

Loreto College OSHC

Application Form



CHILD DETAILS

CHILD 1

Given name(s)	Surname	Preferred name
Date of birth	Gender Female Male	
Class teacher	Customer reference number	
Address		Post code

CHILD 2

Given name(s)	Surname	Preferred name
Date of birth	Gender Female Male	
Class teacher	Customer reference number	
Address		Post code

CHILD 3

Given name(s)	Surname	Preferred name
Date of birth	Gender Female Male	
Class teacher	Customer reference number	
Address		Post code

PARENT/CARER DETAILS

MOTHER/CARER | Miss | Ms | Mrs | Dr | Prof

Full name	
Email	
Residential address	
	Postcode
Postal address	
	Postcode
Phone (home)	(work)
	(mobile)
Customer reference number	
Occupation	
Place of work	

FATHER/CARER | Mr | Dr | Prof

Full name	
Email	
Residential address	
	Postcode
Postal address	
	Postcode
Phone (home)	(work)
	(mobile)
Customer reference number	
Occupation	
Place of work	

Parents' marital status

Section 4: EMERGENCY CONTACTS

Name		Relationship to child
Phone	Mobile	Work
Name		Relationship to child
Phone	Mobile	Work
Name		Relationship to child
Phone	Mobile	Work

OTHER PEOPLE AUTHORISED TO COLLECT CHILD

Name	Relationship to child
Name	Relationship to child
Name	Relationship to child
Name	Relationship to child

Please note your child will not be permitted to leave the program with anyone who isn't listed above.

CUSTODY

Are there any Family Orders? | Yes | No (if yes, please attach a copy of the Order)

Are there any Restraining Orders in relation to the child(ren)? | Yes | No (if yes, please attach)

PERMANENT BOOKING (please circle)

Before School Care | Monday | Tuesday | Wednesday | Thursday | Friday

After School Care | Monday | Tuesday | Wednesday | Thursday | Friday

CHILD CARE SUBSIDY

Parent claiming Centrelink Child Care Subsidy

Parent Name	Parent's Date of Birth	Customer Reference Number (CRN):
	Child's Date of Birth	Child's Customer Reference Number (CRN):

PLEASE NOTE

It is the parent's responsibility to inform the OSHC and Vacation Care Coordinator of any relevant and useful information in relation to their child(ren) or family. This will enable the College to provide informed quality care for your child(ren).

PARENT DECLARATION

In enrolling my/our child at Loreto OSHC:

1. I approve of my child's involvement in Loreto College Out of School Hours Care service.
2. I give permission for my child(ren) to participate in activities organised for the days my child will be attending.
3. I authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment and associated transport.
4. I acknowledge that my child will not attend Out of School Hours Care service if suffering from an infectious or communicable disease as identified by the Department of Health.
5. I authorise staff to apply sunscreen to my child.
6. I understand a late pick-up charge, as outlined in the Out of School Hours Care and Vacation Policy, applies after the service finishing time.

7. I agree to pay for all of the days my child is enrolled in OSHC, regardless of whether my child actually attends.
8. I agree to pay all outstanding fees fortnightly via direct debit.
9. The information I have provided is true and correct, and I have provided Centrelink with this same information.
10. I am responsible for communicating this information to Centrelink.
11. I understand that if any details are incorrect, then full fees are payable by me for use of the service until the details are corrected by Centrelink.
12. I understand that if my account is not paid in full by the due date, my child's enrolment and booked sessions may be in jeopardy, and may be subject to exclusion from the service.
13. I understand that Loreto College Out of School Hours Care service reserves the right to vary the Terms and Conditions.

I/We acknowledge by my/our signature(s) that I/we are the enrolling parent(s) and is/are (jointly) responsible for payment of fees and charges.

Mother/Carer Signature

Date

Father/Carer Signature

Date

Please submit your application form and signed OSHC Direct Debit Request form to the Loreto College Junior School Reception located on Talbot Grove. The Loreto College Finance Department will send statements to your preferred email address.

Educating strong, passionate and confident girls and young women.

Loreto College Marryatville

Direct Debit Request (OSHC/Vacation Care)



REQUEST AND AUTHORITY TO DEBIT

Request and authority to debit the account named below to pay Loreto Marryatville Limited

Your surname or company name

Your Given names or ABN/ARBN

Child's Full Name

"You" request and authorise Loreto Marryatville Limited - User ID 39024 to arrange, through its own financial institution, a debit to your nominated account of your child's OSHC/Vacation Care fees.

This will commence on the next Friday of the fortnightly billing cycle following receipt of this signed form, and each direct debit will cover all outstanding child care fees for the previous fortnightly period.

Please note when the first direct debit is processed it will also include any prior outstanding invoices that may be overdue on your account.

This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

INSERT THE NAME AND ADDRESS OF FINANCIAL INSTITUTION AT WHICH ACCOUNT IS HELD

Financial Institution name

Address

INSERT DETAILS OF ACCOUNT TO BE DEBITED

Name/s on account

BSB number (must be 6 digits)

Account number

ACKNOWLEDGEMENT

By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between you and Loreto Marryatville Limited as set out in this Request and in Your Direct Debit Request Service Agreement.

INSERT YOUR SIGNATURE AND ADDRESS

Signature (if signing for a company, sign and print full name and capacity for signing e.g. director)

Address

Date

Please email this form to: finance@loreto.sa.edu.au or return to the Junior School Reception with the Application Form.
Or return via post to: 316 Portrush Road, Marryatville SA 5068 (Att: Junior School Reception)

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