CLARENCE
AFTER SCHOOL CARE & HOLIDAY CARE PROGRAM

38 BLIGH STREET (PO BOX 96) ROSNY PARK TAS 7018
TEL 03 6217 9610 **FAX** 03 6245 8700
oshc@ccc.tas.gov.au

www.ccc-children.com.au

ENROLMENT & CONTRACT OF CARE 2017

ENROLMENT CHANGE OF DETAILS

ONE FORM PER CHILD
(all details need to be completed)

CHILD'S FULL NAME _____ Gender ☐ Male ☐ Female

Address of Child _____

Date of Birth _____ Child's CRN _____

School Attending _____ Language Spoken _____

Is this child of Aboriginal or Torres Strait Islander origin? (please tick) ☐ NO ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

Is this child of Ethnic background? (please tick) ☐ NO ☐ YES If yes, please list _____

Child's Doctor _____ Address _____ Phone _____

Does your child take any medication? (please circle) NO YES If yes, please list _____

A Medication Consent form, Risk Assessment form and Allergy Action Plan will need to be completed before care can be confirmed.

Does your child have any allergic reactions or sensitivities? (please circle) NO YES If yes, please list _____

An action plan will need to be completed and a photo of your child must be provided.

Are there any activities your child cannot participate in? (please circle) NO YES If yes, please comment below.

_____

Are there any other medical conditions we need to be aware of regarding your child? (please circle) NO YES

If yes, please complete a medical conditions form and Risk Assessment form before care can be confirmed.

Has your child been fully immunised? (please circle) NO YES **(please provide a copy of immunisation record before care can be confirmed)**

Does your child have any special requirements? e.g. regarding culture, religion or special needs (please circle) NO YES If yes, please list.

If extra space required, please use separate sheet _____

PARENT NAME _____

Date of Birth _____ (mandatory)

Home Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Place of Employment _____

Occupation _____

☐ Full ☐ Part Time Phone (work) _____

Parent CRN _____

Parent Cultural Background _____

☐ Drivers Licence _____

This parent is registered with Family Assistance Office (please tick) ☐ NO ☐ YES

PARENT NAME _____

Date of Birth _____ (mandatory)

Home Address _____

_____ Postcode _____

Home Phone _____ Mobile _____

Email _____

Place of Employment _____

Occupation _____

☐ Full ☐ Part Time Phone (work) _____

Parent CRN _____

Parent Cultural Background _____

☐ Drivers Licence _____

EMERGENCY CONTACT Person to collect child or be notified if parent cannot be contacted **(please provide Photo ID at time of collection):**

Contact 1 (after parents) _____ Phone (mobile/home/work) _____

Relationship to Child _____ Drivers Licence (please circle) NO YES

Contact 2 (after parents) _____ Phone (mobile/home/work) _____

Relationship to Child _____ Drivers Licence (please circle) NO YES

ACCESS I/We authorise the above persons and/or _____ to collect my child from the centre.

Address _____ Phone (mobile/home/work) _____

Are there any court orders or parenting plans in place for your child? (please tick) ☐ NO ☐ YES (If yes, please attach a copy to this application)

(ANY CHANGES ARE TO BE NOTIFIED IMMEDIATELY)

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