



**St Paul  
Lutheran School**

Office Use Only

Family Name:

Student Name/s:

**Application for Enrolment**

**SPLASH**

**St Paul Lutheran After School Hours Care**

*Living and Learning Together in Christ*

44 Audrey Avenue, Blair Athol, South Australia 5084  
**T** 08 8260 2655 **E** admin@stpaulba.sa.edu.au  
**W** stpaulba.sa.edu.au / ABN 84 648 346 828

**SPLASH: St Paul Lutheran School OSHC**

44 Audrey Avenue, Blair Athol, South Australia 5084  
**T** 0408 838 637 08 8260 2655  
**E** splash@stpaulba.sa.edu.au

**Connected**  
SCHOOLS  
A Christ-Centred Community of K-12 Lutheran Schools

### *Child/Children's Details*

<b>Student Name:</b>	<b>Main language spoken at home:</b>
<b>Gender:</b> Male / Female	
<b>Date of Birth:</b>	<b>Is this student of Aboriginal or Torres Strait Island Origin? Yes / No</b> <b>Please specify:</b>
<b>Centrelink CRN:</b>	<b>Medicare Number:</b>
	<b>Student's immunisation schedule is up to date: Yes / No</b>
<b>Student Name:</b>	<b>Main language spoken at home:</b>
<b>Gender:</b> Male / Female	
<b>Date of Birth:</b>	<b>Is this student of Aboriginal or Torres Strait Island Origin? Yes / No</b> <b>Please specify:</b>
<b>Centrelink CRN:</b>	<b>Medicare Number:</b>
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<b>Student Name:</b>	<b>Main language spoken at home:</b>
<b>Gender:</b> Male / Female	
<b>Date of Birth:</b>	<b>Is this student of Aboriginal or Torres Strait Island Origin? Yes / No</b> <b>Please specify:</b>
<b>Centrelink CRN:</b>	<b>Medicare Number:</b>
	<b>Student's immunisation schedule is up to date: Yes / No</b>

### *Parent / Guardian Information*

<b>Parent / Guardian Name</b>	<b>Parent / Guardian Name</b>
<b>Please circle: Male/Female</b>	<b>Please circle: M/F</b>
<b>Address</b>	<b>Address</b>
<b>Email address</b> (This will be used to email accounts, newsletters and other important information to you.)	<b>Email Address</b> (This will be used to email accounts, newsletters and other important information to you.)
<b>Mobile / Home Phone</b>	<b>Mobile / Home Phone</b>
<b>Work Phone</b>	<b>Work Phone</b>

Are there any relevant court orders, parenting orders or parenting plans? Please provide staff with any relevant legal documents regarding family issues:

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**Medical and other considerations:** Are there any details, needs and considerations about your child/ren which the SPLASH service should be aware of:

- ▽ Allergies – food related or otherwise
- ▽ Medical condition which may require medication,
- ▽ Specific dietary needs – please indicate if this is cultural / religious or due to medical condition;
- ▽ language or communication barriers
- ▽ any other disabilities, impediments, or restrictions

A **Medical Conditions Risk Minimization and Communication** form may need to be completed upon enrolment if any of the above are ticked.

Please provide details below:

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<b>Account Information</b>		
<b>Enrolling Parent / Guardian Name</b>	<b>Enrolling Parent Date of Birth</b>	<b>Enrolling Parent Centrelink CRN</b>
<b>Email Address</b> (This will be used to email accounts, newsletters and other important information to you.)		
<b>Preferred Billing Address</b> (This will be used to send you accounts if we are unable to contact you by email)		

<b>Emergency Contacts</b>		
(If parent / guardian cannot be contacted, emergency contacts will be notified and possibly asked to collect the child)		
<b>1. Name</b> <b>Please circle: M/F</b>	<b>2. Name</b> <b>Please circle: M/F</b>	<b>3. Name</b> <b>Please circle: M/F</b>
<b>Mobile</b>	<b>Mobile</b>	<b>Mobile</b>
<b>Home or Work Phone</b>	<b>Home or Work Phone</b>	<b>Home or Work Phone</b>
<b>Relationship to the child</b>	<b>Relationship to the child</b>	<b>Relationship to the child</b>

<b>Additional Authority to Collect</b>		
Other people authorised to collect child / children (e.g. special arrangements for social / sporting events)		
<b>1. Name</b> <b>Please circle: M/F</b>	<b>Phone/Mobile</b>	<b>Relationship to the child</b>
<b>2. Name</b> <b>Please circle: M/F</b>	<b>Phone/Mobile</b>	<b>Relationship to the child</b>
<b>3. Name</b> <b>Please circle: M/F</b>	<b>Phone/Mobile</b>	<b>Relationship to the child</b>
<b>4. Name</b> <b>Please circle: M/F</b>	<b>Phone/Mobile</b>	<b>Relationship to the child</b>

### ***Parent/Guardian Declaration***

1. I agree that I am liable for the payment of all fees charged by SPLASH, including any costs incurred in the recovery of such fees, should the need arise.
2. I accept the policies and rules of St Paul Lutheran School will apply to SPLASH, and agree to comply with the SPLASH policies and procedures as amended from time to time.
3. I give permission for SPLASH staff to administer medication to my child/ren when directed by the parent/caregiver.
4. I am aware of arrival, pick-up procedures and fee structures for my child/ren for the SPLASH service.
5. I am aware that SPLASH staff may exchange information relating to my child/ren with school staff and to the appropriate person(s) (e.g. In an emergency/special needs of my child/ren). I understand that this information will be handled confidentially.
6. I understand that my child/ren may be photographed while at the SPLASH service and that their image and name may be used for the purposes of SPLASH and St Paul Lutheran School publications, unless otherwise communicated to the Director by myself.
7. I agree that SPLASH does not accept liability for damage or loss of any personal possessions of my child/ren and that insurance for my child/ren's personal possessions is my responsibility.
8. I am aware that the SPLASH Director from time to time is required to disclose personal and sensitive information to others for administrative purposes, including St Paul Lutheran School and government departments.
9. I agree to update contact or emergency details with SPLASH as changes occur.
10. I agree to update details regarding additional children in child care as they occur.
11. I understand that my child's detailed medical records will be cross referenced with the St Paul Lutheran School records and that any changes or updates throughout the year should be communicated to SPLASH as well as the school.
12. I declare that all of the information provided in this application is, to the best of my knowledge, true and correct.

I acknowledge and accept all of the above terms and conditions.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Enrolling Parent/Guardian)

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Account holder if different from Enrolling Parent/Guardian)