Nailsworth Primary
Outside School Hours Care

Government of South Australia
Department of Education and Children's Services

ESTABLISHED 1876

Family Name		School	
Child's Name	Gender	Date of Birth	Customer Reference Number (CRN)

Parent/Guardian 1			
Name			
Address			
Phone	(M)	(W)	(H)
Place of Work		Language Spoken at home	
Parent/Guardian 2			
Name			
Address			
Phone	(M)	(W)	(H)
Place of Work		Language Spoken at home	

Account Information:

Name of parent/guardian claiming Child Care Benefit/Rebates			
Customer Reference Number (CRN)		Date of Birth	
Email Address 1			
Email Address 2			
Do you want accounts emailed?	Yes/No	To which email address	1/2/Both
Other children in care	Are you claiming CCB for other children at another approved child care service? If so, for how many children?		

Emergency Contacts (If parents are unable to be contacted. These people have the authority to collect children)

1	Name		Relationship to child	
	Address			
	Phone	(M)	(W)	(H)
2	Name		Relationship to child	
	Address			
	Phone	(M)	(W)	(H)

Other people authorised to collect your child/ren:

1.		2.
3.		4.
Are there any custody or access orders?	Yes or No	Please provide a copy of any court orders

Medical Health Information:

Are your child/rens immunisations up-to-date?			Yes or No
Does your child/ren have a physical limitation or medical condition? (Please provide some detail)			
If requiring medication, a Medical Management Plan is required			
Does your child have any allergic reactions?	Food: Medication: Other:		
Expected Reaction:			
If medication is needed in case of an allergic reaction, please complete a Medication Management Plan			
Family Doctor		Address/Clinic	
Medic Alert Number		Medicare No.	

Do you give permission for your child/ren to be photographed (by still or video camera) whilst attending Nailsworth OSHC either individually or in groups? I understand these photos may be used for display boards, Newsletters, promotion of OSHC or school newsletters. **YES/NO**

Do you give permission for sunscreen to be applied to your child/ren? **YES/NO**

What cultural backgrounds would you like us to recognise/celebrate with your child/ren
____

What are your hopes and dreams for your child/ren? _______________________________________
____

How can we assist in this?____
____
____

Nailsworth OSHC protects the privacy and confidentiality of individuals by ensuring that all records and information about individual children, families, staff and management are kept in a secure place and are accessed by or disclosed only to people need the information to full their responsibilities at the service or have a legal right to know

I ______________________ agree with the policies and procedures of the Nailsworth Outside School Hours Care (OSHC) and acknowledge all financial responsibilities for the required child care services. I understand that if my child/ren requires medical /hospital/ambulance treatment that the staff at the service will obtain medical assistance deemed necessary and you will be liable for all costs incurred. I certify that all the information to the best of my knowledge is true and correct.

Parent/Guardian Signature _________________________ Date____________________________