

Surry Hills Neighbourhood Centre – Crown Street OSHC Enrolment Form 2020

CHILD:

First Name..... Last Name.....

Address.....

Suburb.....Postcode.....

Gender.....Date of Birth.....

What is your child's cultural background?

What language is spoken at home?

Does your child have any cultural requirements?

Does your child have any religious requirements?

Are there any court appointed orders relating to this enrolment?

CHILD CRN:

To qualify for the Childcare Subsidy (CCS), you MUST provide your Child's Customer Reference Number (CRN) and date of birth. If you do not have a CRN, you need to register for Centrelink Online Services (<https://www.humanservices.gov.au/>) by contacting 136150.

CRN:

BOOKING DETAILS:

Intended start date.....

Please circle your preferred days of enrolment:

Before School Care (7 – 9 am):

Monday Tuesday Wednesday Thursday Friday

After School Care (3 – 6 pm):

Monday Tuesday Wednesday Thursday Friday

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HEALTH INFORMATION:

Child's Medicare Number/Reference No.....

PRIMARY CARER CRN:

To qualify for the Childcare Subsidy (CCS), you MUST provide your Customer Reference Number (CRN) and date of birth. If you do not have a CRN, you need to register for Centrelink Online Services (<https://www.humanservices.gov.au/>) by contacting 136150.

Customer Reference Number.....

Please tick the boxes below:

- I consent to be an emergency contact.
- I consent to be an authorised nominee to collect this child.
- I consent to be an authorised nominee to make medical decisions on behalf of this child.

..........I consent to be an authorised nominee for this child's incursions and...
Does your child have any specific medical conditions?

SECONDARY CARER DETAILS:

First Name..... Last Name.....

Address.....

Suburb.....Postcode.....

Gender.....Date of Birth.....

Email Address.....

Phone Number.....

Relationship to Child.....

First Name..... Last Name.....

Please tick the boxes below:

- I authorise this person to be an emergency contact.
- I authorise this person to collect this child.
- I authorise this person to make medical decisions on behalf of this child.
- I authorise this person to authorise an educator to take the child outside the services premises.

Email Address.....

Phone Number.....

Relationship to Child.....

Occupation.....

Cultural Background.....

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EMERGENCY CONTACT 1:

First Name..... Last Name.....

Address.....

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Suburb.....Postcode.....

Gender.....Date of Birth.....

Email Address.....

Phone Number.....

Relationship to Child.....

Please tick the boxes below:

- I authorise this person to be an emergency contact.
- I authorise this person to collect this child.
- I authorise this person to make medical decisions on behalf of this child.
- ~~I authorise this person to authorise an educator to take the child outside the services premises.~~

EMERGENCY CONTACT 2:

First Name..... Last Name.....

Address.....

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Suburb.....Postcode.....

Gender.....Date of Birth.....

Email Address.....

Phone Number.....

Relationship to Child.....

Please tick the boxes below:

- I authorise this person to be an emergency contact.
- I authorise this person to collect this child.
- I authorise this person to make medical decisions on behalf of this child.
- ~~I authorise this person to authorise an educator to take the child outside the services premises.~~

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PERMISSIONS AND AGREEMENTS:

Do you authorise the service to seek medical treatment for your child from a medical practitioner, hospital or ambulance?

- Yes
- No

Do you consent for your child to be transported by an ambulance service?

- Yes
- No

Do you consent for the service to take photographs and videos of your child for the purpose of developmental documentation?

- Yes
- No

I give permission for centre staff to apply 30+ SPF sunscreen to my child's skin at regular intervals during the day.

- Yes
- No

I give permission for educators to administer one (1) dose of paracetamol if required in case of emergency.

- Yes
- No

I give permission for my child to participate in regular local excursions and be taken off the premises under the supervision of an educator.

- Yes
- No

I am aware that I am required to pay my service fees in accordance with their policies and non-payment could result in cancellation of my child's enrolment and recovery action.

- Yes
- No