



**Every answer is mandatory.**

*Please Tick which parent is registered for CCB*

**Parent/ guardian one** *(the parent /guardian that child/ren are under at centrelink)*

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Marital Status: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Family CRN *(contact centrelink if unknown 9 digits and a letter)*: \_\_\_\_\_

Cultural Background (e.g. South African, Australian): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address *(monthly accounts are emailed)*: \_\_\_\_\_

**Parent/ guardian two**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Marital Status: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Cultural Background *(e.g. South African, Australian)*: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**I certify that the information I have entered above is correct and true at the time of completion. I am aware that OOSH may contact my workplace to confirm employment and details. I agree to advise the centre in writing or in person of any changes to these details within 14 days of occurrence.**

**Print Name:** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Every answer is mandatory.

**1. Emergency Contact:** *(other than parents can be out of state or country)*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**2. Emergency Contact:** *(other than parents can be out of state or country)*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**3. Emergency Contact:** *(other than parents can be out of state or country)*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**Collection of Children:**

Name

Relationship to child

*(Other than parents)*

_____	_____
_____	_____
_____	_____
_____	_____

**Doctor:**

Local Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicare No: \_\_\_\_\_

**I hereby authorise the staff of Charlestown OOSH to allow any of the above people to collect my child/ren and make decisions regarding my children on behalf of myself should OOSH be unable to contact me.**

**Print Name:** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_\_\_

Every answer is mandatory.

**Custody Arrangement:** (if any)

	Mother	Father
Custodian	<input type="checkbox"/>	<input type="checkbox"/>
Access	<input type="checkbox"/>	<input type="checkbox"/>
Custody Order	<input type="checkbox"/>	<input type="checkbox"/>
AVO	<input type="checkbox"/>	<input type="checkbox"/>

AVO Details: \_\_\_\_\_

I certify that the information supplied on this form is correct at the time of completion. I agree to advise the centre in writing or in person of any changes to these details within 14 days.

I have attached the following:

- Copy of any custody arrangement documentation
- Copy of any AVO documentation
- Copy of any medical information that may affect the way in which my child is cared for.

*(please sign even if above is not applicable)*

Print Name: \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**What days do you require care?**

(Please circle)

<b>Before school care</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>After school care</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Vacation Care only</b>	VC				

## Priority of Access

Every answer is mandatory.

The following apply to you and (if applicable) your spouse or partner living under the same roof as yourself.

What is the reason you require care? *(fill out each area that applies)*

### 1. Working *(if not applicable, go on to question 2.)*

A. Parent/ guardian name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Do you receive a carer payment? If so, for what purpose? \_\_\_\_\_

Do you receive a carer allowance for a disabled adult? Yes/ No

B. Parent/ guardian name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Do you receive a carer payment? If so, for what purpose? \_\_\_\_\_

Do you receive a carer allowance for a disabled adult? Yes/ No

### 2. Training/ studying *(if not applicable, go on to question 3.)*

A. Parent/ guardian name: \_\_\_\_\_

What training course or study are you currently undertaking? \_\_\_\_\_

Through what educational institute are you training or studying? \_\_\_\_\_

Is the course accredited? Yes/ No

Student number: \_\_\_\_\_

Estimated date of completion: \_\_\_ / \_\_\_ /20\_\_\_

Is the study *(circle)*: full time/ part time?

Do you receive any study allowances? If yes, what? \_\_\_\_\_

B. Parent/ guardian name: \_\_\_\_\_

What training course or study are you currently undertaking? \_\_\_\_\_

Through what educational institute are you training or studying? \_\_\_\_\_

Is the course accredited? Yes/ No

Student number: \_\_\_\_\_

Estimated date of completion: \_\_\_ / \_\_\_ /20\_\_\_

Is the study *(circle)*: full time/ part time?

Do you receive any study allowances? If yes, what? \_\_\_\_\_

**3. Respite** *(if not applicable, go on to question 4.)*

Please answer in detail, why you require respite care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Social interaction for the child or children**

Please answer in detail, why you require care for the purpose of social interaction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate the following areas that apply to the child or children:**

- Children in Aboriginal or Torres Strait Islander families
- Children in families which include a person with a disability
- Children in families which include an individual whose adjusted taxable income does not exceed the lower income threshold (\$35 000) or whose partner is on income support
- Children in families from a culturally or linguistically diverse background
- Children in socially isolated families
- Children of single parents.
- None of the above apply to our family

**I certify that the information supplied on this form is correct at the time of completion. I agree to advise the centre in writing or in person of any changes to these details within 14 days. I agree to provide the centre with any details as proof of the above answers upon request.**

**Print Name:** \_\_\_\_\_

**Signature of Parent / Guardian** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_\_\_

If you have any questions regarding filling out this enrolment form, or anything else in the parent handbook, please ask us in person or give us a call on 0400722582.  
We are here for you.