

OFFICE USE	
Enrolment date	
Signed	



Enrolment Form

FAMILY DETAILS			
Child's Given Name:		Family Name:	
Other Names Child is Known By:			
Date of Birth:		Sex: <small>Please circle one</small>	Male Female
Names of siblings:			
Residential Address:		Postcode:	
Home Telephone:			
Medicare Number:		Position on Medicare Card:	
Health Fund: <small>(If you have private health)</small>		Health Fund Number:	
Mother's Name:		Mother's Maiden Name:	
Mother' Mobile Phone:			
Mothers' Place of Employment:			
Work Address:		Work Phone:	
Contact Email address:			
Father's Name:		Mobile:	
Fathers' Place of Employment:			
Work Address:		Work Phone:	
Is there a current court order affecting custody: <small>Please circle one</small>		No	Yes
Is there anyone who is prohibited from having contact with or collecting the child? <small>Please circle one</small>		No	Yes
Primary Language Spoken at Home (other than English):		Cultural background:	
EMERGENCY CONTACT DETAILS			
These people will be contacted should a parent or guardian not be available. These people will also be able to collect your child from the Centre (with prior written advice). Please note photo identification will be required to be sighted by a staff member.			
Contact 1:		Relationship to family:	
Address:		Phone:	
Contact 2:		Relationship to family:	
Address:		Phone:	

MEDICAL CONTACTS

I give permission for SIOC to contact the Doctor or Dentist if required Please circle one

No

Yes

Doctor's Name:

Work Phone:

Surgery Name:

Work Address:

Postcode:

Dentist's Name:

Work Phone:

Surgery Name:

Work Address:

Postcode:

I give permission for staff to obtain medical, dental, hospital or ambulance services when required and the carrying out of appropriate medical, dental or hospital treatment in the event that such action appears to be necessary because my child has been injured, or is ill at the premises. I agree to meet any expenses thereby incurred.

Signature:

Date:

MEDICAL BACKGROUND

Please indicate whether your child has any allergies and illnesses - Allergies, Fits etc. A Food Allergy Action Plan or Emergency Medical Plan Form and any medications required must be provided for any allergies or known medical condition.

>

Developmental Information:

Do you have any concerns regarding your child's speech/language, general physical development, other?

Religious requirements in case of an accident?

In the event of illness, I hereby give permission for my child to be given paracetamol (Panadol) as directed by the manufacturer appropriate for his/her age at a temperature above 38 degrees celsius.

Signed:

Witnessed:

Dated:

Please supply evidence of immunisation – either your blue book or a letter from your doctor, and birth certificate.

OTHER INFORMATION

I would like to purchase a SIOC t-shirt at \$15.

No

Yes

Size 2

Size 4

Red

Blue

I give permission for the application of sunscreen Please circle one

No

Yes

I give permission for my child to be photographed for the Centre's use. Please circle one
This includes use in newsletters, the SIOC website and other SIOC related material.

No

Yes

OFFICE USE ONLY

Regular

Casual

Preferred days:

Registration

Health –action plan required?

No

Yes
If yes, please
attach.

Birth Certificate - sighted

No

Yes

Immunisation record - sighted

No

Yes

