

My child/ren will be attending: AFTER SCHOOL CARE VACATION CARE

If you have other children in care we can apply a multiple child percentage.

How many children do you have attending **another service**?

Is your child of Aboriginal origin? Yes/No

Is your child of Torres Strait Islander origin? Yes/No

Is your child from a Non-English Speaking Background? Yes/No

(If yes, please specify) _____

Is your child subject to any custody or access order? (If yes, please attach copy of order)..... Yes/No

Any Religious/Cultural upbringing you wish us to respect? Yes/No

(If yes, please specify) _____

Parent/Guardian Information:

First Name: _____ Surname: _____ Date of Birth: _____

Home Address: _____

Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Mailing Address (if Different): _____

Workplace: _____ Occupation: _____

Partner: First Name: _____ Surname: _____

Home Address: _____

Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Workplace: _____ Occupation: _____

Emergency Contact Persons & Authorised Collectors (Other than above)

	NAME	RELATIONSHIP TO CHILD	HOME PHONE	MOBILE
1				
2				
3				
4				

Although every care will be taken of your child/ren, you should encourage them to behave in a responsible manner at all times. In the event of an accident or illness requiring medical treatment, every effort will be made to contact the parents/guardians before such treatment is sought.

However, should this prove impossible, it will be necessary for authority to be given for the treatment to be undertaken. Parents/guardians are asked to complete and sign the following:

Immunisation:

Is your child immunised? **Yes/No**

I have provided a copy of my child’s immunisation record..... **Yes/No**

If no, please provide copy of Conscientious Objection form.

Information Handbook:

I have been given a copy of the Parent Information Handbook and will read it and raise any questions prior to my child/ren attending OOSH/Vacation Care..... **Yes/No**

Medical consent:

I hereby give my permission for the staff at Tweed Shire Vacation Care/OOSH to seek medical attention for the above child/ren in the event of an accident/emergency..... **Yes/No**

Local excursions:

I hereby give my permission for the above child/ren to participate in excursions from the Centre by foot within the local community.

(Parents/guardians will sign separate forms for excursions not in the local area)..... **Yes/No**

Sunscreen/insect repellent

I hereby give my permission for the above child/ren to have staff apply sunscreen/insect repellent as required.

Juniors- Staff will apply sunscreen. Seniors- Children will be reminded to apply sunscreen..... **Yes/No**

Special needs only:

I hereby give my permission for the above child/ren to participate in individual excursions, accompanied by a carer, within the local community. I understand that the carer will sign my child/ren out of and into the Centre on return. (Parents/guardians will sign separate forms for excursions not in the local area)..... **Yes/No**

I understand that staff will take all due care, and that the Centre will not be held responsible for any loss or damage of property, or injury occurring during the running of the program.

Furthermore, I have read and agree to abide by the Centre requirements.

Signature of

Parent/Guardian.....Date.....

OFFICE USE ONLY:

Child 1	“S”	“D”	Comments
Child 2			
Child 3			