



Bateau Bay Public School P&C Association Before & After School Care

ENROLMENT FORM

YOUR CHILD'S DETAILS

Given names:..... Last name:..... Sex: M or F
Address:.....
Home Phone:.....
Date of birth:..... Place of Birth:.....
Ethnicity:..... Language spoken:.....
Religion:.....

PARENT OR GUARDIAN DETAILS

Title:.....	Title:.....
Name:.....	Name:.....
D.O.B:.....	D.O.B:.....
Address:.....	Address:.....
Occupation:.....	Occupation:.....
Employer:.....	Employer:.....
Phone: (H)..... (W)..... (M).....	Phone: (H)..... (W)..... (M).....
Country of Origin:.....	Country of Origin:.....
Language Spoken:.....	Language Spoken:.....

Please inform us of any religious/cultural requirements that we will endeavour to follow whilst your child is in our care:

.....
.....

Marital status of person enrolling the child:.....

If separated/divorced, does the other parent have access to the child?.....
.....

Is there a court Custody Order relating to this child? YES or No

(If yes, please attach a copy of court order to enrolment form)

No natural parent can be refused the right to collect a child unless a Court Custody order has been sighted.

Date sighted by Co-ordinator:

EMERGENCY CONTACTS (if parents are unable to be contacted)

THIS SECTION IS COMPULSORY.

Staff will not allow children to go with any persons unless names are written on this form.

I authorise the staff of this centre to give the following people access to my child.

Emergency contacts & persons collecting children **MUST** be over 18 years of age.

Signed:

Date:

Name:

Name:

Address:

Address:

.....

.....

Phone: (H).....

Phone: (H).....

(W).....

(W).....

(M).....

(M).....

Relationship to child:.....

Relationship to child:.....

AUTHORISATION FOR COLLECTION OF CHILD

Name:.....

Relationship to child:.....

Name:.....

Relationship to child:.....

Name:.....

Relationship to child:.....

MEDICAL INFORMATION

Family Doctor:..... Phone:.....

Address:.....

Medicare No:.....

HEALTH

Does Your Child:

Have any medical conditions? YES or NO

Details:.....

.....

Take regular medication? YES or NO

Details:.....

.....

Have any allergies? YES or NO

Details:.....

.....

Have any special needs? YES or NO

Eg: Visits Specialist, Medical conditions, Disabilities.

Details:.....

.....

- *If there are any health conditions noted above additional Health forms need to be completed. Please see staff.*

Are there any aspects of your childs behaviour you would like us to be aware of?

.....

.....

Is there any other information you feel we may require?:

.....

Has your child been fully immunised?

I certify that the above information is correct and I undertake to inform the centre immediately of any change in this information.

Signed:

Date:

AUTHORISATION TO SEEK MEDICAL ASSISTANCE

I authorise staff to administer first aid to my child if staff find it necessary.

I hereby authorise staff at the centre to call an ambulance for my child in case of accident or emergency.

I also authorise staff to contact a doctor and if necessary to transport my child to a doctor or hospital if required.

Signed:

Date:

PHOTOGRAPH CONSENT

I hereby give permission for my child to be photographed whilst attending our centre.

I give my consent for the photographs to be used for advertisement, centre displays and centre website.

Signed:.....

Date:.....

PERMISSION TO USE SUNSCREENS AND INSECT REPELLENT

I hereby give permission for staff at the centre to apply sunscreen or insect repellent to my child if required.

Signed:.....

Date:.....

GUIDELINES BOOKLET

I have read and understood the guidelines booklet and will abide by the policies and procedures set out within this booklet.

Signed:.....

Date:.....

TRANSPORT

I give permission for my child to be transported by staff in their private vehicles in the case of my child not arriving to after school care and having to be found and brought back to the service.

Signed:.....

Date:.....

FEE PAYMENT

I agree to make regular fee payments and to keep fees up to date and one week in advance.

Signed:.....

Date:.....