

Mont Albert Primary School Out of School Hours Care Enrolment 2010

Child Details:

Family Name		Address:	
Child 1		Child 2	
Name		Name	
Please circle	Male Female	Please circle	Male Female
Date of Birth		Date of Birth	
Grade		Grade	
Language spoken at home		Language spoken at home	
Special needs*	YES NO	Special needs*	YES NO
Medical conditions*	YES NO	Medical conditions*	YES NO
Medical Treatment*	YES NO	Medical Treatment*	YES NO
Anaphylaxis/Allergies*	YES NO	Anaphylaxis/Allergies*	YES NO
Asthma*	YES NO	Asthma*	YES NO
Dietary need/ Food intolerance		Dietary need/ Food intolerance	
Immunised?	YES NO	Immunised?	YES NO

If you ticked "yes" to any questions marked *, please attach Individual Medical Management Plan, signed by a Doctor. Children with no immunisation may be excluded from OSHC during an outbreak of an infectious disease.

Custody access YES NO

Please note that if there is a custody access issue we need a copy of the court order

Parent/Guardian Details: For registration for CCB purposes you need to provide your date of birth.

Parent 1	Parent 2
Name:	Name:
Date of birth	Date of birth
Address:	Address:
Home Phone	Home Phone
Mobile	Mobile
Work Phone	Work Phone
Work days : Mon Tues Wed Thurs Fri	Work days : Mon Tues Wed Thurs Fri
Email:	Email:
Language:	Language:
Does the child live with this parent/Guardian? Yes No	Does the child live with this parent/Guardian? Yes No

Persons Authorised to collect your child/ren / Emergency Contact People (other than parents- need at least 1)

Contact 1	Contact 2	Contact 3
Name:	Name:	Name:
Address	Address	Address
Relationship	Relationship	Relationship
Home Phone	Home Phone	Home Phone
Mobile:	Mobile:	Mobile:

Medical Information:

Family Doctor	Medicare Number
Phone Number	Health Insurance Provider
Address	Health Insurance Number
	Ambulance Membership No.

Other Information (If there is anything else we need to know about your child/ren? Eg: excessive fears, favorite activities, etc)

