

Glen Katherine Primary School Outside School Hours Care Program – 2017 Registration Form

A Parent or guardian who has lawful authority in relation to the child must complete this form. Licensed children's services may use this form to collect the child's enrolment information as required in regulations 31 to 35.

Information about the Child (please fill out for each child separately)

Family Name: _____	Date of Birth: _____	Sex	M	F
Given Names: _____	Grade: _____			
Home Address: _____				
Language(s) spoken at home: _____				
Relevant Cultural Information eg foods, activities etc _____				

Child's Medical Information:

Does your child have any special needs?	Yes	No
If yes please provide details of any special needs and any management procedure to be followed:		

Does your child have any allergies or sensitivity?	Yes	No
If yes please provide details of any allergies and any management procedure to be followed:		

Does your child have any other medical conditions? Eg asthma, diabetes etc	Yes	No
Anaphylaxis		
Has your child been diagnosed at risk of anaphylaxis?	Yes	No
If yes does your child have an auto injection device?	Yes	No
Has the anaphylaxis management plan been provided to the service?	Yes	No

Child's Health Information

Name of Doctor/Medical Service: _____

Telephone: _____

Address: _____

Medicare Number: _____

Do you have ambulance subscription: Yes No

Child's Immunisation Record

Has the child been immunised ? Yes No

Name and position of person at the service who has sighted the immunisation records:

Name _____ Position _____ Date _____

Previously sighted (only tick if your child has attended OSHC the previous year)

Other Information

Does your child have a developmental delay or disability including intellectual, sensory or physical impairment? Yes No

Is there anything else that the children's service should know about your child? (eg excessive fears, favourite activities, early intervention programs they may have attended etc)

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Information About the Child's Parents or Guardians

Details of Authorised People to Collect Your Child, and Other Persons to be

Mother/Guardian	Father/Guardian
Name:	Name:
Address: - as per child or:	Address: as per child or:
Telephone: (H) (M) (W)	Telephone: (H) (M) (W)
Does the child live with the mother? Yes No	Does the child live with the father? Yes No

Notified in an Emergency:

Your consent is required for other people to collect the child from the service on your behalf. Below, please list the details of people you have authorised to collect your child/ren. In the event that the child/ren is not collected from the service and the parents/guardians cannot be contacted, the list will also be used to arrange for someone to collect the child. There also may be times when the child has an accident, trauma or illness and the parents/guardians cannot be contacted, please indicate if these nominated people are authorised by you to collect and care for the child after an accident, injury or trauma.

Name:	Name:
Address:	Address:
Telephone: (H) (M) (W)	Telephone: (H) (M) (W)
Relationship to Child:	Relationship to child:
Able to collect after an accident: Y N	Able to collect after an accident: Y N

Court Orders Relating to the Child/Children:

Are there any **court orders** relating to the powers, duties, responsibilities or authorities of any person in relation to the child/children or access to the child/children?

Yes

No

If yes, please attach a copy of these orders to this registration form.

CCB and CCR Information:

All parents are entitled to a 50% rebate, which may be paid to you or directly to the service. To qualify for this rebate and possibly for further CCB, the centre needs to record your Customer Reference Number and DOB as well as each child's separate CRN and DOB.

Name	DOB	CRN

Email Information:

Your weekly invoices will be emailed to you, please provide your email address below:

If You Need a Permanent Booking, Please Circle the Days Your Child/Children Will be Attending:

Before Care: Monday Tuesday Wednesday Thursday Friday

After Care: Monday Tuesday Wednesday Thursday Friday

Designated Pick Up Spot For Your Child/Children When Not Attending After School Care:

(This will help us to locate your child quickly if they have not arrived at roll call)

Medical And General Declaration:

I, the undersigned approve of the registration and agree to abide by the policies and procedures of the Outside School Hours Care (OSHC) Program and meet any costs incurred. I authorise the coordinator/assistant coordinator, in the event of any unforeseen accident or illness, to obtain such medical assistance as is required and agree to meet any expenses attached to such treatment.

I also accept full responsibility for my child’s belongings whilst attending the program. I fully understand that if my child continuously misbehaves, and after behaviour guidance procedures have been followed, I will be notified and my child may be removed from the program.

I undertake to inform the staff of any absence of my child. I acknowledge that I will be charged if I fail to cancel within the policy guidelines. I will not send my child to the program if he/she is suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person shall collect my child as soon as possible.

I understand that all registration details are private and confidential. This information will be used for program purposes only and will be accessible to OSHC staff, committee of management, the school business manager and the Principal. I understand that I can access this information and correct any details whenever I wish.

I allow my child to watch PG rated movies provided by the OSHC staff, and trust their judgement as to what movies may be deemed appropriate for each age group.

I allow my child to be photographed by staff members at the OSHC Program. I understand the photos will only be used within the program and on the school website.

Parent/Guardian Signature: _____

Date: _____