

**OUTSIDE SCHOOL HOURS CARE ENROLMENT FORM AND COMPLYING WRITTEN AGREEMENT**

<b>Parent Name:</b> _____	<b>Parent Name:</b> _____
Date of Birth: ____/____/____	Date of Birth: ____/____/____
Home Address: _____	Home Address: _____
Suburb: _____	Suburb: _____
Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
Place of Employment: _____	Place of Employment: _____
Occupation: _____	Occupation: _____
Business Phone: _____	Business Phone: _____
Ethnic Background: _____	Ethnic Background: _____

Parent's Customer Reference Number (CRN): \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Which parent is enrolled for Child Care Subsidy (CCS) \_\_\_\_\_

Are there any court orders in place regarding this child? (please circle) YES/NO  
If yes, I undertake to supply an up to date copy of the order to the Program Administrator

**Child Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_\_

**Address of child:** \_\_\_\_\_ **School attending:** \_\_\_\_\_

**Languages spoken at home:** \_\_\_\_\_ **Ethnic Background:** \_\_\_\_\_

Child's Customer Reference Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Indigenous Origin Details: Aboriginal  Torres Strait Islander

Current Immunisation details supplied

**Special/Additional Needs:**

Does your child have any medical conditions or developmental delays?

Allergies	Yes/No	Medication Required:	Yes/No
Disabilities:	Yes/No	Medication Required:	Yes/No
Developmental Delays:	Yes/No	Medication Required:	Yes/No
Dietary Restrictions:	Yes/No	Medication Required:	Yes/No
Other conditions:	Yes/No	Cultural/Religious Requirements	Yes/No

If you have answered yes to any of the above, please give a brief description and/or provide relevant medical information.

\_\_\_\_\_

\_\_\_\_\_

**CAMBRIDGE EMMANUEL HOWRAH LINDISFARNE LINDISFARNE NORTH MONTAGU BAY HOLIDAY CARE**

Please circle the service you wish to use.

Please indicate below the days you require care:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CLASS/TEACHER NAME					
BEFORE SCHOOL CARE					
AFTER SCHOOL CARE					

Child's Name: \_\_\_\_\_

**FEES (Full fee prior to Child Care Subsidy being applied, if applicable)**

**After school care:** \$28.50 per session      Absence: \$16.30      Non Cancellation: \$28.50

**Before School Care:** \$11.20 per session      Absence: \$6.00      Non Cancellation: \$11.20

**Holiday Care:** \$76.40 per day      Absence: \$38.70      Non Cancellation: \$48.90

**All services:** Late collection fee (every 15 minutes): \$35.00 Late Payment fee (Per account) \$32.60

**Emergency Contacts and Authorised Nominees** (other than parent/s. Additional contacts persons may be attached on a separate sheet)

Name: _____
Phone: _____ Mobile: _____
Email Address: _____
Home Address: _____
Relationship to Child: _____

Name: _____
Phone: _____ Mobile: _____
Email Address: _____
Home Address: _____
Relationship to Child: _____

I give permission for my child to be photographed to support the Services program with the knowledge that these are recorded for National Quality Framework and associated standards. Yes/No

I have read and agree to the terms and conditions set out below:

Parent/Guardian Signature: \_\_\_\_\_

Please Print Full Name: \_\_\_\_\_

- In the event of an emergency contact being unavailable, I agree to allow staff to seek emergency medical, hospital and ambulance treatment and I will be responsible for any medical expenses incurred.
- I agree to my child/ren being cared for and/or transported by scheme staff in an emergency.
- I agree to complete a Complying Written Agreement at the commencement of care and prior to any changes of contracted hours and to advise of any changes to the information provided.
- I undertake to pay fees for my child to Clarence Children's Services. The Service has the right to refuse to provide any further care for any child whose fees are not paid within 14 days.
- I will not hold the Clarence City Council liable for any costs, actions, demands or for any damage whatsoever and to whomsoever caused in respect of the injury to or death of any person or loss or damage to any property arising out of or in connection with this agreement and it is further agreed that I indemnify and will keep indemnified the Clarence City Council against all such costs, actions, claims, demands and damage.
- I agree to adhere to all the Service's policies and regulations. (A copy is available upon request at each Service)
- I understand and acknowledge that staff must comply with the National Regulations, The Act and the National Quality Standards in relation to the care of my child and I agree to accept any standards, policies or regulations that are applicable.

**Sensitive Privacy Statement**

The personal information is required by the Clarence City Council for the Clarence Children's Services under the *Child Care Act 2001*. We will only use your personal information for this and directly related purposes or as required by law. If this information is not provided, we may not be able to place your child in care. You may access and/or amend your personal information at any time. How we use this information is explained in Council's Privacy Policy, which is available at [www.ccc.tas.gov.au](http://www.ccc.tas.gov.au) or from the Children's Services Scheme office.

**I consent to the collection and use of this information by Clarence Children's Services.**