



CHILD INFORMATION

Family Name:	<input type="text"/>	Year Level in 2021	<input type="text"/>
First Name:	<input type="text"/>	Other:	<input type="text"/>
Known as:	<input type="text"/>	Gender:	<input type="text" value="F / M"/>
Date of Birth:	<input type="text" value="/ /"/>	CRN:	<input type="text"/>
Indigenous Status:	<input type="text" value="Aboriginal: Yes / No TS Islander: Yes / No"/>		

BILLING INFORMATION FOR ENROLLING PARENT: (all accounts will be emailed)

Name:	<input type="text"/>		
Date of Birth:	<input type="text" value="/ /"/>	CRN:	<input type="text"/>
Relationship to Child:	<input type="text"/>		
Address: (number, street)	<input type="text"/>		
Suburb:	<input type="text"/>	Postcode:	<input type="text"/>
Email Address for Accounts:	<input type="text"/>		
Phone:	<input type="text" value="(M)"/>	<input type="text" value="(W)"/>	<input type="text" value="(H)"/>

REBATES

To apply for the Child Care Subsidy (CCS) you must provide information and confirm your current details using your Centrelink online account through myGov. Parents/Guardians wishing to claim Child Care Subsidy must provide the enrolling **parent's** CRN number and date of birth, together with the **child's** CRN number and date of birth to our service. **PLEASE BE AWARE** – If your child/ren has a break between care of more than fourteen weeks (i.e. during the school term, between Vacation Care) their enrolment will be ceased and you will need to be re-enrolled. CCS payments will not be received until enrolment is reactivated, which can be done through MyGov.

COLLECTION AUTHORITIES (Children will not be allowed to leave the Program without an authorised adult collecting them so please indicate all possibilities, other than Parent/s or Guardian).

Name:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Phone:	<input type="text" value="(M)"/>	<input type="text" value="(W)"/>	<input type="text" value="(H)"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Relationship to Child:	<input type="text"/>
Phone:	<input type="text" value="(M)"/>	<input type="text" value="(W)"/>	<input type="text" value="(H)"/>
Address:	<input type="text"/>		

PARENTING PLANS / ORDERS relating to this child:

Are parents separated or divorced? YES / NO
Does the child have contact with the other parent? YES / NO
Is the child under the Guardianship of the Ministry? YES / NO
Is anyone legally denied access to the child? YES / NO
If Yes, please provide copies of court documents.
Any other details:

EMERGENCY CONTACTS: (other than Enrolling Parent)**(1) Name:****Address:****Relationship to Child****Phone:** (M) (W) (H)**(2) Name****Address:****Relationship to Child****Phone:** (M) (W) (H)**MEDICAL AND HEALTH INFORMATION:****Has your child any conditions/medications?****YES / NO****If Yes, please give specifics and any related medication: (Eg: Asthma – Ventilin):****Has your Child any additional/special needs?****YES / NO****If Yes, please give specifics and any related medication:****Has your child any special dietary needs not related to allergies?****YES / NO****If Yes, please give specifics:****Has your child any kind of allergic reactions?****YES / NO****Foods:** **Reaction / Medication:****Penicillin/Other:****Reaction / Medication:****Has your child received all immunisations appropriate for her/his age?****YES / NO****If No, please give details:****Has your child any disabilities? YES / NO****If yes, please record specifics:****Doctor's Name/Medical Centre:****Telephone:****Address:**

CONSENTS & AGREEMENT:

I give consent for my child to be taken to the local hospital or doctor's surgery in the event of an injury.

YES / NO

I consent for my child to be photographed and for their image or name to be published in circumstances the Director deems to be appropriate such as photobooks, wall displays, SeeSaw and the School Newsletter, Facebook and Instagram pages.

YES / NO

I give consent for sunscreen to be applied to my child when the UV rating is 3 or above, if they do not have their own personal sunscreen.

YES / NO

I have provided the School with a copy of my child's Medication Management Plan. I agree to update this annually by a Medical Professional or as required when the medical needs of my child changes.

YES / NO

- I agree to pay current OSHC fees within seven days and in accordance with the OSHC Parents and Caregivers Handbook.
- I have read and accept the Policies and Rules of the Service, as set out in the OSHC Parent and Caregivers Handbook.
- I certify that the information entered upon this form is true to the best of my knowledge, and I undertake to inform the OSHC Service if any of these details change.

Signature of Parent/Guardian

Date

A \$30.00 Annual Registration Fee per family applies and will be invoiced.

OFFICE USE ONLY:

Details updated on Spike:

☐

Emergency Updates Phone:

☐

Hard Copy:

☐

Birthday Board:

☐

Communication: SeeSaw

☐

Email

☐

Update Medical Plan:

☐

Collection Authority Pin number provided:

☐

Director Signature

Date

OSHC BOOKING DETAILS

2021

Child's full name: _____

Year level for 2021: _____

Will you be accessing Vacation Care? ☐ YES ☐ NO

- BEFORE SCHOOL CARE - PERMANENT BOOKINGS -

Please tick days attending:	Monday	Tuesday	Wednesday	Thursday	Friday
7:15am - 8:30am session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:30am - 8:30am session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From: / / for: weeks / or until: / /

- AFTER SCHOOL CARE - PERMANENT BOOKINGS -

Please tick days attending:	Monday	Tuesday	Wednesday	Thursday	Friday
3.00pm - 4:30pm session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.00pm - 6:00pm session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From: / / for: weeks / or until: / /

----- OR -----

☐ We will be using OSHC on a **CASUAL** basis only*

* Please refer to the OSHC handbook for information regarding the amount of notice required for casual bookings.