



Out of School Hours Care



TOONGABBIE
CHRISTIAN COLLEGE

2020 REGISTRATION FORM

Registration Fee: \$30 per child / \$50 per family

STUDENT DETAILS

First names _____ Surname _____

Preferred name _____ Male Female

Date of birth _____ Class _____

Country of birth _____

Child's CRN _____ Aboriginal or Torres Strait background? Yes No

1st language _____ 2nd language _____

FAMILY DETAILS

Parent/Carer Details

Title _____ First Name _____ Surname _____

Residential Address _____

Home Phone _____ Business Phone _____ Mobile _____

Email [please print clearly] _____

CRN _____ Date of Birth _____

First language _____ Second language _____

Marital Status Married Single / never married Widowed Divorced Separated

Occupation _____ Employer _____

Please tick Working more than 15 hours per week Studying

Parent/Carer Details

Title _____ First Name _____ Surname _____

Residential Address _____

Home Phone _____ Business Phone _____ Mobile _____

Email [please print clearly] _____

CRN _____ Date of Birth _____

First language _____ Second language _____

Marital Status Married Single / never married Widowed Divorced Separated

Occupation _____ Employer _____

Please tick Working more than 15 hours per week Studying

Living Arrangements

Applicant currently resides with - Both parents Mother only Father only Other *

* Please specify _____

Are the natural / legal parents married to each other?.....Yes No

Are both natural / legal parents still alive?.....Yes No

If divorced, is the custodial parent remarried?.....Yes No N/A

If divorced, is the non-custodial parent remarried?.....Yes No N/A

Do both natural / legal parents have access to the child?.....Yes No

If your relationship structure involves shared parental responsibility of the child for whom this application is made, please outline the arrangement.

For parents who are separated or divorced, please provide the following as attachments:

Court Orders, Parenting Plan or agreed arrangements between parents

MEDICAL DETAILS

Medicare Number _____

My child has taken part and will continue to do so, in the NSW immunisation program, and is up to date with his/her immunisations: Yes No

If NO, please provide a 'Conscientious Objectors Form' and abide by the following:

I understand and will abide by the following policy: In the event of an outbreak of a vaccine-preventable disease at the Centre or College, my child who is not immunised will be required to stay home for the duration of the outbreak for his/her protection. Payment of fees will be required for children excluded during an outbreak of a vaccine-preventable disease, unless other arrangements, discussed and agreed to by management have been made.

Please provide relevant documents such as medical action plans, GP letters and management plans if necessary and a copy of your child's **Immunisation History Statement**.

I give consent to OOSH educators to administer a recommended dose of paracetamol, if needed Yes No

If necessary, I agree for my child to be given first aid and/or be taken to the nearest hospital by ambulance in the case of an emergency Yes No

Medical needs or disability

If your child has a particular medical need or disability, please explain below. For example; Bob is anaphylactic to radish and cucumber. A copy of his medical action plan is attached. OR Sally has ADHD and takes Ritalin. Please see Doctor's letter for dosage and time.

Family Doctor

Full Name _____ Phone number _____

Address of Surgery _____

Emergency Contacts

An emergency contact is a person who is authorised to give medical consent, if the parent/carer cannot be contacted:

Contact 1

Name _____ Phone _____

Relationship to Student _____

Address _____

Contact 2

Name _____ Phone _____

Relationship to Student _____

Address _____

Authority to Collect

List people who you authorise to pick up your child (other than parents/carers).

Same as Emergency Contacts? _____ Yes No

Contact 1

Name _____ Phone _____

Relationship to Student _____

Address _____

Contact 2

Name _____ Phone _____

Relationship to Student _____

Address _____

Permissions

I give permission for my child to watch age appropriate PG-rated movies _____ Yes No

I give permission for my child to have their face painted _____ Yes No

I give permission for the Centre to display pictures of my child around our OOSH room _____ Yes No No

Confidentiality

Toongabbie Christian College OOSH respects the privacy of our families. All information will be treated confidentially. Details will only be disclosed if legally required.

Acknowledgement and Declaration

I have read, understood and agree to all information and requirements listed in the *Welcome to TCC OOSH* leaflet. I have filled in all relevant information of the registration form and declare that it is accurate and up to date. I agree to pay all applicable fees.

Name _____

Signature _____ Date _____