



2024 REGISTRATION FORM

Registration Fee: \$50 per child / \$100 per family

STUDENT DETAILS

First Given Name			
Second Given Name			
Family Name/Surname			
Preferred First Name (if applicable)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Class	
Date of Birth		Country of Birth	
First Language		Second Language	
Aboriginal or Torres Strait Background	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cultural Background	
Child's CRN			
Dietary Requirements			
Please tick	<input type="checkbox"/> Preference <input type="checkbox"/> Medical Requirement		

PARENT/CARER INFORMATION

	Parent/Carer 1 (Must be parent/carer whose MyGov account is linked with the CCS)	Parent/Carer 2
Title		
Given Names		
Surname		
Residential Address		
Mobile Phone		
Work Phone		
Home Phone		
Email [please print clearly]		
CRN		
Date of Birth		

	Parent/Carer 1	Parent/Carer 2
First Language		
Second Language		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single/never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Single/never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Occupation		
Employer		
Please tick	<input type="checkbox"/> Working more than 15 hours per week <input type="checkbox"/> Studying	<input type="checkbox"/> Working more than 15 hours per week <input type="checkbox"/> Studying

CURRENT FAMILY STRUCTURE

Student currently resides with	<input type="checkbox"/> Father & Mother <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other *
* Please specify	
Are the natural/legal parents/carers married to each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both natural/legal parents/carers still alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If separated, is the mother/female guardian remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If separated, is the father/male guardian remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do both natural/legal parents have access to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your relationship structure involves shared parental responsibility of the child for whom this application is made, please outline the arrangement below.	
<input type="checkbox"/> Please attach a copy of any Court Orders, Parenting Plan or agreed arrangements between parents/carers.	

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	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If NO, please provide a 'Conscientious Objectors Form' and abide by the following:</p> <p><i>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.</i></p> <p>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.</p>	
I give consent to OOSH educators to administer a recommended dose of paracetamol, if needed. Parents/carers verbal permission will be obtained before administering.	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child will need to take prescribed medication whilst enrolled at OOSH	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details of time and dosage below. Medication should be provided in its original box along with the correct information about dosage.	

Medical Needs or Disability

If your child has the following, you must provide a **Medical Action Plan** (for asthma/allergies/anaphylaxis) or a **letter from your doctor** (for epilepsy). Without either of these, your child legally cannot attend OOSH. For allergies, please specify below what your child is allergic to, and the severity of the allergy.

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please include details of any diagnosed health conditions, medical needs or disabilities 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.

	Emergency Contact 1	Emergency Contact 2
Full Name		
Phone Number		
Relationship to Student		
Residential 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.		
Consent Given	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORITY TO COLLECT

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

	Contact 1	Contact 2
Same as Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name		
Phone Number		
Relationship to Student		
Residential Address		

PERMISSIONS

I give permission for my child to watch age appropriate PG-rated movies	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to have their face painted	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the Centre to display pictures of my child around the OOSH room	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excursions	
I give consent for my child to travel via:	<input type="checkbox"/> Bus <input type="checkbox"/> Walking Further confirmation of excursions will be detailed on each Vacation Care form
I give consent for my child to walk to Girraween Park and participate in programmed activities	<input type="checkbox"/> Yes <input type="checkbox"/> No Parents will be notified via email when the program requires the children to go to Girraween Park

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.

Parent/Carer 1		Parent/Carer 2	
Name		Name	
Signature		Signature	
Date		Date	