



## 2024 REGISTRATION FORM

Registration Fee: \$50 per child / \$100 per family

### STUDENT DETAILS

First Given Name			
Second Given Name			
Family Name/Surname			
Preferred First Name (if applicable)			
School Child Attends	<input type="checkbox"/> Toongabbie Christian College <input type="checkbox"/> Other:		
Main Residential Address			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Class	
Date of Birth		Country of Birth	
First Language		Second Language	
Aboriginal or Torres Strait Background	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cultural Background	
Child's CRN			
Dietary Requirements			
Please tick	<input type="checkbox"/> Preference <input type="checkbox"/> Medical Requirement		

### PARENT/CARER INFORMATION

	Parent/Carer 1	Parent/Carer 2
	<b>(Must be parent/carer whose MyGov account is linked with the CCS)</b>	
Title		
Given Names		
Surname		
Relationship to Child		
Residential Address		<input type="checkbox"/> Same as Parent/Carer 1 <input type="checkbox"/> Other:

	Parent/Carer 1	Parent/Carer 2
Mobile Phone		
Work Phone		
Home Phone		
Email [please print clearly]		
CRN		
Date of Birth		
First Language		
Second Language		
Cultural Background		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single/never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Single/never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Occupation		
Employer		
Please tick	<input type="checkbox"/> Working more than 15 hours per week <input type="checkbox"/> Studying	<input type="checkbox"/> Working more than 15 hours per week <input type="checkbox"/> Studying

## CURRENT FAMILY STRUCTURE

Student currently resides with	<input type="checkbox"/> Father & Mother <input type="checkbox"/> Mother only <input type="checkbox"/> Father only <input type="checkbox"/> Other *
* Please specify	
Are the natural/legal parents/carers married to each other?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both natural/legal parents/carers still alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If separated, is the mother/female guardian remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If separated, is the father/male guardian remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do both natural/legal parents have access to the child?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your relationship structure involves shared parental responsibility of the child for whom this application is made, please outline the arrangement below.	
<input type="checkbox"/> Please attach a copy of any Court Orders, Parenting Plan or agreed arrangements between parents/carers.	

## MEDICAL DETAILS

Medicare Number	
My child has taken part, and will continue to do so, in the NSW immunisation program, and is up to date with his/her immunisations	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have attached a copy of my child's immunisation record	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give consent to OOSH educators to administer a recommended dose of paracetamol, if needed. Parents/Carers verbal permission will be obtained before administering.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If necessary, I agree for my child to be given first aid and/or be taken to the nearest hospital by ambulance in the case of an emergency	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Medical Needs or Disability

If your child has the following, you must provide a **Medical Action Plan** (for asthma/allergies/anaphylaxis) or a **letter from your doctor** (for epilepsy). Without either of these, your child legally cannot attend OOSH. For allergies, please specify below what your child is allergic to, and the severity of the allergy.

Medication must be supplied in its original packaging, with a Pharmacist label detailing your child's name and dosage before or on the first day of care.

Parents/Carers must complete a Risk Minimisation/Communication Plan along with the Nominated Supervisor, and a Medical Record form before attendance.

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anaphylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			

Please include details of any diagnosed health conditions, medical needs or disabilities below

My child will need to take prescribed medication whilst enrolled at OOSH If yes, please give details of time and dosage below	<input type="checkbox"/> Yes <input type="checkbox"/> No
If your child takes medication at OOSH, do you give permission for your child to self-administer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Family Doctor	
Doctor/Practice Name	
Practice Phone Number	
Practice Address	
Family Dentist	
Dentist/Practice Name	
Practice Phone Number	
Practice Address	

### EMERGENCY CONTACTS (must not be a parent/carer)

An emergency contact is a person who is authorised to give medical consent, if the parent/carer cannot be contacted.

	Emergency Contact 1	Emergency Contact 2
Full Name		
Phone Number		
Relationship to Student		
Residential Address		
I give this authorised person consent to <ul style="list-style-type: none"> <li>• medical treatment of, or to authorise administration of medication to, the child; and</li> <li>• to authorise an educator to take the child outside the education and care service premises; and</li> <li>• to authorise the education and care service to transport the child or arrange transportation of the child</li> </ul>		
Consent Given	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### AUTHORITY TO COLLECT

List people who you authorise to pick up your child (other than parents/carers)

	Contact 1	Contact 2
Same as Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name		
Phone Number		
Relationship to Student		
Residential Address		

## PERMISSIONS

I give permission for my child to watch age appropriate PG-rated movies	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to have their face painted	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to use sunscreen provided by the service	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the Centre to display pictures of my child around the OOSH room (not social media)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my child to use nail polish and nail polish remover	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Excursions

I give consent for my child to travel via:	<input type="checkbox"/> Bus <input type="checkbox"/> Walking	Further confirmation of excursions will be detailed on each Vacation Care form
I give consent for my child to walk to Girraween Park and participate in programmed activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents will be notified via email when the program requires the children to go to Girraween Park

## CONFIDENTIALITY

Toongabbie Christian College OOSH respects the privacy of our families. All information will be treated confidentially. I consent to the collection, use and disclosure of personal and other information in accordance with the College's *OOSH Privacy and Confidentiality Policy and Procedures*.

## PARENT/CARER ACKNOWLEDGEMENT AND DECLARATION OF ACCURACY AND SIGNATURE

I have read, understood and agree to all information and requirements listed in the *Welcome to TCC OOSH* leaflet. I have filled in all relevant information of the registration form and declare that it is accurate and up to date. I agree to pay all applicable fees.

Parent/Carer 1		Parent/Carer 2	
Name		Name	
Signature		Signature	
Date		Date	



## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	Girraween Park – Programmed activities
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm. Families will be notified the week before the excursion.
Location name	Girraween Park
Location address	Octavia Road to Toongabbie Road, Girraween NSW 2145
Means of transport	Walking
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Programmed activities
Number of children likely to attend	45
Number of educators	6
Proposed ratio	1 Educator to 8 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td></td><td>Date</td></tr></table>		Date
	Date		

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

April 2024



## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	Flood Drill
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm – approximately 10-15 minutes per drill.
Location name	MPC Area
Location address	30-40 Metella Road, Toongabbie NSW 2146
Means of transport	Walking (remain on College grounds)
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Participate in a flood drill to ensure children know what to do in a flood emergency
Number of children likely to attend	45
Number of educators	3
Proposed ratio	1 Educator to 15 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td></td><td>Date</td></tr></table>		Date
	Date		

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

April 2024



## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	Use of Secondary School field and basketball court
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm
Location name	Toongabbie Christian College
Location address	30-40 Metella Road, Toongabbie NSW 2146
Means of transport	Walking (remain on College grounds)
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Programmed activities
Number of children likely to attend	45
Number of educators	3
Proposed ratio	1 Educator to 15 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td>Date</td><td></td></tr></table>	Date	
Date			

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

April 2024





## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	MPC use for programmed activities and during wet weather
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm
Location name	Toongabbie Christian College - MPC
Location address	30-40 Metella Road, Toongabbie NSW 2146
Means of transport	Walking (remain on College grounds)
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Programmed activities
Number of children likely to attend	45
Number of educators	3
Proposed ratio	1 Educator to 15 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td></td><td>Date</td></tr></table>		Date
	Date		

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

April 2024



## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	OOSH Garden
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm. No longer than 30 minutes at a time.
Location name	Toongabbie Christian College
Location address	30-40 Metella Road, Toongabbie NSW 2146
Means of transport	Walking (remain on College grounds)
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Gardening
Number of children likely to attend	45
Number of educators	3
Proposed ratio	1 Educator to 15 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td></td><td>Date</td></tr></table>		Date
	Date		

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

May 2024



## EXCURSION PERMISSION FORM

Excursion Details	
Reason for excursion	Play equipment/sandpit
Date of excursion	Valid for 2024
Time of excursion	6:30am-6:30pm. No longer than 1.5 hours at a time.
Location name	Toongabbie Christian College playground
Location address	30-40 Metella Road, Toongabbie NSW 2146
Means of transport	Walking (remain on College grounds)
Safety Features on transport	Walking with educators and peers
Proposed activities during excursion	Free play in the play equipment and sandpit area
Number of children likely to attend	15
Number of educators	1
Proposed ratio	1 Educator to 15 children
Additional information	

To be completed by the Parent/Carer			
Child Name			
Do you give permission for your child to attend this excursion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parent/Carer Name			
Parent/Carer Signature	<table border="1"><tr><td></td><td>Date</td></tr></table>		Date
	Date		

A Risk Assessment has been prepared for this excursion. It is available to be viewed upon request.

Education and Care Service National Regulations; 102 Authorisation for excursions

May 2024