



## 2024 RE-ENROLMENT FORM

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

### STUDENT DETAILS

|   |   |       |  |
|---|---|-------|--|
| Student Name  |   | Class |  |
| 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                        |       |  |
| Changes to dietary requirements since 2023 (eg vegetarian)  | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |       |  |
|   |   |       |  |
| Changes to medical needs since 2023 (eg anaphylaxis or asthma)  | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |       |  |
|   |   |       |  |
| Medical Action Plan must be provided annually for anaphylaxis or asthma, or a letter from your doctor must be provided for epilepsy, otherwise care cannot be provided. |   |       |  |
| My child will need to take prescribed medication whilst enrolled at OOSH in 2024  | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |       |  |
| If yes, please give details of time and dosage below.<br>Medication should be provided in its original box along with the correct information about dosage.             |   |       |  |
|   |   |       |  |
| Changes to child's living arrangements since 2023 (eg parents divorced, shared custody)   | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |       |  |
|   |   |       |  |
| Change of address since 2023  | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |       |  |
|   |   |       |  |

|   |   |  |
|---|---|--|
| Changes to emergency contact list   | <input type="checkbox"/> Yes (please specify below) <input type="checkbox"/> No |  |
| Please remove the following person from my child's emergency contact list   |   |  |
| Name  |   |  |
| Please add the following person to my child's emergency contact list  |   |  |
| Name  |   |  |
| Relationship  |   |  |
| Contact phone number/s  |   |  |
| 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No                        |  |
| I give consent for my child to walk to Girraween Park and participate in programmed activities. Parents will be notified via email when the program requires the children to go to Girraween Park.  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.

| Parent/Carer Confirmation |  |
|---------------------------|--|
| Name                      |  |
| Signature                 |  |
| Date                      |  |