



Outside School Hours Care Service, Complying Written Arrangement.

Primary parent/guardian details.

First Name:_____ Family Name:_____ Date of birth:_____

CRN:_____ Contact number:_____

Address:_____

Second Parent/guardian details.

First Name:_____ Family Name:_____ Date of birth:_____

Contact number:_____

Address:_____

Child 1 details.

First Name:_____ Family Name:_____ Date of birth:_____

CRN:_____ Gender:_____

Cultural Background:_____ Language spoken at home:_____

Address:_____

Permission to take photos of child Y N

Child 2 details.

First Name:_____ Family Name:_____ Date of birth:_____

CRN:_____ Gender:_____

Address:_____

Permission to take photos of child Y N

Child 3 details.

First Name:_____ Family Name:_____ Date of birth:_____

CRN:_____ Gender:_____

Address:_____

Permission to take photos of child **Y** **N**

Care arrangement details.

Date care arrangement is to start:_____

Please tick the correct boxes to indicate which day or days you would like care for your child. Bookings can be weekly or fortnightly

Week 1	Mon	Tues	Wed	Thu	Fri
Week 2	Mon	Tues	Wed	Thu	Fri

Details of fees.

Fees for each ASC session are **\$15 per session**

For a student free day the fees are **\$40 per session**

- Please note CCS (Childcare Subsidy) is paid directly to service for eligible families which can substantially reduce these costs.

Emergency Contacts and Authorized Persons details.

Emergency Contact 1.

First Name:_____ Family Name:_____ Date of birth:_____

Contact number:_____

Address:_____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Emergency Contact 2

First Name:_____ Family Name:_____ Date of birth:_____

Contact number:_____

Address: _____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Authorized Person 1.

First Name: _____ Family Name: _____ Date of birth: _____

Contact number: _____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Authorized Person 2

First Name: _____ Family Name: _____ Date of birth: _____

Contact number: _____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Authorized Person 3

First Name: _____ Family Name: _____ Date of birth: _____

Contact number: _____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Authorized Person 4.

First Name: _____ Family Name: _____ Date of birth: _____

Contact number: _____

Is this person authorized to; (please circle **Y** or **N**)

- Collect child(ren) from service? **Y** **N**
- Consent to medical treatment/administration of medication? **Y** **N**
- Authorize an educator to take the child out of the service? **Y** **N**

Health Details.

Name of Doctor: _____ Medicare Number: _____

Any medical conditions: _____

Any Allergies: _____

Immunization status: _____

- (Please provide evidence of immunization. Health record or Medicare immunization status.)

Original sighted by staff: **Y** **N**

Are there any court orders in place for your child? **Y** **N**

If yes please provide copies.

I am aware that this is a complying written agreement with the service.

Guardian 1 signature _____ **Print Name:** _____

Guardian 2 signature _____ **Print Name:** _____

Nominated Supervisor of service signature: _____

Print Name: _____

