



Heritage College Program Registration

Outside School Hours and Vacation Care Program

Please complete details below and overleaf regarding your requirements.

Please submit a separate application form for each child, and return to oshc@heritagecollege.vic.edu.au

OSHC & Vacation Care Programs are available for children in Prep to Year 6.

Student Details

Student's surname	Given names						
Preferred name	Date of birth	/	/				
Year level:	<input type="checkbox"/> Prep	<input type="checkbox"/> Year 1	<input type="checkbox"/> Year 2	<input type="checkbox"/> Year 3	<input type="checkbox"/> Year 4	<input type="checkbox"/> Year 5	<input type="checkbox"/> Year 6

Parent 1 / Guardian 1 Details

Surname	Given names		
Phone	Mobile	Business	
Email			
Address		Postcode	

Parent 2 / Guardian 2 Details

Surname	Given names		
Phone	Mobile	Business	
Email			
<input type="checkbox"/> Check if same address as displayed above			
Address		Postcode	

Out of School Hours Care

Before School Care operates from 7.00 – 8.20am. After School Care operates from 3.15 – 6.00pm.

Care	Monday	Tuesday	Wednesday	Thursday	Friday	Campus
Before School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Officer
After School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Vacation Care

Vacation Care operates throughout the non-term period. View the Vacation Care Program for full details.

Care	Monday	Tuesday	Wednesday	Thursday	Friday	Campus
Week One	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Officer
Week Two	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Week Three*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Week Four*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Summer Holiday Program only

Continues overleaf



Emergency Contact Details

Surname _____ Given names _____

Phone _____ Mobile _____ Business _____

Relationship to Student _____

Medical Information

Family doctor _____ Phone number of family doctor _____

Medicare no. _____ Ambulance no. _____

Private health fund _____ Health Fund no. _____

Does your child suffer from any of the following medical conditions? _____

Heart condition Yes No Asthma Yes No Migraine Yes No

Diabetes Yes No Epilepsy Yes No Allergies Yes No

Anaphylaxis Yes No If yes, Anaphylactic to: _____

Please list any further medical conditions (including medications) that will assist us in ensuring the wellbeing of the student whilst at Heritage College:

Dietary Requirements

Any other information relevant to your child's care during the program

Parent / Guardian Signatures

In signing this document, parents / guardians acknowledge that: this is an application for a place in the Outside School Hours Care Program at the Early Learning Centre at Heritage College. The College will contact the family if a place becomes available. A formal letter of place will be communicated via email. Upon acceptance of place, parents / guardians and child agree to embrace the rules and policies of the Centre.

Signature _____ Date _____

Signature _____ Date _____