

# Tea Tree Gully Primary School

## OSHC Enrolment Form

All information on this form is confidential

### Child 1 Information

Child Details 1	
Child's last name	
Child's first name	
Known as	
CRN	
Child's date of birth	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's residential address	
	P/C:
Country of birth	
Indigenous status	Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No      TS Islander <input type="checkbox"/> Yes <input type="checkbox"/> No

### Medical Information

Child Details 1 - Medical Details	
Family Doctor name	
Clinic	
Phone	
Address	
	P/C:
Child 1 - Health Information	
Does your child suffer from any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> asthma <input type="checkbox"/> allergies <input type="checkbox"/> anaphylaxis <input type="checkbox"/> epilepsy <input type="checkbox"/> diabetes <input type="checkbox"/> other - please specify:	
Are there special dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	

## Child 2 Information

Child Details 2	
Child's last name	
Child's first name	
Known as	
CRN	
Child's date of birth	/ / <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's residential address	
	P/C:
Country of birth	
Indigenous status	Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No TS Islander <input type="checkbox"/> Yes <input type="checkbox"/> No

## Medical Information

Child Details 2 - Medical Details	
Family Doctor name	
Clinic	
Phone	
Address	
	P/C:
Child 2 - Health Information	
Does your child suffer from any medical conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> asthma <input type="checkbox"/> allergies <input type="checkbox"/> anaphylaxis <input type="checkbox"/> epilepsy <input type="checkbox"/> diabetes <input type="checkbox"/> other - please specify:	
Are there special dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details	

## Parent / Caregiver Information

Parent/Caregiver 1 (enrolling)	
Last name	
First name	
CRN	
Date of birth	/ /
Residential address	
	P/C:
Occupation	
Home phone	
Mobile	
Work phone	
Email address	

Parent/Caregiver 2	
Last name	
First name	
CRN	
Date of birth	/ /
Residential address	
	P/C:
Occupation	
Home phone	
Mobile	
Work phone	
Email address	

## Emergency Contacts

Emergency Contacts / People Authorised to collect you child (1)	
Full Name	
Relationship to child	
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No      Authorised to collect <input type="checkbox"/> Yes <input type="checkbox"/> No
Home phone	
Mobile	
Work phone	
Emergency Contacts / People Authorised to collect you child (2)	
Full Name	
Relationship to child	
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No      Authorised to collect <input type="checkbox"/> Yes <input type="checkbox"/> No
Home phone	
Mobile	
Work phone	
Emergency Contacts / People Authorised to collect you child (3)	
Full Name	
Relationship to child	
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No      Authorised to collect <input type="checkbox"/> Yes <input type="checkbox"/> No
Home phone	
Mobile	
Work phone	
Emergency Contacts / People Authorised to collect you child (4)	
Full Name	
Relationship to child	
Emergency contact	<input type="checkbox"/> Yes <input type="checkbox"/> No      Authorised to collect <input type="checkbox"/> Yes <input type="checkbox"/> No
Home phone	
Mobile	
Work phone	

## Child Permissions for Child 1 (and Child 2 if applicable)

<b>Celebrations</b>		<i>Signature of parent 1</i>	<i>Signature of parent 2</i>
I give permission for my child/ren to participate in celebrations or events such as Birthdays, Christmas & Easter.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Excursions</b>		<i>Signature of parent 1</i>	<i>Signature of parent 2</i>
I give permission for the centre to take my child/ren on routine excursions or outings.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Photographs &amp; Filming (OSHC use only)</b>		<i>Signature of parent 1</i>	<i>Signature of parent 2</i>
I give permission for my child/ren to be filmed or photographed for use in learning displays, documentation of the children's work and portfolios.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I give permission for my child/ren to be filmed or photographed for use on the Centre's website, Facebook page, centre publications, promotions and current TV news programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Face Paint</b>		<i>Signature of parent 1</i>	<i>Signature of parent 2</i>
I give permission for centre staff to apply face paint to my child/ren	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Declaration & Consent

In completing this form, I understand and consent to the following arrangements;

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform OSHC in the event of any change to this information
- Agree to the arrival and pick up procedures for my child/ren at this centre
- Consent to the staff at OHSC, administering such emergency medical treatment as is reasonable or necessary
- Declare that I will reimburse any necessary expenses incurred by the service
- Some information may be given to other organisations (such as government agencies) as required or authorised by law
- I received and am willing to adhere to the Tea Tree Gully Primary School OSHC fee agreement as per the Fee Management Policy
- I hereby declare that all the information given is accurate and agree to abide by the conditions of enrolment at Tea Tree Gully Primary School OSHC.

I, \_\_\_\_\_, a person with lawful authority of the child/ren referred to in this enrolment form, have read, understood, agree and comply with the policies and procedures of Tea Tree Gully Primary School OSHC, provided by the centre staff in person or otherwise.

<b>Name of Parent 1</b>		
<b>Signature</b>		
<b>Date</b>	/	/

<b>Name of Parent 2</b>		
<b>Signature</b>		
<b>Date</b>	/	/