



Enrolment Form

Date: _____ Child's Family Name: _____

Child's Name: _____ M/F School / Kindy *DOB _____ *CRN _____
Child's Name: _____ M/F School / Kindy *DOB _____ *CRN _____
Child's Name: _____ M/F School / Kindy *DOB _____ *CRN _____
Child's Name: _____ M/F School / Kindy *DOB _____ *CRN _____

Parent / Guardian who is registered with Family Assistance:

Name _____
Address _____
Phone: (Hm) _____ (W) _____ (Mob) _____
*DOB _____

***Parent CRN who is registered with Family Assistance:** _____

Accounts will be sent via email: _____
Place of Work _____
Languages Spoken _____

Parent / Guardian:

Name _____
Address _____
Phone (Hm) _____ (W) _____ (Mob) _____
DOB _____
Place of Work _____
Languages Spoken _____

Custody

Is there a Court Order (Please tick) **Yes** **NO**
If yes please provide a copy

Emergency Contacts and Authority to collect (If parents are unable to be contacted)

Name _____
Relationship to Child _____
Contact Number: (Hm) _____ (W) _____ (Mob) _____

Name _____
Relationship to Child _____
Contact Number: (Hm) _____ (W) _____ (Mob) _____

NOTE: (*Required field) Please ensure that the areas with an Asterix are completed as you will require these to receive Child Care Subsidy (CCS). Without this information you will not receive any potential entitlements you may be eligible for.

MEDICAL HEALTH INFORMATION

If your child requires medication whilst in our care, we require an up to date action plan. This needs to be provided by a Doctor prior to any care commencing. All medication needs to be appropriately labelled and in date as per our Medication Policy.

Medical

Does your child have a medical condition or health support e.g. Asthma, Anaphylaxis, Allergies, ADHD, Autism (Please Tick): Yes No

If yes, please provide details below and attach a copy of the medication/care plan/report:

Dietary Requirements:

Does your child have a dietary requirement e.g. Cultural, allergy (Please Tick): Yes No

If yes, please provide details below:

Do you give permission for your child to be photographed just for OSHC purposes and not for any form social media? (Please Tick): Yes No

Do you give permission for your child to watch G and PG rated movies? (Please Tick): Yes No

Do you give permission for your child to use an OSHC iPad with age-appropriate games? (Please Tick): Yes No

Indigenous status

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Both Aboriginal and Torres Strait Islander

IN CASE OF ACCIDENT OR EMERGENCY every effort will be made to contact parents prior to taking medical action or seeking treatment. In the event of your child/ren receiving injuries requiring urgent medical treatment OSHC staff will obtain medical assistance deemed necessary and you will be liable for any medical and transport costs incurred on behalf of the child.

I am aware of the arrival and collection procedures, behaviour management, fee payment, booking and other policies as outlined in the Policies on our website.

I agree to all the Policies, Terms and Conditions provided by Cobbler Creek OSHC and understand that the information can be found on the website. (www.cobblercreekoshc.com.au) (Please Tick)

Signed _____ Dated _____