Hendon Primary School OSHC – Enrolment Form

This information is confidential and will be available to supervising staff and emergency personnel.

Family Name	Family Name	Family Name
Child's Preferred Name	Child's Preferred Name	Child's Preferred Name
Residential Address	Residential Address	Residential Address
Birth Date **CRN number**	Birth Date **CRN number**	Birth Date **CRN number**
School	School	School
Year Level/ Room Number/ Teacher	Year Level/ Room Number/ Teacher	Year Level/ Room Number/ Teacher
Are there children in the family attending other care service providers Y/N. If yes how many.....		

✵ *Parent/Guardian Information*

Parent/Guardian Name Birth date (legally required) **Parent CRN number**	2nd Parent/Guardian (Name only required)
Postal Address	Postal Address
Home Address	Home Address
Place of Work/Address	Place of Work/Address
Wk Phone Mobile Hm Phone	Wk Phone Mobile Hm Phone
e-mail contact I would like my Accounts sent via E-mail Y/N	e-mail contact

✵ Emergency Contacts (If parent/guardian can not be contacted, emergency contacts will be notified)

1. Name	1. Name	1. Name
Address	Address	Address
Phone Mobile	Phone Mobile	Phone Mobile
Relationship to Family	Relationship to Family	Relationship to Family

✵ Other people Authorised to collect child/children (Please advise staff if this information changes)

1. Name	Address	Phone
2. Name	Address	Phone

✵ Custody/Access

☐ Are there any **Family Court Orders?**

☐ No

Yes (Please attach a copy of the order

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Are there any **Restraining Orders** in relation to the child/children?

☐ No

☐ Yes (please attach a copy of the order)

Comments.....

NB *It is the parent's responsibility to inform the OSHC staff of any relevant and useful information that is in relation to the child or the family. This allows the OSHC staff to provide informed quality care for your child/children.*