

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

### Guardian 1

Name	
Date of Birth	
Home Address	
Home Phone	
Mobile Phone	
Email	
Workplace	
Occupation	
Work Phone	
Ethnic Background	
CRN Number	
Medicare Number	

### Guardian 2

Name	
Date of Birth	
Home Address	
Home Phone	
Mobile Phone	
Email	
Workplace	
Occupation	
Work Phone	
Ethnic Background	
CRN Number	
Medicare Number	

Which guardian is enrolled for Child Care Subsidy (CCS)?	
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## Child Details

Name			
Date of Birth			
Gender			
Home Address			
School Attending			
Spoken Language			
Ethnic Background			
CRN Number			
Medicare Number			
Indigenous Status	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither

**Please also complete and submit the Getting To Know You Form from our website**

[www.ccc-children.com.au/after-school-care/parent-forms-and-information/](http://www.ccc-children.com.au/after-school-care/parent-forms-and-information/)

## Medical Information

Doctors Name			
Doctors Phone			
Doctors Address			

Is your Child's immunisation up to date?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(You must provide evidence of immunisation. A MyGov screenshot or photo of blue book are both accepted)

## Does your child have any medical conditions or developmental delays?

Allergies	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medication Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disabilities	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medication Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Developmental Delays	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medication Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dietary Restrictions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medication Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Conditions	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Medication Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Please provide any of the relevant forms to assist with caring for your Child's condition.**

- Risk Minimisation and Communication Plan
- Authority to Administer Medication  
(The above two forms can be found at [www.ccc-children.com.au/after-school-care/parent-forms-and-information/](http://www.ccc-children.com.au/after-school-care/parent-forms-and-information/))
- Current action plan from your Child's GP

**Care will not be provided until all required forms are received.**

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

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Is there anything else we need to know to support your child or family's participation in our program e.g. support requirements or religious, cultural and social practices we should be aware of?

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**Emergency Contacts and Authorised Nominees**

Emergency Contact Name 1			
Home Phone			
Mobile			
Home Address			
Email Address			
Relationship to Child			
Do you authorise this person to drop off and collect your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Any comments?			

Emergency Contact Name 2		
Home Phone		
Mobile		
Home Address		
Email Address		
Relationship to Child		
Do you authorise this person to drop off and collect your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any comments?		

Emergency Contact Name 3		
Home Phone		
Mobile		
Home Address		
Email Address		
Relationship to Child		
Do you authorise this person to drop off and collect your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to consent to medical treatment and/or authorise administration of medication to your child/ren on your behalf?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to be contacted in the event of an emergency if you cannot be immediately contacted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you authorise this person to consent for your child/ren to be taken outside the education and care service premises with an educator?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Any comments?		

**Court Orders and Parenting Plans**

Are there any Court Orders in place that we need know about? If yes, please provide a copy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any Parenting Plans in place that we need know about? If yes, please provide a copy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Briefly describe your family situation if you think this will help us best meet the needs of your child and family?		

Please tick the service you wish to use:

CAMBRIDGE	EMMANUEL	HOWRAH	LINDISFARNE	LINDISFARNE NORTH	MONTAGU BAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick below the days you require care:

Week 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CLASS/TEACHER NAME					
BEFORE SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CLASS/TEACHER NAME					
BEFORE SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTER SCHOOL CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this a permanent booking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this a permanent fortnightly booking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this a rostered booking? <i>Please contact us on 6217 9610 or by email to oshc@ccc.tas.gov.au</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you require casual care only? <i>Please contact us on 6217 9610 or by email to oshc@ccc.tas.gov.au</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date you would like care to commence?		

## Authorisations

I agree to complete a new online enrolment prior to the commencement of care & prior to the closing date for care applications for the following school year, I agree to advise of any changes to the information provided in this form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give authorisation for my child to have photos taken to support the services program with the knowledge that these are recorded for National Quality Framework and associated standards.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give authorisation for my child's photos to be published on the OSHC Facebook page & OSHC website.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I give authorisation for my child to be cared for and transported by OSHC staff or by ambulance in an emergency.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to pay my childcare fees on time. I agree to adhere to the Clarence Outside School Hours Care fee policy found on <a href="http://www.ccc-children.com.au/after-school-care/">www.ccc-children.com.au/after-school-care/</a> . I understand that a late fee will be added to any account that is not paid by the invoice due date. I understand that if the Coordination Unit has not been contacted to discuss a satisfactory payment plan, an overdue account will be referred to the Tasmanian Collection Service for collection action.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to adhere to all the Service's policies and regulations. (A copy is available upon request at each Service)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I declare that the information that I have provided on this online enrolment form is true and accurate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I authorise the use of the below image to represent my electronic signature for the purposes of signing this online enrolment form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I consent to the collection and use of this information by Clarence Outside School Hours Care.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>Guardian Signature:</b>	
<b>Print Full Name:</b>	

The personal information in this enrolment form is required by Clarence City Council for the Clarence Outside School Hours Care 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 Clarence Children's services Coordination Unit.