



# Out of School Hours Care



TOONGABBIE  
CHRISTIAN COLLEGE

## 2022 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

1<sup>st</sup> language \_\_\_\_\_ 2<sup>nd</sup> language \_\_\_\_\_

### FAMILY DETAILS

**Parent/Carer Details (Must be parent/carers whose MyGov account the child is registered on the CCS with)**

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.

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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 the following, you must provide a **Medical Action Plan OR a letter from your doctor**. Without either of these, your child legally cannot attend OOSH. Please specify below what your child's allergy/anaphylaxis is.

Medication must be supplied in its original packaging, before or on the first day of care.

Parents must complete a Risk Minimisation/Communication Plan along with the Nominated Supervisor, and a Medical Record form before attendance.

Asthma  Yes  No Allergies  Yes  No Anaphylaxis  Yes  No Epilepsy  Yes  No

If your child has a particular medical need or disability, please detail below.

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## Family Doctor

Full Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address of Surgery \_\_\_\_\_

## EMERGENCY CONTACTS (Must not be a parent/carer)

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 \_\_\_\_\_

I give this person consent to authorise an educator to authorise transportation for my child outside the education and care service premises, or the Approved Provider, a Nominated Supervisor or Educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.

### Contact 2

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

I give this person consent to authorise an Educator to authorise transportation for my child outside the education and care service premises, or the Approved Provider, a Nominated Supervisor or educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and transportation of the child by an ambulance service.

## 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

**Excursions**

I give consent for my child to travel via:  Bus  Train  Walk

Further confirmation of excursions will be detailed on each Vacation Care form.

**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 \_\_\_\_\_