



ENROLMENT FORM

SOMERS PRIMARY SCHOOL OUT OF SCHOOL HOURS CARE PROGRAM

ABN: 66281353869

CHILD DETAILS

First Name: _____ Middle Name: _____

Family Name: _____

Home Address: _____

Child's CRN: _____ Date of Birth: _____

Gender: Male Female

Cultural background: _____

Language: _____

Is child of Aboriginal or Torres Strait Islander Origin? No

Yes, Aboriginal

Yes, Torres Strait Islander

COURT ORDERS

Are there any court orders (including Parenting Orders and Parent Plans) relating to the powers, duties, responsibilities of the parents in relation to the child or access to the child?

AND/OR

Are there any other court orders relating to the child's residence or the child's contact with a parent or other person? Please tick.

NO go to next section

YES Please present the original court order/s to staff and attach a copy to the enrolment form.

Without copies of current court orders or documentation, educators of Somers PS OSHC cannot enforce parents' requests.

PARENT 1 DETAILS

First Name: _____ Family Name: _____

EMAIL ADDRESS _____ (Please update details if your address changes).

CRN: _____ Do you wish to use this CRN for enrolment? Yes / No

Date of Birth: _____ Gender: Male / Female (please circle)

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Occupation: _____ Work phone: _____

Child lives with Parent 1? Yes

No

PARENT 2 DETAILS

First Name: _____ Family Name: _____

Has this parent been assessed for CCB? Yes / No (please circle)

CRN: _____ Do you wish to use this CRN for enrolment? Yes / No

Date of Birth: _____ Gender: Male / Female (please circle)

Address: _____ Post Code: _____

Home Phone: _____ Mobile: _____

Occupation: _____ Work phone: _____

Child lives with Parent 2? Yes

No