

RE-ENROLMENT FORM

Child/ren Details

1. FIRST NAME		SURNAME	
D.O.B			
2. FIRST NAME		SURNAME	
D.O.B			
3. FIRST NAME		SURNAME	
D.O.B			

Detail Of Allergies

ALLERGY	SYMPTOMS			
ACTION PLAN/ANAPHYLAXIS ATTACHED		YES	NO	N/A

BOOKING

Type of booking (please circle)	Permanent		Casual		Fortnightly	
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
Am						
Pm						

Parent Guardian Details

	PARENT/GUARDIAN	PARENT/GUARDIAN
FULL NAME		
ADDRESS		
RELATIONSHIP TO THE CHILD		
HOME PHONE NUMBER		
WORK PHONE NUMBER		

Date: / /

Parent Signature _____

MOBILE NUMBER		
EMAIL ADDRESS		
OCUPATION		
PLACE OF EMPLOYMENT		

Court Order

Are there any court orders, parenting orders or parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child?	YES		NO		N/A	
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	YES		NO		N/A	

Emergency Contacts

There may be times or situations where your child has had an accident, injury, trauma or illness and Parent/s cannot be reached or are unable to collect their child.

To deal with these circumstances and in case of an emergency the Service will inform the following person to collect and care for the child. This person must live a maximum of 30 minutes from the Service and must provide identification when collecting the child.

FULL NAME	ADDRESS	CONTACT NUMBER	RELATIONSHIP TO CHILD

Privacy Disclaimer

We acknowledge and respect the privacy of its clients. The enrolment information that is collected assists us to meet our legislative obligations and to provide the best level of education and care for your child. By completing this form, you have consented to this information being collected. The information will be used by educators/staff members and relevant government authorities. You have the right to access and alter personal information concerning yourself or your child in accordance with the Privacy Act 1988 and our Privacy and Confidentiality Policy.

Date: / /

Parent Signature _____