



South Coogee Children's Services

1 Tucabia Street, South Coogee, NSW, 2034

Phone: 9344 8463 Email: sc-oosh-admin@sccs.nsw.edu.au

SOUTH COOGEE OOSH CARE 2019 ENROLMENT FORM

CHILD'S DETAILS

Surname _____

Given Name _____ Middle Name/s _____

Date of Birth _____ Gender _____ CRN _____

Home Address _____

Suburb _____ State _____ Postcode _____

Place of Birth _____

Copy of Birth certificate/Passport provided: Yes / No

Copy of Immunisations provided: Yes / No

SIBLINGS WHO ATTEND SOUTH COOGEE OOSH

Sibling Name _____ Sibling Age _____

Sibling Name _____ Sibling Age _____

Sibling Name _____ Sibling Age _____

Languages other than English spoken at home _____

Are there any other aspects of your child's cultural, ethnic and/or religious background that you would like us to be aware of? _____



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PARENT / CAREGIVER 1 (Parent registered for Childcare Tax Rebate)

Family Name _____

First Name _____ Middle Name/s _____

Date of Birth _____ Gender _____ CRN _____

Home Address _____

Suburb _____ State _____ Postcode _____

Place of Birth _____

Mobile _____ Work Phone _____ Home Phone _____

Email address _____

Preferred method of contact _____ Occupation _____

Place of work/study _____

PARENT / CAREGIVER 2

Family Name _____

First Name _____ Middle Name/s _____

Date of Birth _____ Gender _____ CRN _____

Home Address _____

Suburb _____ State _____ Postcode _____

Place of Birth _____

Mobile _____ Work Phone _____ Home Phone _____

Email address _____

Would you like to be included in Hubworks emails _____ Occupation _____

Place of work/study _____



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FAMILY STATUS / CUSTODY ARRANGEMENTS

Child at home with both parents

Shared custody between parents

Child with one parent (sole custody)

Other, please specify _____

Are there any Court Orders in place? Yes / No If yes, please provide a copy to the Centre

Any further details: _____

EMERGENCY CONTACT / AUTHORISED PERSONS (other than parent / caregiver 1 and 2)
We need at least, 2 emergency contacts, other than parents/caregivers.

CONTACT 1:

Name _____ Relationship to Child _____

Mobile _____ Work Phone _____ Home Phone _____

Address _____

This person has authority to: (please tick)

Collect/deliver your child to/from the Centre

Consent to medical treatment in your absence

Request/permit prescribed medication to be given to your child

Give permission for excursions

If the parent/caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child



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CONTACT 2:

Name _____ Relationship to Child _____

Mobile _____ Work Phone _____ Home Phone _____

Address _____

This person has authority to: (please tick)

- Collect/deliver your child to/from the Centre
- Consent to medical treatment in your absence
- Request/permit prescribed medication to be given to your child
- Give permission for excursions
- If the parent/caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child

CONTACT 3:

Name _____ Relationship to Child _____

Mobile _____ Work Phone _____ Home Phone _____

Address _____

This person has authority to: (please tick)

- Collect/deliver your child to/from the Centre
- Consent to medical treatment in your absence
- Request/permit prescribed medication to be given to your child
- Give permission for excursions
- If the parent/caregivers cannot be contacted, this person should be notified of any accident, injury, trauma or illness involving your child



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PRIORITY OF ACCESS INFORMATION

Is the child of Aboriginal or Torres Strait Islander decent? Yes / No

Is the child of a family which includes a person with a disability? Yes / No

Is the child of a low income family? Yes / No

Does the child have a culturally and linguistically diverse background? Yes / No

Is the child of a socially isolated family? Yes / No

Is the child of a single parent family? Yes / No

Is one of the primary care givers employed by the Defence Force? Yes / No

*please note that the Centre may request supporting documentation

HEALTH AND MEDICAL INFORMATION

Medicare Number _____

Private Health Insurance Fund _____

Private Health Insurance number _____

If you do not have ambulance cover you are aware and agree that you will be responsible for the call out fee for an ambulance and all other medical fees, if required in an emergency situation for your child during their attendance at the Centre. _____ (sign)

Medical Centre Name _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____



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HEALTH AND MEDICAL INFORMATION

Does your child have an anaphylactic allergy? (please provide details)

Does your child have asthma? (please provide details)

Does your child have any medical conditions or disabilities? (please provide details)

Does your child have any allergies, food intolerances, or dietary requirements? (please provide details)

Does your child take any regular medications? (please provide details)

*providing the Centre with relevant medications, risk minimisation and communication plans and action plans are a condition of enrolment



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CONSENT REQUIRED

I give consent for South Coogee OOSH staff to:

- seek emergency medical treatment for my child
- apply sunscreen to my child
- apply face paint to my child
- watch PG movies with my child

GENERAL CONSENT FOR PHOTOGRAPHS TO BE TAKEN OF MY CHILD/REN

I understand that throughout the day staff will be taking photos of the children engaging in experiences. I give permission for these photos to be used for the following: (please tick preferences)

To be displayed in documentation app 'See Saw' and within the Centre

To be used on our Centre's website and the schools to promote our Service.

Name _____ Signed _____ Date _____

CONFIDENTIALITY AGREEMENT

I understand that the centre will keep the information I have provided on this form and other documentation relating to my child's enrolment confidential for the duration of my child's enrolment at South Coogee OOSH Care Centre. I understand that the Centre is required by law to keep my child's enrolment records until the end of three years after the child's last attendance. I/we agree the information provided in this enrolment form is true and accurate.

Name _____ Signed _____ Date _____

PLEASE NOTE THAT WE WILL NOT ACCEPT ANY ENROLMENTS WITHOUT ALL THE SUPPORTING DOCUMENTATION & REGISTRATION PAYMENT.



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OFFICE USE ONLY

RECEIVED - Date/...../..... Time am/pm

RECEIVED BY: _____

POA: _____