CLARENCE CHILDRENS SERVICES
Supported by Clarence City Council

17-19 Alma Street BELLERIVE 7018
PO 96 Box ROSNY PARK 7018
PH: 03 6217 9610
oshc@ccc.tas.gov.au
https://www.ccc.tas.gov.au/living/child-care-services/before-and-after-school-care

2027 ENROLMENT FORM AND COMPLYING WRITTEN AGREEMENT
OUTSIDE SCHOOL HOURS CARE

Child Details

Name			
Date of Birth		Gender	
Home Address			
Child Care Subsidy	☐ **YES** - CRN Number _____ **or** ☐ **Not Claiming CCS**		
Medicare Number			
Spoken Language			
Ethnic Background			
Indigenous Status	☐ Aboriginal ☐ Torres Strait Islander ☐ Neither		

School Name			
Child's Grade/Year Level		Teacher/Class Name	

Please tick the service you wish to use:

ALMA ST	CAMBRIDGE	EMMANUEL	HOWRAH	LINDISFARNE	LINDISFARNE NORTH	MONTAGU BAY
☐	☐	☐	☐	☐	☐	☐

Please tick below the days you require care:

Week 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL CARE	☐	☐	☐	☐	☐
AFTER SCHOOL CARE	☐	☐	☐	☐	☐
12:45pm - 2:45pm Kindergarten Care Session – Montagu Bay ONLY			☐		

Week 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BEFORE SCHOOL CARE	☐	☐	☐	☐	☐
AFTER SCHOOL CARE	☐	☐	☐	☐	☐
12:45pm - 2:45pm Kindergarten Care Session – Montagu Bay ONLY			☐		

Is this enrolment for a roster booking only? *Roster bookings are subject to availability around permanent bookings. Please provide a copy of your current roster*	☐ YES ☐ NO
Do you require casual care only? *Casual bookings are subject to availability around permanent bookings*	☐ YES ☐ NO
Is this enrolment for School Holiday Care only? *If yes, please complete the additional Holiday Care booking form found on our website https://www.ccc.tas.gov.au/living/child-care-services/holiday-care-program /*	☐ YES ☐ NO

Date you would like care to start?	

Medical Information

Doctors Name	
Doctors Phone	
Doctors Address	

Is your Child's immunisation up to date? *Please provide immunisation evidence, a MyGov screenshot or photo of blue book are both accepted.*	☐ YES ☐ NO

Does your child have any of the following?

Anaphylaxis	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Allergies	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Asthma	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Developmental/Behavioural Conditions	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Dietary Restrictions/Requirements	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Toileting Support Required	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO
Other Conditions	☐ YES	☐ NO	Medication Required?	☐ YES	☐ NO

Please provide any of the relevant forms to assist with caring for your Child's condition.

- 2027 Risk Minimisation and Communication Plan
- 2027 Authority to Administer Medication
  (The above two forms can be found at https://www.ccc.tas.gov.au/living/child-care-services/before-and-after-school-care/)
- Current Action Plans from your Child's GP and/or Specialist

CARE WILL NOT BE PROVIDED UNTIL ALL REQUIRED FORMS ARE RECEIVED

If you have answered yes to any of the above, please give a brief description and/or provide relevant medical information.
Is there anything else we need to know to support your child or family's participation in our program e.g. support requirements or religious, cultural and social practices we should be aware of?

Permissions

Allow posting photos on the OWNA Child Care App and Display printed photos in the service?	☐ YES ☐ NO
Allow Social Media Post and photos on our website?	☐ YES ☐ NO
Is your Child allowed to watch PG movies while in care at Clarence Children Services?	☐ YES ☐ NO

Primary Parent/Guardian

Primary Parent/Guardian is sent communication from our Coordination Unit, responsible for payment of invoices and if applicable, must also be the parent registered for Centrelink's Child Care Subsidy

Full Name	
Date of Birth	
Home Address	
Home Phone	
Mobile Phone	
Email	
Workplace	
Occupation	
Work Phone	
Ethnic Background	
Child Care Subsidy	☐ **YES** - CRN Number _____ **or** ☐ **Not Claiming CCS**
Relationship to Child	

Secondary Parent/Guardian

Full Name	
Date of Birth	
Home Address	
Home Phone	
Mobile Phone	
Email	
Workplace	
Occupation	
Work Phone	
Ethnic Background	
Relationship to Child	
Is Secondary Parent/Guardian permitted to receive communication from the Coordination Unit?	☐ YES ☐ NO
Is Secondary Parent/Guardian permitted to view invoices/statements?	☐ YES ☐ NO

Emergency Contacts and Authorised Nominees

Please only list contacts below that you authorise to do the following:

- Can be contacted in the event of an emergency if you cannot be immediately contacted. Such as your Child has not arrived to after school care from school, a medical emergency has occurred, etc.
- Drop off and collect your child/ren on your behalf

Emergency Contact Name 1	
Date of Birth	
Home Phone	
Mobile	
Home Address	
Email Address	
Relationship to Child	
Any comments?	
Emergency Contact Name 2	
Date of Birth	
Home Phone	
Mobile	
Home Address	
Email Address	
Relationship to Child	
Any comments?	
Emergency Contact Name 3	
Date of Birth	
Home Phone	
Mobile	
Home Address	
Email Address	
Relationship to Child	
Any comments?	

Court Orders and Parenting Plans

Are there any Court Orders in place that we need know about? *If yes, please provide a copy.*	☐ YES ☐ NO
Are there any Parenting Plans in place that we need know about? *If yes, please provide a copy.*	☐ YES ☐ NO
Briefly describe your family situation if you think this will help us best meet the needs of your child and family?	

Acknowledgments

Please carefully read and initial each of the following acknowledgements that you understand the below terms of this enrolment.

1. I declare that the information provided in this enrolment form is true and accurate. And understand that the information provided in this enrolment will be used for any other bookings I make for care at before school, after school & holiday care services operated by Clarence Children Services.	Initial
2. I understand and acknowledge that Clarence Children Services offers "Flexible care" (Routine with Casual care), an agreement that allows for some flexibility from week to week surrounding a set of agreed routine days. I agree to put in a written request to Clarence Children Services if my permanent days of care need changing to ensure my Complying Written Arrangement (CWA) with Clarence Children Services remains compliant in accordance with subsection 200B(3) of the Family Assistance Administration Act	Initial
3. I agree to advise Clarence Children Services of any changes to the information provided in this form while my child/ren are enrolled in their services.	Initial
4. In the event of an emergency contact being unavailable, I agree to allow staff to seek emergency medical, hospital and ambulance treatment and I will be responsible for any medical expenses incurred.	Initial
5. I give authorisation for my child to be cared for and transported by OSHC staff or by ambulance in an emergency.	Initial
6. I agree to pay my childcare fees on time. I agree to adhere to the Clarence Outside School Hours Care Fees Schedule found on https://www.ccc.tas.gov.au/living/child-care-services/before-and-after-school-care/. I understand that a late fee will be added to any account that is not paid by the invoice due date. I understand that if the Coordination Unit has not been contacted to discuss a satisfactory payment plan, an overdue account will be referred to the Tasmanian Collection Service for collection action.	Initial
7. Parents/Guardians are responsible to claim Child Care Subsidy (CCS) directly with Centrelink and ensure any changes to income and/or work activity details are updated through their MyGov account. I understand and acknowledge that Child Care Subsidy will be paid directly to the Service to reduce the fees families pay.	Initial

Acknowledgments cont.

8. I agree to adhere to all the Service's policies and regulations. These can be viewed within our OWNA app and a copy is available upon request at each Service.	Initial
9. I understand and acknowledge that staff must comply with the National Regulations. The Act and the National Quality Standards in relation to the care of my child and I agree to accept any standards, policies or regulations that are applicable.	Initial
10. I will not hold the Clarence City Council liable for any costs, actions, demands or for any damage whatsoever and to whomsoever caused in respect of the injury to or death of any person or loss or damage to any property arising out of or in connection with this agreement and it is further agreed that I indemnify and will keep indemnified the Clarence City Council against all such costs, actions, claims demands and damage.	Initial
11. I agree that my/our conduct and interactions with Clarence Children's Services will be undertaken in a professional and respectful manner at all times.	Initial
12. I understand that Clarence Children's Services reserves the right to terminate this contract when, in its discretion, it considers that to do so would be in the interest of the Service. Clarence Children's Services agrees to give reasonable notice of its intention to exercise this right.	Initial
13. Any grievance or complaint against the Organisation, specific Service or individual will be addressed through the organisations policies. I understand social media will not be used for such matters.	Initial

Guardian Signature:	
Print Full Name:	
Date:	

The personal information in this ENROLMENT FORM AND COMPLYING WRITTEN AGREEMENT is required by Clarence City Council for the Clarence Outside School Hours Care under the Child Care Act 2001. We will only use your personal information for this and directly related purposes or as required by law. If this information is not provided, we may not be able to place your child in care. You may access and/or amend your personal information at any time. How we use this information is explained in Council's Privacy Policy, which is available at www.ccc.tas.gov.au or from the Clarence Children's Services Coordination Unit.