



**WILLIAM CAREY  
CHRISTIAN SCHOOL**

## 2023 Permanent Care OOSH Booking Before School Care – After School Care

Acceptance of this booking form places your child on the William Carey OOSH waiting list and does not guarantee a place. Placement is at the service's discretion, taking into account the Australian Government Priority of Access Guidelines and the ability to cater for any special needs.

- Permanent care bookings requested before the start of term 1 start in week 1 of term 1.
- Booking requests submitted after week 1 of term 1 are subject to availability.
- Two (2) weeks written notice is required to cancel or change confirmed permanent bookings.
- This booking will expire in the last week of the 2023 WCCS year. Families must re-apply for permanent care for every new school year.
- Families must be registered with the OOSH service by completing the OOSH Registration form before bookings will be confirmed.
- Please return booking form directly to OOSH staff or the OOSH office (ground floor, Prep building).
- Please direct your enquiries to William Carey OOSH by email [oosh@wccs.nsw.edu.au](mailto:oosh@wccs.nsw.edu.au) or phone 02-9608 2118.

<b>Child's Name:</b>		<b>Surname:</b>			
<b>DOB:</b>	<b>Gender:</b>	boy / girl		<b>2023 Year group/Class:</b>	
<b>Permanent session start date:</b>					
<i>✓tick session required</i>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Before School Care</b>					
<b>After School Care</b>					

<b>Child's Name:</b>		<b>Surname:</b>			
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<b>Before School Care</b>					
<b>After School Care</b>					

The information previously provided in the William Carey OOSH Registration form remains true and accurate to the best of my knowledge. I will immediately notify the OOSH service of any changes relating to our family status, parent / child / emergency contact / authorised nominee details and any changes to my child's medical / health situation.

**William Carey Out of School Hours**  
**38 Bumbera Street, Prestons NSW 2170**  
 Phone 9608 2118 Email [oosh@wccs.nsw.edu.au](mailto:oosh@wccs.nsw.edu.au) Web [www.wccs.nsw.edu.au](http://www.wccs.nsw.edu.au)  
 Liverpool/Campbelltown Christian School Ltd. ABN 63 001 965 902



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## **Consents (please circle)**

I agree for the service to seek medical treatment for my child from a medical practitioner, hospital or ambulance in the event you cannot be contacted?

**Yes / No**

I agree for my child to be transported by an ambulance service?

**Yes / No**

I agree for the service to take photographs and videos of my child during normal activities and excursions?

**Yes / No**

I agree to provide my child with a sun safe hat for outdoor activities?

**Yes / No**

I give permission for educators with current first aid to administer paracetamol in an emergency in the correct dosage for the age of my child. Administration of this medication will only be given in the event of a parent being un-contactable in consultation with the director or nominated supervisor.

**Yes / No**

I agree for the service to apply sunscreen for my child before outdoor activities and excursions?

**Yes / No**

I agree for the service to administer Ventolin or Epi-pen to my child in case of emergency?

**Yes / No**

I agree to accurately record the time of arrival and departure of my child from the service in accordance with the service requirements.

**Yes / No**

I give permission for educators and school teachers/principals to share information about my child in relation to their care and wellbeing.

**Yes / No**

I give permission for my child to use/view technology under supervision (i.e. Tablet, TV, iPad)

**Yes / No**

I give permission for my child to participate in regular local excursions from the service by foot.

**Yes / No**

I give permission for my child's photo to be displayed on-site in public places.

**Yes / No**

I agree to notify the service when my child is to be collected by any person other than those listed on this enrolment form in accordance with the services policies and procedures.

**Yes / No**

I have attached a copy of my child's Immunisation History Document.

**Yes / No**

# Declarations



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I have read and understood the service’s policies and procedures and agree to follow these as a condition of enrolment (available at the service or via your parent handbook).

I agree to collect or make arrangements for the collection of my child if they become unwell at the service.

I agree to keep my child away from the service if they display any symptom that could be considered contagious.

I give permission for my child to participate in regular evacuation drills or an actual evacuation when necessary. I understand that my child will be relocated from the service under the supervision of their educator and service team member to a safety zone for evacuation purposes.

I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child’s enrolment and recovery action may be undertaken at my expense.

I am aware that fees are charged weekly and non-payment could result in cancellation of my child's enrolment and recovery action may be undertaken at my expense.

I declare that I am the applicant named in the form and that all information and documents provided as part of my application are true and correct.

I understand that Xplor has provided a general enrolment form. Any difference or ambiguity between Xplor's enrolment form and the service's terms and conditions will be governed by the service's terms and conditions.

**Title:** ..... **Parent name:** ..... **Surname:** .....

**Parent signature:** ..... **Mobile:** ..... **Date:** .....

<b>Office Use Only</b>	Received date:	Received time :	Received by:
	Confirmed date:	Confirmed time :	Confirmed by:
	CCMS processed date:	Added to Attendance sheet:	