

Cobbler Creek Out of School Hours Care  
**Enrolment Form**

Child's Family Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F School \_\_\_\_\_ \*DOB \_\_\_\_\_ \*CRN \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F School \_\_\_\_\_ \*DOB \_\_\_\_\_ \*CRN \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F School \_\_\_\_\_ \*DOB \_\_\_\_\_ \*CRN \_\_\_\_\_

Child's Name: \_\_\_\_\_ M/F School \_\_\_\_\_ \*DOB \_\_\_\_\_ \*CRN \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code: \_\_\_\_\_

Accounts will be sent via email : \_\_\_\_\_

Parent / Guardian:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(Hm) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

\*DOB \_\_\_\_\_

\*Parent CRN who is registered with Family Assistance \_\_\_\_\_

Place of Work \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Parent / Guardian:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

DOB \_\_\_\_\_

Place of Work \_\_\_\_\_

Languages Spoken \_\_\_\_\_

**Custody** (To be completed if custody is an issue for the family)

Are the parents separated or divorced? \_\_\_\_\_

Does the child have contact with the other parent? \_\_\_\_\_

Is anyone legally denied access to the child? \_\_\_\_\_

**Emergency Contacts** (If parents unable to be contacted)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

Authority to collect children? Yes / No (please circle)

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (W) \_\_\_\_\_ (Mob) \_\_\_\_\_

Authority to collect children? Yes / No (please circle)

**NOTE:** (\*Required field) Please ensure that the areas with an asterisk are completed as you will require these to receive any Family Assistance in the form of Child Care Benefit or Child Care Rebate. Without these you will not receive any potential entitlements you may be eligible for.

## MEDICAL HEALTH INFORMATION

**If your child has any medication while 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 appropriate labelled and in date.**

Does your child have a physical limitation or medical condition? (eg Asthma) \_\_\_\_\_

If so, what treatment or medication does the child require? \_\_\_\_\_

Has any child suffered an illness, which may reoccur? \_\_\_\_\_

Does your child suffer from any allergic reactions?  Yes  No

(Please circle) Mild - Moderate - Severe

What medication will need to be administered? \_\_\_\_\_

What are the symptoms of the reaction \_\_\_\_\_

Are the children fully immunized to date?  Yes  No

Do you give permission to apply sun block?  Yes  No

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

Do you give permission for you child to watch selected family DVD's, which may sometimes be rated PG?  Yes  No

Do you give permission for your child to use an iPad with appropriate applications and laptop computers in homework club?  Yes  No

### Indigenous status

Is your child of Aboriginal or Torres Strait Islander origin?

- No
- Yes, Aboriginal
- Yes, 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](http://www.cobblercreekoshc.com))  
(Please Tick)

Signed \_\_\_\_\_ Dated \_\_\_\_\_