____ Parent 1 First Name: _____
Residential Address: _____ Postcode: _____
Email Address: _____ Date of Birth: _____
Telephone (Home): _____ Telephone (Work): _____
Mobile: _____ Parent's Customer Reference Number: _____

Parent 2 Surname: _____ Parent 2 First Name: _____
Residential Address: _____ Postcode: _____
Email Address: _____ Date of Birth: _____
Telephone (Home): _____ Telephone (Work): _____
Mobile: _____ Parent's Customer Reference Number: _____

Parental Status

Parents are Married Separated* Divorced* DeFacto Deceased
Student lives with* Both Mother Father Step-.... Guardian

***NB: If a Court Order exists in relation to custody, or limiting access or dissemination of information to a parent, a copy of that Court Order MUST be provided**

Priority of Access *(tick only one box)*

- Child at Risk
- Child of a Single Parent, working and/or studying
- Child of Parents who are both working and/or studying
- Any other children

Additional Authorised Pick Up/Emergency Contact

I authorise this contact to:

- Collect my child. I will attempt to contact the service prior to their arrival
- Be contacted, if all attempts to contact myself fail, in case of accident, or emergency
- Collect my child from the service should my child become ill whilst in care

	Name	Relationship to Child	Home Phone	Mobile Phone
1.				
2.				
3.				
4.				

Medical Information

Medicare Number _____ Are vaccinations up to date? _____

Doctor's Name _____ Please attach a copy of the immunization records: _____

Surgery Address _____ Doctor's Phone Number _____

Allergies or illnesses _____ Treatment or medication _____

Special Needs *(e.g. hearing, visual, physical)* _____

Does your child require special management strategies? _____

Cultural Background

Country of Birth _____ Primary Language _____

Any cultural or religious requirements that must be observed *e.g. Diet or religious practice* _____

Publicity

You agree that images, videos & testimonials of your daughter may be used in St Hilda's OSHC publications (including websites) and for promotional and publicity purposes: _____ Please indicate YES / NO

Fees

1. All fees must be paid in full – Charges are as follows:

Before School Care	\$15
After School Care	\$20
Casual After School Care	\$25

2. Please be aware that **refunds** for non-attendance will only be given **if notice is received 48 hours prior** to the scheduled booking.

Please contact OSHC on 0428 639706 or email OSHC@sthildas.qld.edu.au

3. Collection of children after 6 pm will incur a **LATE FEE of \$20 until 6.15 pm and a fee of \$1 per minute** thereafter.

4. We encourage reserving places **Vacation Care** as soon as possible as some days may be unavailable. Vacation care fees are to be paid at time of booking.

Behaviour Management

St Hilda's OSHC staff have a Duty of Care to all who attend and work within the service. Any inappropriate behaviour or actions (such as inappropriate language/actions, deliberate harm to another person or facilities, disrespectful behaviour towards staff or their instructions), or behaviour which threatens the safety and/or wellbeing of any persons within St Hilda's OSHC will be addressed immediately.

An incident report will be written and signed by the attending staff member and provided to the parent for their signature.

[Click here to read the Behaviour Guidance Policy and Procedure.](#)

OSHC ACTIVITY – Activities in St Hilda’s School Grounds

Throughout the course of the year, children enrolled in OSHC may be escorted by OSHC Educators to activities within the St Hilda’s School grounds. Locations include: Junior School Buildings and grounds including - Multi-Purpose Centre, Gymnasium, Junior School Library, Caedmon Centre, Junior School Grass Field, Junior School Playgrounds.

To view the Terms & Conditions, please read the [Terms & Conditions – Risk Identification and Permission Form OSHC Activities](#).

By signing below you accept the associated Terms & Conditions to enable your child to participate in the activities.

Permission to seek Medical Attention

In the event of an accident or illness, where it is impractical to communicate with me, I authorise the teacher in charge to seek such medical treatment deemed necessary.

Signature of Parents

Signed by Parent 1 Signature Date

 Full Name

Signed by Parent 2 Signature Date

 Full Name

Please return to St Hilda’s Junior School Reception/ Enrolment Department/OSHC

Bookings can be made via email: OSHC@sthildas.qld.edu.au

Tel: 0428 639 706