

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 _____