



STEP 1: REGISTER YOUR CHILD/REN FOR 2010

Registration fee \$25 per family per annum

1. Which school does your child/ren attend (Please CROSS BOX):

Cromer P.S, Cromer OLGC, Forestville	<input type="checkbox"/>	St John's, N'weena N'Veena P.S, N'W	<input type="checkbox"/>	St Kevin's, D Y Dee Why P.S, D Y	<input type="checkbox"/>	St John's, Harbord Harbord P.S, Harbord	<input type="checkbox"/>	St Marys, Manly	<input type="checkbox"/>
---	--------------------------	--	--------------------------	-------------------------------------	--------------------------	--	--------------------------	-----------------	--------------------------

PARENT DETAILS

2. Mother's Name: _____ Father's Name : _____

Responsible for account Yes / No Yes / No

(As instructed by the Federal Government, the new CCMS reporting system includes the need to obtain the parent who is claiming any CCB or childcare rebate to provide their Date of Birth. To receive the CCB discount or the 50% childcare rebate, parents must be CCB accessed by ringing the Family Assistance Office on 136150 & then provide this information to us. We encourage all families to be CCB accessed so the child's attendance is reported and families receive the 50% childcare rebate automatically).

Parent nominated as receiving the CCB is _____ and their DOB is ____ / ____ /19____
We also need to know about any other children in childcare. I/we have _____ child/ren in another form of childcare.

Home Address: (A) _____ Home Address _____
_____ (only if different to A) _____

Home Phone: _____ Home Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Home e-mail: _____ Home e-mail: _____

Medicare Number: _____ Family CRN (for CCB-if applicable) _____

PARENT PERSONAL

3. Mother's Employer: _____ Father's Employer: _____

Work Phone: _____ Work Phone: _____

Work e-mail: _____ Work e-mail: _____

Occupation: _____ Occupation: _____

4. Declaration and Indemnity (BOTH PARENTS TO SIGN, if possible).

I hereby consent to _____ (child/ren's name) attending OOSH Northern Beaches Before, After School & Vacation Care Centre (from now on referred to as "The Kids Club").

I acknowledge that my child/children will be exposed to all normal risks associated with participation in activities offered by the OOSH Northern Beaches Before, After School & Vacation Care Centre (referred to as "The Kids Club").

In consideration of The Kids Club admitting my child/children, I hereby agree that I will indemnify the respective School, OOSH Northern Beaches Before, After School & vacation Care Centre (The Kids Club), the Centre's Licensee Mr. Chris Hegarty, all the Kids Club officers, staff and agents, and keep them indemnified against all claims, demands, actions and liabilities of any kind arising (other than wilful negligence) in the course of my child's/children's attendance. I consent to my child/children attending the Kids Club and indemnify the respective School, the Kids Club and it's staff and Licensee against any responsibility for any accident, loss or injury suffered by my child/children and/or self during the course of attending the Kids Club.

I authorise the Kids Club, the Licensee, it's officers, servants or agents in the event of any emergency, accident or illness, to obtain such dentist, ambulance, medical and hospital assistance as required, and agree to meet any and all expenses thereby incurred, including a \$30 per hour charge for labour if a staff member has to accompany your child/ren to seek medical attention.

I give permission for my child/ren to have their photograph taken and displayed at the Kids Club Centre. (Please delete if necessary)

I acknowledge that from time to time a 'PG' movie/playstation game may be shown at the discretion of staff and further approval is not required.

I acknowledge it is my/our responsibility to inform the Kids Club in advance of a non-attendance of my/our child at the Kids Club and not the responsibility of a staff member of the Kids Club to telephone to confirm the whereabouts of a child who is not in attendance @ roll call.

All people named on this form have been notified by me as required by the Privacy Act 1998, which came into force in December 2001.

I understand it is my responsibility to ring the FAO on 136150 and be CCB assessed and provide this information to the Kids Club otherwise full fees will apply. OOSH Northern Beaches encourages all families be CCB assessed to receive the 50% childcare rebate automatically.

I understand that neither OOSH Northern Beaches nor any of its representatives will be held responsible for not being able to contact any listed parents/guardians/authorised collectors if we have not been advised of any changes to any contact details listed on this registration form

I have read or I am aware of the Kids Club Introduction Handbook and accept the terms and conditions of registration at the Kids Club and abide by the OOSH Northern Beaches Policy & Procedure Document, varied from time to time, and available at the Kids Club.

Accounts/receipts will be addressed to the Mother unless specified otherwise.

I enclose the annual registration fee of \$25 per family and we the undersigned are legally liable for and agree to pay all fees and charges.

Signed _____ (Parent/Guardian)	Signed _____ (Parent/Guardian)
Name in full _____	Name in full _____
Date _____	Date _____

OOSH NORTHERN BEACHES (KIDS CLUB) – 2010

EMERGENCY CONTACTS – A MINIMUM OF 2 CONTACTS MUST BE SUBMITTED

(Please nominate at least two (2) people who may be contacted in the event of an emergency or if parents cannot be contacted for any reason).

I agree that the Emergency contacts are authorised collectors and I give permission for them to collect my child/ren. I understand Ideally the contact people should live in the local neighbourhood if possible.

PLEASE DO NOT PUT THE PARENT INFORMATION DOWN AGAIN AS YOU ARE ALREADY AN EMERGENCY CONTACT/COLLECTOR

PLEASE PROVIDE A PASSWORD FOR AUTHORISED COLLECTORS TO USE WHEN COLLECTING YOUR CHILD/REN. _____

My Child/ren's name is/are: Child 1 Name: _____ Child 2 Name _____

And I, _____ give permission for the following people to be contacted in an emergency

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Name: _____ Relationship to CHILD: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

As well as the above emergency contacts, in addition I also nominate these people as Authorised Collectors (optional)

Name: _____ Relationship: _____

Home/work phone _____ Mobile Phone _____

Name: _____ Relationship: _____

Home/work phone _____ Mobile Phone _____

Restricted Access.

Persons **NOT** Authorised to Collect/ and/or any custodial matters or Court Orders the Kids Club should be aware of.

Custody Papers (if any) current from ___/___/___ (please provide a copy)

Emergency Collection.

In the event of my child/ren being left at the Kids Club after the 6.00pm closing time or a parent or primary carer being deemed by staff unfit* to collect my child/ren or in an emergency, I authorise the persons listed above to be contacted to collect my child/ren. I understand that in the event that parents and emergency contacts cannot be reached, the Department of Community Services and/or Police may be contacted to provide after hours assistance in accordance with DoCS Policy.

Signed: _____ (Parent/Guardian) Date: _____

* Unfit to collect means a person considered by staff to be affected by alcohol or drugs, mentally or physically ill, threatening or in fear of danger so as not to be able to provide reasonable safe care for a child. (This may be a subjective opinion by the staff and we make no apologies in considering children's safety being of paramount importance if in any way the staff's opinion may prove incorrect at the time)

OOSH NORTHERN BEACHES (KIDS CLUB) – 2010

CHILD 1 - INFORMATION

(Please complete a separate form for each child)

Name: _____ (including middle name) Child's Sex: Male / Female

Date of Birth: _____ Child's CRN (for CCB) _____

Address: _____

Birth Country: _____ Languages (other than English): _____

Position in Family: (1st, 2nd, 3rd Child) _____ School Class: _____

Does your child have any cultural background information you would like to provide to assist us in implementing programs and food menus? _____

MEDICAL/HEALTH DETAILS

Immunisation record (for first time children) must be sighted by a staff member

Is the Child Immunised? _____ Documentation Sighted By Staff _____ Date sighted _____

Please provide a copy of Immunisation Certificate AND have Certificate or Blue Book sighted by a Kids Club staff member and be signed off above. Evidence must be produced within 28 days of start of care to be eligible for Childcare assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed. I authorise the Kids Club Licensee, Mr Chris Hegarty, to access the School's records to confirm my child/ren's Immunisation status, if needed.

Signed: _____ (Parent/Guardian) Date: _____

Does your child have any medical conditions (eg., Diabetes, Asthma/Allergies)/Disabilities/Special Needs/Dietary Restrictions/Food Sensitivities?

Doctor or other Health Practitioner's Name: _____

Doctor's Address and Phone Number: _____

Release Child to Doctor in an emergency. YES / NO. Religious Requirements in case of Accident?: _____

(Please detail _____)

Any other Medical history we should know? _____

Paracetamol Policy – for child 1 (and for child 2 and 3 if applicable).

I, _____ understand that if my child/ren's temperature rises above 37.5 C, every attempt will be made to contact my emergency contact or me. If no contact can be made, the Kids Club Staff will administer one dose of paracetamol in accordance with the manufacturer's instructions. If the temperature continues to rise above 38.5 C, and staff cannot contact my emergency contacts or me, I understand an ambulance may be called. I understand that a medical administration form is available should I require the administration of any medicine.

Signed: _____ (Parent/Guardian) Date: _____

Sunscreen Policy – for child 1 (and for child 2 and 3 if applicable).

I give permission for sunscreen to be applied to my child/ren in accordance with the Kids Club Policy. (Terms 1 & 4 we use a "no hat no play policy" and Terms 2 & 3 we encourage the use of hats outside)

Signed: _____ (Parent/Guardian) Date: _____

OOSH NORTHERN BEACHES (KIDS CLUB) – 2010

CHILD 2 - INFORMATION

(Please complete a separate form for each child)

Name: _____ (including middle name) Child's Sex: Male / Female

Date of Birth: _____ Child's CRN (for CCB) _____

Address: _____

Birth Country: _____ Languages (other than English): _____

Position in Family: (1st, 2nd, 3rd Child) _____ School Class: _____

Does your child have any cultural background information you would like to provide to assist us in implementing programs and food menus? _____

MEDICAL/HEALTH DETAILS

Immunisation record (for first time children) must be sighted by a staff member

Is the Child Immunised? _____ Documentation Sighted By Staff _____ Date sighted _____

Please provide a copy of Immunisation Certificate AND have Certificate or Blue Book sighted by a Kids Club staff member and be signed off above. Evidence must be produced within 28 days of start of care to be eligible for Childcare assistance or Childcare Cash Rebate. I understand that I am required to comply with the Department of Health regulations in relation to immunisation. If my child is not immunised and an outbreak of a vaccine preventable disease occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are completed. I authorise the Kids Club Licensee, Mr Chris Hegarty, to access the School's records to confirm my child/ren's Immunisation status, if needed.

Signed: _____ (Parent/Guardian) Date: _____

ONLY COMPLETE IF DIFFERENT FROM CHILD 1

Does your child have any medical conditions (eg., Diabetes, Asthma/Allergies)/Disabilities/Special Needs/Dietary Restrictions/Food Sensitivities?

Doctor or other Health Practitioner's Name: _____

Doctor's Address and Phone Number: _____

Release Child to Doctor in an emergency. YES / NO. Religious Requirements in case of Accident?: _____

(Please detail _____)

Any other Medical history we should know? _____
