



ENROLMENT FORM FOR NTOOSHCC  
237 Bobbin Head Rd  
North Turrumurra NSW 2074

<b>Family details</b>	
<b>Surname</b>	
Child 1 name	
Child 1 Date of Birth Allergies Medical Condition/Disabilites Medication to be administered	
Child 1 (for CCB purposes *) CRN No. CCB Eligible Hours Nominated Hours at this Centre	
Child 2 name	
Child 2 Date of Birth Allergies Medical Condition/Disabilites Medication to be administered	
Child 2 (for CCB purposes *) CRN No. CCB Eligible Hours Nominated Hours at this Centre	
<b>Home Address and phone no.</b> (specify if different for mother and father) **	
<b>Parent Claimant Name for CCB**</b>	
<b>Parent Claimant CRN No. for CCB*</b>	
<b>Parent Claimant Date of Birth **</b>	
<b>Email contact address **</b>	

\* Needed for claim of CCB (Child care benefit).

\*\* Needed for all enrolments to the centre for billing purposes. Please ensure the claimant is the person claiming CCB (Child care benefit).

(Please refer to Family assistance office for further information)

If more than 2 children attend from one family please fill in relevant parts of an additional enrolment form with extra children's details attached.

<b>MOTHER'S DETAILS</b>	
Mother's name	
Place of work	
Work Phone Number	
Mobile Phone Number	
Preferred first contact Phone No.	

<b>FATHER'S DETAILS</b>	
Father's name	
Place of work	
Work Phone Number	
Mobile Phone Number	
Persons prohibited from having contact with you child or children	

Authorised Persons, other than the parents, allowed to collect your child/children from the Centre (including if you are delayed or in a case of emergency). Your child/children must be able to identify these persons. Please fill in table below:

Authorised person number one: Name	
Relationship to Child	
Contact Phone Number (1)	
Contact Phone Number (2)	
Authorised person number two: Name	
Relationship to Child	
Contact Phone Number (1)	
Contact Phone Number (2)	

Please complete the table below indicating the relevant days for PERMANENT care required. Do not fill in if need causal days only and let staff know specific dates when available.

Please insert Child's name and relevant details in space provided for permanent booking	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					
Activity in school grounds during ASC. Eg band, jazz					

The NTOOSH centre is run by a volunteer parent committee and is registered with Department of Community Services. Please fill in the following table and checklist:

Subject	Parent to sign that have agreed to statement
I give permission for the staff of NTOOSHC to seek Medical attention for my child/children in case of an emergency	
I have read and have a copy of the Parent Information Handbook	
I am aware of the Policy Handbook of the Centre that is kept in the centre.	
Immunisation for my children are up to date	
I am required to sign on and off along with the time for my child/children and notify a staff member when dropping off or picking up.	

Signed ..... (Parent/Guardian)

Date .....